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Acknowledgements

Acronyms

BMIS	Bhutan Multi-Indicator Survey
CEDAW	Convention on the Elimination of all forms of Discrimination Against Women
CRC	Convention on the Rights of a Child
FGD	Focus Group Discussion
GBV	Gender- Based Violence
GII	Gender Inequality Index
GNH	Gross National Happiness
HDI	Human Development Index
IPV	Intimate Partner Violence
IRNVAW	International Research Network on Violence Against Women
MPI	Multidimensional Poverty Index
NCWC	National Commission for Women and Children
NSB	National Statistical Bureau
NWAB	National Women's Association of Bhutan
OECD	Organization for Economic Cooperation and Development
PHCB	Population and Housing Census of Bhutan
RBP	Royal Bhutan Police
RENEW	Respect, Educate, Nurture and Empower Women
RGoB	Royal Government of Bhutan
SAARC	South Asian Association for Regional Cooperation
SIGI	Social Institution and Gender Index
SPSS	Statistical Package for Social Sciences
UN	United Nations
UNFPA	United Nations Population Fund
UNIFEM	United Nations Development Fund for Women
VAW	Violence Against Women
WHO	World Health Organization
YDF	Youth Development Fund

"Violence against women both violates and impairs or nullifies the enjoyment by women of their human rights and fundamental freedoms... In all societies, to a greater or lesser degree, women and girls are subjected to physical, sexual and psychological abuse that cuts across lines of income, class and culture."

—Beijing Declaration and Platform for Action, paragraph 112

EXECUTIVE SUMMARY

Bearing in mind the mounting concern of violence against women (VAW) as well as the increasing need to have baseline information on VAW for the country, NCWC undertook a study covering population in the rural as well as urban locations. This study is a first population based survey carried out on VAW in Bhutan using international standards of methodology.

The study was designed to:

- obtain reliable data on the prevalence and various forms of violence against women/gender-based violence in the country;
- identify the extent of different types of violence which are occurring or have occurred within the country;
- identify the health needs, which arises as a result of these forms of violence;
- examine the connection between types of VAW/GBV face to face with (in counterpart with) women's education, economic status, and geographic location in the country;
- identify the individual and community strengths and resources that exist to prevent and respond to VAW/GBV; and
- Identify intervention strategies for prevention and treatment based on these community strengths and resources.

The report presents the findings against all the above listed objectives. Specifically, it highlights the prevalence of different forms of violence against women aged 15-49 and assesses the situations and characteristics associated with violence. It also explores the effects of violence on women as well as children and discusses the coping strategies used by women to respond to violence. On the basis of the major findings, the report includes recommendations for practical interventions for prevention and treatment of violence against women.

Prevalence of violence

The study adapted international indicators to report on the situation of violence against women in Bhutan. The three major forms of physical, sexual and emotional violence were included in the study, ensuring to include violence by the two major categories of perpetrators, that is, intimate partner (that the woman has ever been or currently is in an intimate relationship with) and non-partner (any other than the intimate partner, whether inside the family or outside the family). Economic abuse and controlling behavior were also included, as well as sexual abuse of the girl child under the age of 15.

The results show that about 3 in 10 women aged 15-49 that had ever been partnered are likely to experience at least one form of a specific type of intimate partner violence (IPV) in their lifetime. The main forms of IPV likely to be experienced are emotional and physical. In addition, about 1 in 3 women are likely to experience at least one act of violence of any form by non-partner, from the age of 15. Further, approximately 6 in 10 ever-partnered women aged 15-49 are likely to be subjected to economic abuse by their intimate partner. Rural women are more

likely than urban women to experience violence. A considerable section of women believe it is acceptable for them to be subjected to violence by intimate partner.

Situations leading to violence

For many women, it seems that a violent incident gets triggered for no particular reason. For some, the main situations leading to violence are when the partner faces difficulties at work, has financial problem, is drunk, and is jealous. None pointed out disobedience as a reason.

Women's attitude towards violence

There is acceptance among a significant section of women aged 15-49 of women's inferior status within the marital relationship. There is, however, much less acceptance among women of the right of men to hit their wives except if the woman has an affair. Women generally appear to enjoy sexual autonomy in terms of their ability to refuse sex in certain inconvenient situations.

Controlling behavior of intimate partner

Over half of ever-partnered women, aged 15-49 are likely to experience at least one form of controlling behavior by an intimate partner. The most common forms of controlling behavior are wanting to know her whereabouts and controlling her access to health care.

Perpetrators of non-partner violence

The most common perpetrators of non-partner physical violence include fathers, male friends of the family and teachers. Perpetrators for emotional violence are mainly fathers and teachers, while for sexual violence they are mostly male acquaintances such as male friends of the family, boyfriends and neighbours. Teachers are not identified as common perpetrators for forcing sex, but for touching. There is evidence of other perpetrators other than family members or neighbours or acquaintances and these are likely in public places such as the workplace.

Sexual abuse of girl child

Sexual abuse of girl child (before the age of 15) is found to be very low in Bhutan. At the national level, only about 2 in 100 women aged 15-49 are likely to be sexually abused before the age of 15. Approximately 4 in 100 are likely to have their first sex below the age of 15, out of which more than half are likely to be against their will. Three in ten women are likely to have their first marriage below the legal age of 18. The perpetrators of girl child abuse are teachers, stepfather, male friend of the family, strangers, neighbours as well as other male family members.

Violence and women's health

Women aged 15-49 who experience violence are significantly more likely to have health problems, emotional distress and thoughts of suicide than those that are not subjected to violence. The partner's violent behavior is also seen to result in injuries among a tenth of women aged 15-49. Intimate partner violence was also seen to affect women's reproductive health and have an impact on children's behavior.

Women's responses to violence

Many obstacles seem to keep women away from seeking help from both formal and informal networks. About 4 in 10 women who experience partner violence (physical and or sexual) tend not to tell anyone about their partner's violence. Women who do tell someone about their partner's behavior most often confide in friends and family. Very few women seem to seek help from formal institutes and there has hardly been any help from these institutes. However, women have also adopted a range of strategies to cope with or end the violence, including leaving home, leaving their partner, retaliating, and trying to find help. These patterns of help-seeking behavior appear to be strongly associated with the severity of the violence that the women experience.

Recommendations

A total of seven specific recommendations have been provided as follows:

1. Strengthen gender sensitization through human rights perspective.
2. Strengthen awareness of gender based violence against women and their effects on health.
3. Strengthen the national indicators for violence against women within the existing national gender framework.
4. Continue to support women and particularly rural women as a priority, in building their financial autonomy through special economic empowerment programmes.
5. Build awareness among women of support services available from formal institutes, in conjunction with strengthening of access to the services by these institutes.
6. Institute programmes that will educate community people in providing support services to their female family members in need of such services.
7. Engage the civil society through non-government organizations in partnership with the local government in policy making at the local level.

CHAPTER ONE - INTRODUCTION

"Violence against women is a form of discrimination and a violation of human rights.[1]"

"Women have the right to live their lives free from violence in all its forms. It is incumbent upon all of us to create an environment where this objective can be achieved.[2]"

Global context

Recognition of violence against women as a human rights violation

Women's human rights received international recognition with the adoption of the first international treaty, Convention on the Elimination of All Forms of Discriminations against Women (CEDAW), also called the Women's Convention, in 1979[3]. So far, 186 out of 193 countries have ratified the convention. The CEDAW provides a legal framework to address issues relating to women's human rights and to ensure equality between women and men. It holds governments accountable for structural and systemic discrimination against women and imposes obligations on States to eliminate all forms of discrimination against women in both the public and private spheres.

VAW began to be noticed around the time of the adoption of the Women's Convention, and began to receive international attention during the United Nations Decade for Women (1976-85) through international and national women's conferences and development initiatives. Initially, the focus was on the family with the adoption of the World Plan of Action for Women at the World Conference of the Women's International Year in New Mexico in 1975. This was followed by a resolution on violence in the family at the 1980 Copenhagen mid-decade Second World Conference of the United Nations Decade for Women. At the Third World Conference on Women in Nairobi in 1985, it was recognized that there was prevalence of VAW in various forms in everyday life in all societies. Specific attention was called for in the abuse of women in the home, women trafficking and involuntary prostitution, and women in detention and armed conflict. By early 1990's, attention to VAW gained momentum and was lobbied as a violation of women's human rights at the World Conference on Human Rights in Vienna in 1993. Recognizing VAW, also known as gender based violence, as a violation of women's human rights and a major obstacle to achievement of gender equality, the Declaration on the Elimination of Violence against Women was adopted by the UN General Assembly in 1993[4]. Thereafter, VAW gained increased international attention. It was on the agenda at the

[1] Ending Violence against Women: from Words to Action, Study of the UN Secretary-General, 9 October 2006
[2] Dr. Julian Robert Hunte, UN General Assembly President, 2003 – 2004
(source: http://unwomen-nc.org.sg/gender_issues_datasheet_3.shtml)
[3] Source: http://www.un.org/womenwatch/daw/cedaw/
[4] Source: http://www.un.org/documents/ga/res/48/a48r104.htm

International Conference on Population and Development (Cairo, 1994) and the Fourth World Conference on Women (Beijing, 1995). In 1995, the Beijing Platform for Action identified the lack of adequate information on VAW and, therefore, urged governments to invest in research on VAW. It established objectives and measures for the development of policies on VAW. In 2003, the UN General Assembly mandated an in-depth study on all forms of VAW. Three years later (2006), the UN General Assembly passed a resolution directing the Statistical Commission in consultation with the Commission on Status of Women to develop and propose a set of possible indicators on VAW in order to assist States in assessing the scope, prevalence and incidence of VAW.[5] This was passed in recognition of the fact that many countries lack reliable data and much of the available information cannot be meaningfully compared. In continuation to global efforts in the exploration of VAW, a Plan of Action for the Global Campaign for Violence Prevention for the period 2012-20 was initiated by the WHO "to unify the efforts of the main actors in international violence prevention."[6] Its target audience includes governments, United Nations and official development assistance agencies, philanthropic foundations, nongovernmental organizations and academic institutions.

VAW remained unrecognized as a serious problem in many parts of the world due to social issues, such as the notion that gender-based violence should not be talked about publicly, even between close family members and friends. The prevalence of VAW throughout the world has, however, been evidenced since the mid-1990's through various national, regional and international studies. The UN Secretary General, in his in-depth study (2006),[7] mentions that it has, in fact, been found to be severe and pervasive throughout the world. However, "violence against women has yet to receive the priority attention and resources needed at all levels to tackle it with the seriousness and visibility necessary." (p.7) UNIFEM[8] reports that many countries have some type of legislation concerning violence against women and most commonly against domestic violence; however, there is a gap between the laws in books and their implementation.

Definition and types of violence against women

Internationally, there have been three perspectives to the definition of violence against women (VAW): criminal justice perspective; public health perspective; and human rights perspective. The human rights perspective provides the broadest definition to include all types of violence against women and female children - psychological abuse, deprivation, mal-development, harmful traditional practices (such as genital cutting, suttee, forced marriages, honor crimes),

[5] Indicators to measure violence against women, Report of the Expert Group meeting, Geneva, Switzerland, 2007, United Nations

[6] Source: http://www.who.int/violence_injury_prevention/violence/global_campaign/actionplan/en/index.html

[7] Ending Violence against Women, from Words to Action, Study of the Secretary General, United Nations, 2006

[8] Not a Minute More: Ending Violence against Women, UNIFEM, 2003
(Source: http://saynotoviolence.org/sites/default/files/book_complete_eng_0.pdf)

state-tolerated and state-sanctioned discrimination that deprives women of their basic human rights.[9]

The UN Declaration on Elimination of Violence against Women defines VAW as "any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life." (Article 1) It is understood to encompass all forms of physical, sexual and psychological VAW occurring not only in the family but also within the general community and those violent acts perpetrated by the State.

Box 1.1: Forms of Violence against Women

Violence against women shall be understood to encompass, but not be limited to, the following: (UN Declaration on Elimination of Violence against Women, Article 2)

a) Physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation;

b) Physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution;

c) Physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs.

A WHO working group in 1996 defined VAW thus: "The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation." (WHO, 2002)[10]

The UN Secretary General's in-depth study (2006) has defined VAW as "any act of gender-based violence that is directed against a woman because she is a woman or that affects women disproportionately."(p.6)

[9] Defining and measuring violence against women for an Expert Group Meeting, UN Division of the Advancement of Women in collaboration with the ECE and WHO, Geneva, Switzerland, 2005 (source: http://www.un.org/womenwatch/daw/egm/vaw-stat-2005/docs/expert-papers/Tjaden.pdf)

[10] World Health Report on Violence and Health, WHO, 2002 (source: http://www.ayamm.org/english/Violence%20against%20women%204.pdf)

The study has identified the following forms of violence against women worldwide:

a. Intimate partner violence;
b. Harmful traditional practices, including female genital mutilation/cutting, female infanticide and prenatal sex selection, early marriage, forced marriage, dowry-related violence, crimes against women committed in the name of "honour", maltreatment of widows;
c. Femicide;
d. Sexual violence by non-partners; and
e. Sexual harassment and violence in the workplace and elsewhere, and trafficking in women.

Prevalence of VAW

The UN Secretary General's in-depth study (2006)[11] informs that "women are subjected to violence in a wide range of settings, including the family, the community, State custody and armed conflict." (p.5) The study draws our attention to the fact that VAW is deeply rooted in "unequal power relationships between men and women and pervasive discrimination against women in both the public and private spheres." (p.ii) UNIFEM[12] reports that "it is bound up in traditional gendered roles and expectations." (p.12) In other words, discrimination against women is based on deeply entrenched attitudes about gender roles. Traditional patriarchal norms dictate the roles of men and women in the household, and the common mentality that a wife must be obedient to her husband and that men have control over women for pleasure. Discrimination leaves women feeling disempowered and helpless. Sadly, to be born a woman provides reason for abuse. (UN Women, National Committee, Singapore, website)[13]

The UN Secretary General's in-depth study (2006) further informs that women who experience violence are at higher risk of poor physical, reproductive and mental health. They also tend to be prevented from fully participating in their communities socially or economically. Children who witness domestic violence are said to be affected emotionally and mentally and tend to exhibit fearful, aggressive and antisocial behavior.

The Multi-country study conducted by the WHO,[14] focusing on violence against women by male intimate partners, further confirms that violence against women is widespread and demands a public health response. The study found 15%-71% of ever-partnered women across 10 countries to have ever experienced physical or sexual violence or both by an intimate partner in their lifetime. Not all factors contributing to VAW were examined in the initial results. It was

[11] Ending Violence against Women, from Words to Action, Study of the Secretary General, United Nations, 2006 (source: http://www.un.org/womenwatch/daw/vaw/v-sg-study.htm)
[12] Not a Minute More: Ending Violence against Women, UNIFEM, 2003 (Source: http://saynotoviolence.org/sites/default/files/book_complete_eng_0.pdf)
[13] http://unwomen-nc.org.sg/gender_issues_datasheet_3.shtml
[14] WHO Multi-country study on Women's Health and Domestic Violence against Women, Initial results on prevalence, health outcomes and women's responses, 2005, WHO (source: http://www.who.int/gender/violence/who_multicountry_study/en/index.html)

found that the risk of violence was associated with the age, partnership status and level of education of the woman and also with the controlling behavior of the intimate partner as well as the attitude of women towards violence. In terms of the effect of violence on the woman's health, injury from physical violence was found to be experienced and also the general health of the women subjected to violence was found to be significantly poorer than those not subjected to violence.

Nearly half of the women in a WHO 2002 study[15] reported that their first sexual intercourse was forced. Alarmingly, though, marital rape was not recognized as a crime in many parts of the world (UNIFEM, 2003)[16]. The WHO 2002 study further informs that a significant proportion of abused women had never told anyone about the abuse. In terms of perpetrators of VAW, it has been found that they are usually members of the family or people known to the women.

In a 1999 study (Heise et al)[17], it was found that at least one in every three women, or up to one billion women, had been beaten, coerced into sex, or otherwise abused in their lifetimes. In a 1994 report (Heise et al)[18] on gender based abuse evident in 35 studies from a variety of countries, it has been stated that one quarter to more than half of women reported having been physically abused by a present or former partner. A 1993 World Bank report[19]stated that women aged 15-44 were more at risk of experiencing rape and domestic violence than cancer, motor vehicle accidents, war and malaria.

A regional analysis of VAW in South Asia (UNFPA, 2003)[20] covering the countries of Bangladesh, India, Nepal, Pakistan and Sri Lanka, reports the prevalence of domestic and specifically spousal violence as the predominant type of violence against women (more than half). Abortion of female babies and female infanticide were also found to be prevalent and linked to the dowry system. However, physical abuse of children was found to be acceptable in this region, thus failing to gain much attention as compared to spousal abuse. Marital sexual abuse was also found to be prevalent and rooted in the practice of early marriage of girls. The report further stated that ever-increasing number of South Asian girls and women were being sold into sexual bondage across the national border. Psychological (Emotional) violence, on the other hand, was found to be not well researched and not paid much due attention in South Asia. Some of the factors contributing to domestic violence in South Asia were pointed out as follows: history of physical violence in the perpetrator's family; alcohol use by men; quarrels between the spouses; poverty; men's economic and decision making power; rigid traditional gender roles and male dominance, control and aggression. In terms of consequences, South Asian women that were subjected to violence were found to be living in fear of violence and tended to be

[15]World Report on Violence and Health,Krug EG et al, Geneva, World Health Organization, 2002
[16] Not a Minute More, Ending Violence Against Women, UNIFEM, 2003
[17]Ending violence against women, Heise L, Ellsberg M, Gottemoeller M, Baltimore, MD, Johns Hopkins University Press, 1999
[18] Gender-based Abuse: The Global Epidemic, Heise et al, Rio de Janeiro, 1994
(source: http://www.scielo.br/pdf/csp/v10s1/v10supl1a09.pdf)
[19] The World Development Report 1993: Investing in Health, Washington, D.C., World Bank, 1993
[20] Violence against Women in South Asia: a Regional Analysis, AFPPD & UNFPA, 2003

lonely and confused. In the process, their mental health was found to be affected. Besides, some forms of physical violence were found to be affecting their physical health as well.

Apart from the immediate physical trauma, the most damaging aspect of violence can be the harrowing emotional trauma that can in turn result in varying degrees of mental illness. There is a lack of wider understanding of the extent of mental and emotional damage suffered by victims.

The Bhutanese Context

"All persons are equal before the law and are entitled to equal and effective protection of the law and shall not be discriminated against on the grounds of race, sex, language, religion, politics or other status."[21]

Bhutan signed the CEDAW[22] on July 17, 1980 and ratified it on August 31, 1981.This meant that Bhutan committed to protecting the equal rights of women. In the same year that the CEDAW was signed, the 53rd session (1980) of the National Assembly of Bhutan[23] passed a resolution for formation of a women's association under the sponsorship of government with the objective of enhancing the role of women at all levels of the national development process.

Reaffirming its commitment to the protection of women's rights, Bhutan also signed and ratified the SAARC Convention on Prevention and Combating Trafficking in Women and Children for Prostitution and the SAARC Convention on Regional Arrangement for the Promotion of Child Welfare in South Asia in 2002, and the two Optional Protocols to the Convention on the Rights of the Child (CRC)[24] on the involvement of children in armed conflict and sale of children, child prostitution and child pornography 2005. To spearhead the fulfillment of the country's obligations to the CRC, CEDAW and related regional and international conventions, the National Commission of Women and Children (NCWC) was established in 2004. It coordinates and monitors activities related to women and child rights, and reports to treaty bodies. It became an autonomous organization in 2008, the same year that the country became a democracy and the first parliamentary government was elected.

In terms of legal protection of women's rights, no citizen shall be discriminated against on the grounds of sex as enshrined in the Constitution of the Kingdom of Bhutan (2008). Further, appropriate measures will be taken to "eliminate all forms of discrimination and exploitation

[21] Constitution of the Kingdom of Bhutan (Article 7, Fundamental Rights, Section 15)

[22] CEDAW is short for the United Nations Convention on the Elimination of All Forms of Discrimination Against Women. It provides a universal standard for women's human rights. It addresses discrimination in areas such as education, employment, marriage and family relations, health care, politics, finance and law.

[23] http://www.nab.gov.bt/downloads/3953rd%20Session.pdf

[24] SAARC, SAARC Convention on preventing and combatting trafficking in women and children for prostitution.

against women including trafficking, prostitution, abuse, violence, harassment and intimidation at work in both public and private spheres." (Article 9, Section 17)

Box 1.2: Relevant Acts/Bills passed in Bhutan[25]

- The Inheritance Act 1980
- The Bhutan Citizenship Act (Amendment) 1985, enacted at the 62nd Session of the National Assembly 1985
- The Marriage Act of Bhutan (Amendment) 1996
- Local Government Act of Bhutan 2009, enacted at the 1st Extraordinary Sitting of the Parliament, 11th September 2009
- Civil Service Act of Bhutan 2010, enacted at the 5th Session of the First Parliament, 7th July 2010
- The Penal Code (Amendment) Act of Bhutan 2011, enacted at the 7th Session of the First Parliament, 24th May 2011
- The Civil and Criminal Procedure Code (Amendment) Act of Bhutan 2011, enacted at the 7th Session of the First Parliament, 25th May 2011
- The Child Care and Protection Act of Bhutan 2011, enacted at the 7th Session of the First Parliament, 31st May 2011
- The Domestic Violence Prevention Bill, endorsed by The National Assembly, at the 9th Parliament Session, June-July2012
- Labour and Employment Act of Bhutan 2007, enacted at the 87th Session of the National Assembly, 4th January 2007
  - Regulation on Sexual Harassment 2009
  - Acceptable Forms of Child Labour 2009

The Acts listed in Box 1.2 above provide a legal basis for the protection of women's rights through coordinated efforts among the NCWC, Royal Bhutan Police and civil society. Non-government organizations encouraging civil society participation in endeavours protecting women's and girls' rights and addressing women's and girls' issues are mainly the National Women's Association of Bhutan (NWAB), Youth Development Fund (YDF), Tarayana Foundation and Respect Educate Nurture and Empower Women (RENEW). These organizations were established in 1981, 1999, 2003 and 2004 respectively. The NWAB focuses on economic empowerment of rural women, while the YDF on youth, Tarayana on disadvantaged and underprivileged groups and RENEW on disadvantaged women and girls.

[25] Sources: National Assembly of Bhutan website (http://www.nab.gov.bt/Displayacts.php); NCWC website (http://www.ncwc.org.bt/national-publications)

As reported by the Committee on the Elimination of Discrimination Against Women, in its 44th session in July-August 2009[26], various initiatives have been taken by "the Government to address sexual, gender-based and domestic violence, including the commissioning of a report on violence against women, setting up mobile police stations, training the police on gender issues, and initiatives taken by civil society, such as opening a crisis and rehabilitation centre for women victims of such violence." (pp. 4-5). However, there was concern that violence was experienced by women in marriage, within the family and at the work places. There was also concern that there was a low level of awareness among women of their rights and a culture of silence. Many issues needed to be addressed in the fight against violence against women in light of small number of court cases on violence against women and girl child workers.

The Committee further reports that there is scope for improving social, cultural and economic factors that disadvantages Bhutanese women. The biggest challenge nationwide, the Committee suggests, is to eradicate the more subdued and indirect forms of gender bias experienced at home as well as in the workplace.

Above all, the GNH[27] perspective provides a framework for advancing the status of women in the country. This perspective was introduced by His Majesty the Fourth King in 1972 to uphold the principles of equality of all human beings and the human rights and responsibilities that must guide human conduct.

In terms of research in the country related to gender issues, very few studies have been conducted so far. The earliest study is the Gender Pilot Study (2001) carried out jointly between the RGoB[28] and the UN Agencies.[29] The latest is the Study of Gender Stereotypes and Women's Political Participation (Women in Governance) by NCWC (2008). This study throws light on the socio-cultural dimension to gender perceptions, relations and roles in the country.

Specific to violence against women in Bhutan, RENEW made a first attempt on a study in 2007[30]. This study was, however, confined to the rural and urban areas of Thimphu. It reported a high rate (77%) of physical abuse and emotional torment at 54% while forced sex at 23%. A nationwide Bhutan Multiple Indicator Survey Report (2010)[31] showed that 68% of women aged 15-49 years had an accepting attitude towards violence. This indicated that Bhutanese women in this age group were at risk of violence. An explorative study[32] on the situation of human trafficking in Bhutan reveals occurrence of trafficking and the cause as multi-factorial.

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[26] Concluding observations of the Committee on the Elimination of Discrimination against Women: Bhutan, Committee on the Elimination of Discrimination against Women, Forty-fourth session, 20 July-7 August 2009, UN CEDAW

[27] GNH is short for Gross National Happiness – Bhutan's development philosophy.

[28] Royal Government of Bhutan

[29] UNDP, UNICEF, WFP – Bhutan country offices

[30] Violence Against Women, RENEW, 2007 (source: http://www.ncwc.org.bt/wp-content/uploads/2010/08/VAW-14th-april.pdf)

[31] Monitoring the Situation of Children and Women, Bhutan Multiple Indicator Survey 2010, NSB, RGoB, 2011 (source: http://www.nsb.gov.bt/pub/surveys/bmis/BMIS-Report-2010.pdf)

[32] A Human Trafficking Situation in Bhutan, NCWC, 2012

The Gender Statistics for 2010,[33]a first time compilation of sex-disaggregated data, shows reported number of cases of assault and battery of wives by husbands to have increased in the years 2007 to 2009 with much higher number of battery cases reported than assault cases. While rape and incest as well as child molestation or sexual harassment cases were seen to be reported in negligible numbers.

Demographically, as per the 2005 PHCB,[34] women population comprises almost half (47.5%) of the total population in Bhutan. Two thirds (65.6%)of them are illiterate and about a third (30%) of the girls get married before the age of 18 years. Unemployment rate for women is at 4.5% compared to 2.7% for men.

In terms of overall development, Bhutan ranked 141 out of 187 countries in respect of the 2011 Human Development Index (HDI)[35]– at 0.522 (in the medium human development category).

In respect of the Gender Inequality Index (GII)[36], the value for Bhutan in 2011 is 0.495, ranking it 98 out of 146 countries. Gender disparity is obviously observed in the fields of women's participation in governance, composition of women in civil services and tertiary education.

[33] Source: http://www.gnhc.gov.bt/wp-content/uploads/2011/publications/Gender%20Statistics_2011.pdf

[34] Population and Housing Census of Bhutan 2005, RGoB, 2005
(source: http://www.nsb.gov.bt/ndas/index.php/catalog/17)

[35] HDI is a summary measure for assessing long-term progress in three basic dimensions of human development: a long and healthy life, access to knowledge and a decent standard of living.
(source: http://planipolis.iiep.unesco.org/upload/Bhutan/Bhutan_NHDR_2011.pdf)

[36] GII is a new measure of inequalities built on the same framework as the HDI and the IHDI — to better expose differences in the distribution of achievements between women and men.
(source: http://hdr.undp.org/en/statistics/gii/)

CHAPTER TWO–STUDY RATIONALE, OBJECTIVES AND METHODOLOGY

"In the absence of proper research, it is difficult to compare and assess the scope of violence as well as the effectiveness of programmes to end it. With research, advocates can better understand obstacles and develop targeted methods for combating them. Research can motivate government and civil society to take action once the extent of a problem is proven."[37]

Rationale for the study on VAW in Bhutan

Bhutan considers that overt discrimination against women does not exist in the country and that Bhutanese women enjoy far more gender equality than other Asian women. The OECD Social Institution and Gender Index (SIGI)[38]2009 ranked Bhutan 64th at 0.162 among 102 countries in the world, but 1st in the South Asia Region. Interesting to note is that the SIGI for South Asia as a whole indicates high level of discrimination, while Bhutan is shown to be among the medium level of discrimination. There is a need for evidence on the various forms of discrimination and in the context of elimination of all forms of discrimination against women; VAW is identified internationally as the major obstacle to this. VAW needs to be explored in-depth in order to facilitate achievement of gender equality through its elimination.

The 2008 NCWC study mentioned in the previous chapter provides the Bhutanese socio-cultural scenario that is similar to the international scenario of deep rooted power relations between men and women as the main cause of gender based violence. Prevalence of VAW in Bhutan may be said to be indicated by this scenario. In addition, the 2007 RENEW study mentioned in the previous chapter has provided evidence of the prevalence in one of the districts of the country, Thimphu, where most in-country rural-urban national migrants are found. This may also be considered to be indicative of the prevalence of VAW in other parts of the country. Supplementing this study are the violence incidence cases reported to the Police.

Kilpatrick (2004), in his article on defining and measuring violence against women, has suggested that "sound public policy is dependent on having good measures of VAW."[39] In this respect, it was noted that official statistics on reported crimes of VAW may not reveal credible data on the real incidence, prevalence and nature of VAW given the silent culture of the

[37] Source: Not a Minute More, Ending Violence Against Women, UNIFEM, 2003

[38] SIGI is a new composite measure of gender equality, based on the OECD's Gender, Institutions and Development Database. It complements and improves existing measures in several ways. While conventional indicators of gender equality capture inequality outcomes, the SIGI focuses on the root casus behind these inequalities.
http://www.oecd.org/dev/povertyreductionandsocialdevelopment/theoecdsocialinstitutionsandgenderindex.htm

[39] Source: http://jiv.sagepub.com/content/19/11/1209.abstract

country as in other South Asian countries. In order to obtain adequate data, in-depth studies needed to be carried out. The current baseline study - an initiative of the NCWC - therefore, aims to collect such data to enable addressing of patterns, gaps, and interventions in the context of health, justice and policy environment. Further the magnitude and extent of different types of violence can be obtained to develop strategies for the national framework. Government investment in policies and actions to eliminate VAW can be determined more accurately and appropriately on the basis of valid and reliable evidence of the prevalence of VAW in the country through this study.

Objectives of the study

The Bhutan VAW study intends to:

- obtain reliable data on the prevalence and various forms of violence against women/gender-based violence in the country;
- identify the extent of different types of violence which are occurring or have occurred within the country;
- examine the connection between types of VAW/GBV face to face with (in counterpart with) women's education, economic status, and geographic location in the country;
- identify the health needs, which arises as a result of these forms of violence;
- identify the individual and community strengths and resources that exist to prevent and respond to VAW/GBV; and
- identify intervention strategies for prevention and treatment based on these community strengths and resources.

Measuring violence

Measuring the true prevalence of violence is recognized worldwide as a complex task. In order to facilitate the study and enable identification of intervention strategies, operational definitions have been specified. Box 2.1 lists the specific behaviors and acts to be measured to assess the prevalence of VAW in Bhutan. They are specified for the various forms of violence selected for this study on the basis of the UN recommendations on indicators[40] and mostly the WHO Multi-country study that has incorporated recommendations from the International Research Network on Violence against Women (IRNVAW)[41].

The study covered three main types of violence, as specified in the 1993 UN Declaration on the Elimination of VAW: physical, sexual and emotional. It also included economic abuse, seen to be pervasive in developing countries and particularly in South Asia by virtue of the cultural attitude towards women. Much emphasis was given to domestic violence (violence by intimate

[40] Indicators to Measure Violence against Women, Report of the Expert Group, United Nations, Geneva, Switzerland, 2007

[41] The IRNVAW is a group of researchers and advocates from around the world, formed in the early 1990s to form in response to the methodological and ethical challenges associated with research on prevalence of gender-based violence in developing countries.

partner) since this is the most pervasive form of VAW globally, as also emphasized by the WHO Multi-country study. In addition, controlling behavior of the intimate partner was also covered as another form of domestic violence - more covert than overt. Sexual abuse outside of the home was also explored and sexual abuse of the girl child was also included.

Following the UN recommendations on indicators for measurement, each type of violence was measured not only in terms of its prevalence but also its severity to gain a more authentic understanding of the situation. The specific behaviors or acts indicating the severity have been listed in Box 2.1. In addition, the prevalence was measured not only in terms of its lifetime occurrence but also whether it occurred in the past 12 months (considered as current). In respect of the perpetrators for violence against women, two types were explored: intimate partner and non-partner. Their definitions have been provided in Box 2.1 as well.

Box 2.1: Operational definitions used for the study

Prevalence of violence
The proportion of the population that has experienced violence in a given period, usually either over a (adult) life-time or in the previous year
Severity of violence
- The frequency of the abuse, such as: one incident, more than one incident, repeatedly/all the time
- The nature of the abuse, such as: slapping as moderate as compared to kicked as severe
- Injuries (physical)

Impact/Consequences of violence
- General health condition
- Pain, physical discomfort, dizziness, vaginal discharge
- Problem with memory, concentration
- Emotional distress, including suicidal thoughts and attempts
- Reproductive health outcomes, contraceptive use
- Medical consultation, treatment, hospitalization
- Health damaging habits (e.g. smoking, alcohol)

Intimate partner (as a perpetrator): Married to (currently or formerly), or a person the woman is living with currently but not married, or currently regular partner but living apart
Non-partner (as a perpetrator): Any person other than the intimate partner
Physical violence
- Was slapped or had something thrown at her that could hurt her
- Was pushed or shoved or had her hair pulled or cut
- Was hit with fist or something else that could hurt
- Was kicked, dragged or beaten
- Was choked or burnt on purpose
- Was threatened to use or actually used a weapon (e.g. knife) against her

Physical violence in pregnancy
- Was slapped, hit or beaten while pregnant
- Was punched or kicked in the abdomen while pregnant

Sexual violence
- Was physically forced to have sexual intercourse when she did not want to

- Had sexual intercourse when she did not want to because she was afraid of what partner might do
- Was forced to do something sexual that she found degrading or humiliating

Sexual abuse of girl child (before age 15)

- Was touched sexually or made to do something sexual that she did not want to
- Forced first sex
- Early marriage

Emotional abuse

- Was insulted or made to feel bad about herself
- Was belittled or humiliated in front of other people
- Was done things to scare or intimidate her on purpose (e.g. by yelling or smashing things)
- Was threatened to hurt her or someone she cared about

Economic abuse

- Inability to spend the financial earned by herself (have to give the financial to her partner)
- Partner takes the financial earned by her against her will
- Given up or refused a job because partner wanted her to
- Partner refuses to give her Financial for household expenses

Controlling behavior

- Tries to keep her from seeing her friends
- Tries to restrict contact with her family of birth
- Insists on knowing where she is at all times
- Gets angry if she speaks with another man
- Is often suspicious that she is unfaithful
- Expects her to ask his permission before seeking health care for herself

Methodology

The survey methodology used was a mixture of quantitative and qualitative in order to ensure that the information gathered through the study was comprehensive. The survey tools were adapted from international protocols and particularly the WHO multi-country survey protocols, questionnaires, and guidelines.[42] This standardization was intended to minimize bias, maximize disclosure and reduce inter-interviewer variability. The designing of the methodology and the tools, administration of the tools, data compilation and analysis, and report writing were done by the Centre for Research Initiatives (CRI) in consultation with the NCWC.

A questionnaire was used to interview a representative sample. The questionnaire consisted of nine sections and a total of 115 questions. In addition, three focus group discussions were held after the questionnaire had been administered to gain deeper understanding of the situation.

[42] Researching Violence against Women, A Practical Guide or Researchers and Activists, WHO, 2005

The survey questionnaire

The survey questionnaire was adapted from the WHO multi-indicator survey protocol that was recognized as an outcome of a long process of discussion and consultation as well as piloting and revisions at the international level. The questionnaire was designed and finalized in consultation with the NCWC and other relevant stakeholders.

The Focus Group Discussion (FGD)

The main reason for arranging the FGD was to explore views and perspectives on the situation of VAW, complementing or supplementing the information collected quantitatively. They were also hoped to help identify priorities, consolidate issues and provide responses that could not be collected quantitatively.

The sample

The stratified multi-staged cluster sampling approach was used to calculate the sample size. The prevalence rate on VAW considered for the calculation of the sample size was 68.4% from the BMIS 2010 conducted by NSB. The sample determined consisted of 538 respondents from 538 households using the formula given below:

$$\text{Sample size (n)} = \frac{t2 * p\,(1-p)}{m2}\, df$$

Where,
- n = the number respondents required
- t = 1.96 for 95% Confidence level
- m= precision taken as 0.05
- p = prevalence, taken as 0.68
- df= design effect, taken is 1.5
- Non response = 5%

The total sample size of 538 was more or less equally distributed between rural and urban areas. The two major towns of Thimphu and Phuntsholing from two districts were selected for the urban area survey and 12 gewogs from six districts were selected for the rural area survey. The gewogs were selected using the probability proportional to the size of the population, based on the 2005 PHCB population data. The sample distribution was as represented in the table below.

Table 2.1: Sample distribution

Area	District	Gewog/town	Sample
Urban	1.Thimphu	1.Thimphu town	142
	2.Chukha	2.Phuntsholing town	132
Rural	3.Trashigang	1.Samkhar	22
		2.Bartsham	22
	4.Mongar	3.Drametse	21
		4.Limethang	23
	5.Samtse	5.Chengmari	21
		6.Tendu	23
	6.Tsirang	7.Kikhorthang	22
		8.Tsholingkhar	22
	7.Punakha	9.Toewang	19
		10.Dzomi	25
	8.Zhemgang	11.Trong	20
		12.Nangkor	24
Total	**8 districts**	**12 gewogs+ 2 towns**	**538**

The target group

The target population was women aged 15 to 49 years, following the WHO protocol. They were randomly selected – one eligible woman per household.

For the FGD also, women aged 15-49 were included. Each focus group was targeted to consist of 5-10 members. One of the FGDs, however, was conducted with men to collect men's perspective on the VAW issue and compare with the women's perspective.

Survey team and training

A total of two teams (4 members each) were deployed in each of the 8 districts along with a supervisor and a coordinator. It was estimated that on average, a team of 4 members would be able to complete 4-5 households per day thereby completing the field survey in 25–30 days. For this study, female enumerators were employed as recommended by the WHO. It was recommended that women responded better to female enumerators on the sensitive issue of VAW.

Prior to the survey, all the enumerators were trained for a total of five days based on the WHO Study standardized training course for interviewers. The course materials included a training facilitator's manual; a question-by-question explanation of the questionnaire; and specific procedural manuals for interviewers, supervisors, field editors and data processing. Care was taken to train the enumerators in observing and being sensitive to social and cultural norms of the communities. They were made aware of the indication by international research that

women's willingness to disclose violence was influenced by a variety of interviewer characteristics, including sex, age, marital status, attitudes and interpersonal skills.

Ethical and safety clearance

The survey was conducted as per the national policies and regulations involving human rights and also in line with the WHO guidelines, to ensure least risk to the respondents. The confidentiality and privacy of the respondents were ensured and their denials from interviewing were respected. An official letter was taken from the NCWC and shown to the district officials for obtaining necessary approval to travel within the district. The letter was also presented to each respondent before the interview was conducted.

Data entry, cleaning and processing

Data entry commenced right after the fieldwork. Double data entry was done to obtain clean database. The data entrants were supervised and monitored all the time by the CRI data analyst expert. Data was pre-coded in the SPSS software in order to facilitate data entry. All the collected quantitative data was converted to SPSS format. The coding was reviewed prior to being finalized for entry. Internal consistency check was performed occasionally to ensure logical control. Data entered were prepared and rechecked for analysis.

Data analysis and report writing

The data was analyzed using SPSS (IBM SPSS Statistics 20). Draft reports were shared with the NCWC and stakeholders for necessary revisions. The report was then finalized in consultation with the NCWC.

Strengths and limitations of the study

The study design is in line with international standards and particularly comparable with international studies employing the WHO design. Comparison with the WHO study and the Maldives study findings, as presented in the report, is seen to strengthen the extent of VAW prevalence in the country. This will be helpful in national policy making and budgeting as well as identification of required international support.

In the context of the country's reporting of development progress disaggregated by location (rural, urban), the study has been able to present the findings for both rural and urban areas. This may be seen to be useful in helping the government and other relevant stakeholders in prioritization of interventions between rural and urban areas in the context of equitable development.

On the other hand, the study has not been able to provide the findings disaggregated by region (east, central, and west) due to the sample size. The report would, therefore, not be useful in prioritization of interventions at the sub-national level.

Some of the findings may be considered to be indicative only as it is possible that the respondents may have been biased in their response and underreported, having had to recall most of their experience with violence. The weighted analysis presented in the report supports this. The sexual abuse of girl child, in particular, is likely to be the most underreported as the older respondents would have found it extremely difficult to recall their experience before 15 years of age. However, according to weighted analysis, the prevalence rate appears not to be underreported. Conclusions cannot be drawn in respect of the perpetrators for girl child abuse as the number of respondents providing information on this was only five.

The analysis of violence prevalence against the age groups may be limited due to the underrepresentation of the late adolescent group (15-19 years).

In terms of the achievement of the study objectives, it may be said to be mostly achieved with the exception of sexual harassment at public places and trafficking of women and girls. The prevalence of sexual harassment at public places (i.e. outside of the home) may not have been captured adequately in terms of specific workplaces for those employed and specific public spaces within the community other than the school. However, this is seen to be compensated with the specific mention of 'other' perpetrators other than family members. Trafficking of women and girls was not covered in this study as it has been treated separately through another study initiated by the NCWC.

CHAPTER THREE – DEMOGRAPHIC CHARACTERISTICS

Response rate

The study achieved 100% response rate, both overall and by location. This is commendable given the cultural sensitivity of VAW. However, response rates with respect to specific sections varied with respondents not responding to certain questions, as will be observed in the chapters that follow.

Overall, 538 women aged 15-49 completed the questionnaire and as determined by the sample design, the respondents were from two major urban centres of the country covering two districts and 12 rural areas (*gewog*s) distributed equally across six districts spread across the different regions of the country.

Table 3.1: Response rates

Dzongkhag	Town/Gewog	Sample Size	Town/Gewog Percent	Dzongkhag Percent
Thimphu	Thimphu town	142	26.4	26.4
Chukha	Phuntsholing town	132	22.3	24.5
Trashigang	Samkhar	22	4.1	8.2
	Bartsham	22	3.9	
Mongar	Drametse	21	4.3	8.2
	Lingmethang	23	3.9	
Samtse	Tendu	21	4.1	8.2
	Chengmari	23	4.1	
Tsirang	Kikhorthang	22	3.5	8.2
	Tsholingkhar	22	4.6	
Punakha	Toewang	19	3.7	8.2
	Dzomi	25	4.5	
Zhemgang	Trong	20	2.2	8.2
	Nangkor	24	4.3	
Total		**538**	**100.0**	**100.0**

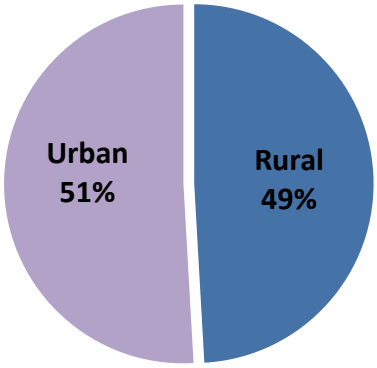
To minimize bias, maximize disclosure and reduce inter-interviewer variability, the study tools and procedures were standardized. However, given the fact that Bhutanese are not accustomed to talking openly or freely about private matters owing to "the societal and family expectation for women to uphold *tha damtshig*," (NCWC, 2008, p.8), there could have still been some possibility of participation bias leading to nondisclosure or underreporting of the experience of violence. As a result, this bias could most probably have led to an underestimation of the levels of violence. For this reason, the prevalence figures must be understood as the minimum estimates of the true prevalence of violence in Bhutan.

Rural–urban distribution of respondents

Respondents were almost equally distributed between the urban and rural areas. Although this is not in line with the actual female population distribution, with the rural population higher than the urban population, the equal distribution of the respondents was necessitated by the cluster sampling design.

The urban areas included the capital city, Thimphu, Thimphu district and the border town of Phuntsholing, Chukha district. These are the major urban centres of the country that attract people for better employment opportunities[43] and the PHCB 2005[44] has reported Thimphu and Chukha to have the largest urban population. In a study of rural-urban migration in Bhutan (MoA, 2005)[45], it was found that 41% of rural migrants to urban centres were women. Considering all these facts, the almost equal proportion of urban respondents to rural respondents may be said to be justified.

Figure 3.1: Rural-Urban distribution of respondents



Characteristics of respondents

Age of respondents

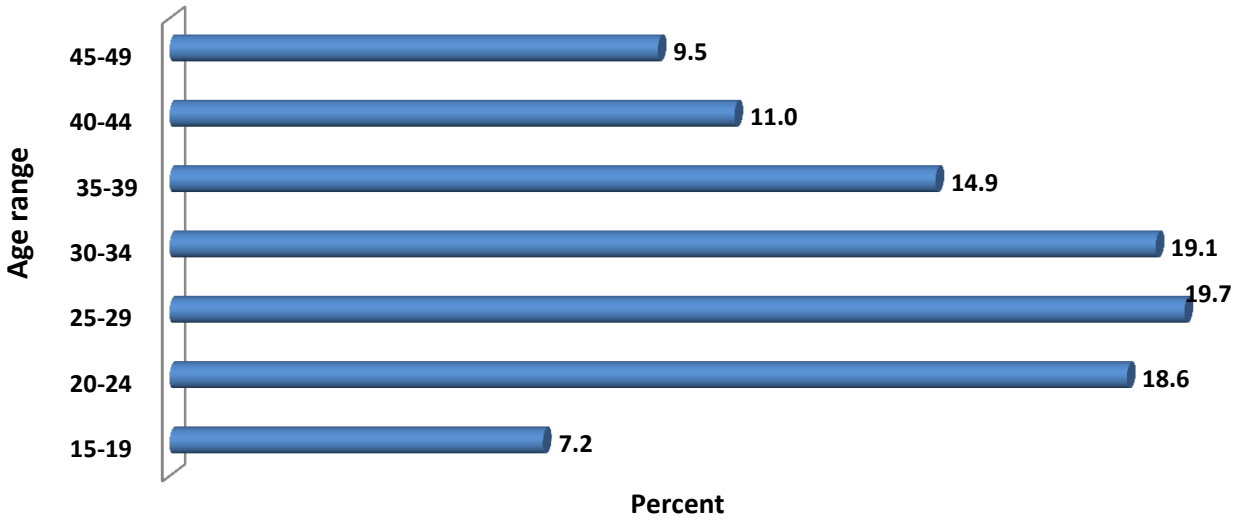
The respondents were from within the age range of 15 to 49 years as predetermined during the study design period in keeping with the WHO guidelines. There were fewer respondents in the youth category (15-24) than in the older age group (25-49), and this is found to be of similar pattern to the actual female population distribution across ages 15 to 49 years. However, some disparity has been observed in terms of ratio between the youth category and the older category due to significant underrepresentation in the late adolescent age group (15-19)[46], with

[43] A major pull factor, as determined by the rural-urban migration study by the Ministry of Agriculture, RGoB, 2004
[44] Population and Housing Census of Bhutan, RGoB, 2005
[45] Rural-urban migration Study, Ministry of Agriculture, RGoB, 2004
[46] This is as per the Adolescent Health and Development Country Profile, Ministry of Health, RGoB, 2008 and An Assessment of Vulnerable and at-risk adolescents in Bhutan, RGoB.

7.2% late adolescent respondents as compared to 23.9%[47]in the actual distribution between ages 15 to 49 years. This is possibly owed mainly to the method of random sampling of one eligible woman per household irrespective of the number of members in the household.

The major chunk of respondents falling within the age bracket of 20-39 years was, however, found to be similar to the pattern of the actual distribution. Therefore, overall, the representation by age may be considered to be reasonably acceptable.

Figure 3.2: Age distribution of respondents



Head of household[48]

Almost two-third of the respondents said that the head of their family was male while about one-third of them said it was female. This characteristic is similar to that of the 2005 census, with majority (71.8%) of the households headed by male.

A very small proportion (6%) of the respondents said that the family was headed jointly between male and female. These were families that mostly had both the male and female earning income. Since this characteristic has not been reported in the 2005 census, it appears that the trend in gender roles is shifting and probably due to national (government[49] as well as non-government[50]) efforts in gender sensitization.

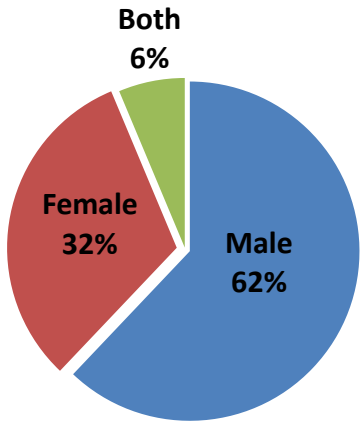
[47] This has been worked out on the basis of census details in PHCB 2005.

[48] Head of household or family was considered to be the one that provided for the household/family members.

[49] Gender mainstreaming is a major consideration in national development planning and implementation, as guided by the GNH Commission. The National Commission for Women and Children (NCWC) ensures gender sensitive policy making on the basis of research.

[50] The Respect Educate Nurture and Empower Women (RENEW) supports gender equality efforts through targeted interventions.

Figure 3.3: Head of household



Education of respondents

A little over half of the respondents said they could read and write, while close to half could neither read nor write. A very small proportion said they could only read.

The literacy rate worked out for women in the age group 15-49 on the basis of PHCB 2005 is 40.1%, in comparison to which the literacy rate of the respondents of this study is seen to be significantly higher. This could be a result of the rapid nationwide implementation of non-formal education.[51]

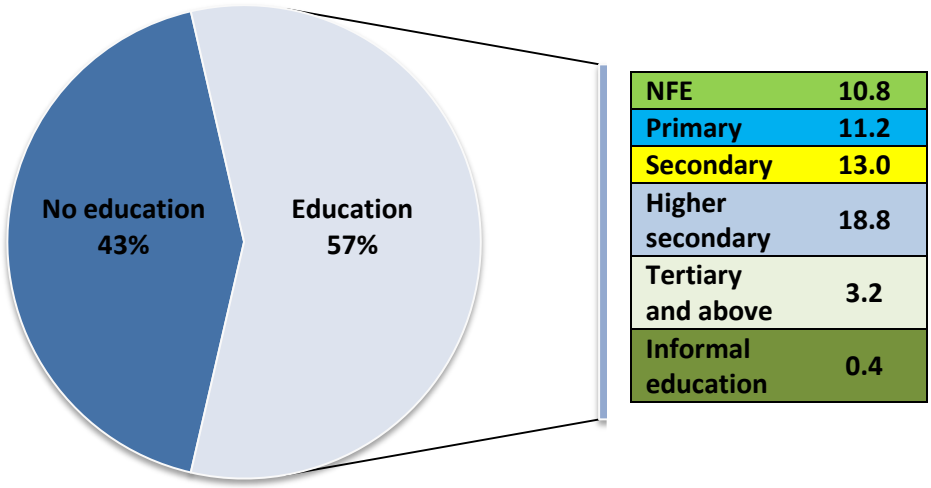
Table 3.2: Percentage of respondents able to read and write

Respondents able to read and write	Number	Percent
Yes	278	51.7
No	239	44.4
Read only	20	3.7
Refused/no answer	1	0.2
Total	**538**	**100.0**

More than half of the respondents received education, of which majority had been to a formal school and completed either primary or secondary or higher secondary levels, with proportions almost equally distributed across these three levels. A very small proportion had completed tertiary or higher level, and almost one fifth had completed non-formal education. This is consistent with national statistics (PHCB, 2005).

[51] The number of NFE centres increased from 365 in 2003 to 953 in 2012. (source: Annual Education Statistics 2012, http://www.education.gov.bt/documents/10156/12525/Annual+Education+Statistics?version=1.0)

Figure 3.4: Distribution of education levels



Financial autonomy of respondents

Majority of the participants in the previously mentioned gender study (NCWC, 2008)[52] suggested economic dependency as one of the leading causes of domestic violence and abuse; therefore, it was felt important to find out the economic status of the respondents. That is, whether they were earning any income through some way or the other, whether they owned assets and could inherit family property.

The study revealed that around a quarter of the respondents owned land (by self) while around half owned it with others, indicating an overall high proportion (85.8%) owning land. It further revealed that almost a quarter owned a house (by self), while around half owned a house with others, indicating an overall high proportion (80.4%) owning a house. (See Table 3.3) Since land and house are considered the biggest assets for people in Bhutan, it can be concluded that women in Bhutan have the potential to enjoy financial or economic autonomy and this comes with the prevailing tradition of inheritance in some parts of the country. The 2008 NCWC study[53] revealed that there are traditional inheritance variations, with the inheritance in most parts of the country found to be matriarchal while patriarchal in some parts of eastern region and mixed in Gasa and Zhemgang. Table 3.4 shows that majority of the women can inherit the family land and house, with about two quarters inheriting a share of the property and almost a third inheriting all of the family property.

Interesting to note is the highest proportion of respondents not owning company, followed by a high proportion not owning car and a significant proportion with no savings in the bank. In

[52] Study of Gender Stereotypes and Women's Political Participation (Women in Governance), NCWC, 2008
[53] Study on Gender Stereotypes and Women's Political Participation (Women in Governance), NCWC, 2008 (Source: http://www.ncwc.org.bt/wp-content/uploads/2010/08/Gender-Study.pdf)

contrast, the highest proportion owned household items followed by jewellery. These indicate that women in Bhutan are still carrying out stereotypical roles and responsibilities, which could be a result of societal expectation and particularly in rural communities, where the household is the domain of the women with men doing most of the outside work (NCWC, 2008).

Table 3.3: Respondents owning properties

Own properties	Owned by self (%)	Owned with others (%)	Don't own (%)
Land	32.3	53.5	14.2
House	27.4	53.0	19.6
Company	4.9	11.0	84.1
Large animals	18.3	32.7	49.0
Small animals	14.2	31.3	54.5
Produce	22.8	38.9	38.3
Household items	50.6	36.2	13.2
Jewellery	33.2	21.1	45.7
Car	17.0	20.9	62.1
Savings in bank	40.4	19.1	40.4
Other property	8.5	9.2	82.3

Table 3.4: Inheriting family properties

Family properties	Male member (%)	Female member (%)	Both (%)	Others (%)
Inheriting a house	28.7	29.2	41.7	0.4
Inheriting a land	26.8	23.1	49.7	0.4

In regard to earning income, it was found that half of the respondents were earning income at the time of interview, among whom around half were earning less than the husband. Only about one fifth were earning more than the husband, while one tenth were earning about the same as the husband.

Partnership status of respondents

The study took into account of partnership[54] to mean 'ever partnered' including those not in partnership at the time of interview but having had a partner in the past. It was found that majority of the respondents (81.2%) were married at the time of interview, and a small proportion (3.7%) not married or living with a man at the time of interview had been partnered in the past. Overall, ever partnered respondents constituted 88.1% (474) of the total respondents (538) that completed the questionnaire. This was seen to be consistent with the national statistics[55].

[54] Those married, also those not married but living together, as well as those with regular partner but living apart
[55] Population and Housing Census of Bhutan 2005, RGoB

Table 3.5: Partnership status of respondents

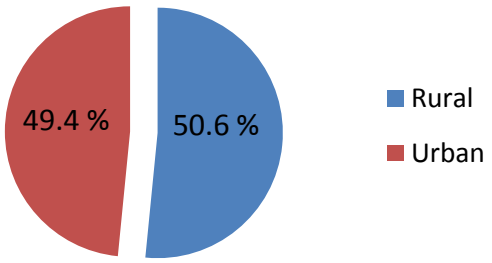
Partnership status	Number	Percent
Currently[56] married	437	81.2
Currently living with man, not married	5	0.9
Currently regular partner, living apart	12	2.2
Currently not married/not living with man, but partnered before	20	3.7
Currently not married/not living with man, and not partnered ever	64	11.9
Total	**538**	**100.0**

Table 3.6 presents the number of ever partnered respondents by age group. It is evident from this table that most women are likely to be married by the age of 25-30 and more than a third are already married or in a relationship at the late adolescent age. Figure 3.5 shows higher proportion of women in a relationship (mostly married) in rural areas as compared to the urban areas.

Table 3.6: Number and percentage of ever partnered respondents by age group

Age Group	Ever Partnered		Total
	Yes	%	
15-19 years	14	36	39
20-24 years	70	70	100
25-29 years	100	94	106
30-34 years	102	99	103
35-39 years	79	99	80
40-44 years	59	100	59
45-49 years	50	98	51
Total	**474**	**64**	**538**

Figure 3.5: Proportion of ever-partnered respondents by residence



Among the respondents that were not married or living together with a partner at the time of interview, a few (3.4%) were divorced and a few others (0.8%) were widowed. When asked

[56] At the time of interview

about the initiation of separation to those who were divorced, more than one-third of the respondents said it was them who had decided to end the marriage. The FGDs also indicated divorces initiated by women and mainly because of repeated abuse by their husband.

General health status of respondents

Majority of the respondents said they had good or excellent health, with more than half saying they had good health. Around one fifth said they had fair health. Those that said they had poor or very poor health constituted a small proportion.

Table 3.7: General health status of respondents

General health	Number	Percent
Excellent	74	13.8
Good	282	52.4
Fair	116	21.6
Poor	60	11.2
Very poor	6	1.1
Total	**538**	**100.0**

CHAPTER FOUR – PREVALENCE OF INTIMATE PARTNER VIOLENCE

This chapter reports on the national prevalence of various forms of intimate partner violence (IPV), also known as domestic violence – physical, sexual, emotional - by a current or former intimate partner including both married and unmarried at the time of interview. It has also made an attempt at reporting on economic abuse, as indicated by acts listed in Box 2.1 in the previous chapter. Further, it highlights the prevalence of IPV by residence, age group, education level and asset ownership, providing insights into the level of risk of IPV in the different groups. In addition, the study presents situations tending to lead to the violence and women's attitude towards violence as reported by the respondents.

MAIN FINDINGS

- Approximately 1 in 3 women aged 15-49 years that had ever been in a relationship was likely to experience at least one act of a specific type of violence in Bhutan in a lifetime.
- Close to 1 in 5 of ever-partnered women aged 15-19 were likely to experience all three forms of violence by intimate partner in a lifetime and approximately 1 in 10 is likely to experience only one form of violence in a lifetime in Bhutan.
- The prevalence of at least one act of a specific type of violence among ever-partnered women aged 15-49 was significantly higher in the rural areas (approximately 1 in 3) than in the urban areas (approximately 1 in 5) in Bhutan.
- Emotional violence and physical violence by intimate partner were the main forms of violence experienced by ever-partnered women aged 15-49 in Bhutan.
- Eight in ten ever partnered women aged 15-49 that experienced intimate partner violence were likely to experience controlling behavior by intimate partner.
- The ever-partnered women of the late adolescent age group (15-19), women aged 15-49 currently unmarried and women aged 15-49 with lower levels of formal education were at higher risk of violence by intimate partner.
- Approximately 6 in 10 ever-partnered women aged 15-49 were likely to be subjected to economic abuse by their intimate partner.
- A large section of women thought it was acceptable for them to be subjected to violence by intimate partner.

"My ex-husband used to beat me and mostly when he had had alcohol. I found out that he was having an affair with another woman. He would not bring financial home. I was just 13 years old when I got married to him. I was too innocent to fight back. Not being able to bear it anymore, I approached the court for a divorce."[57]

National level IPV prevalence rates (lifetime)

The overall national prevalence rate of IPV has taken into account at least one act of a specific type of violence at least once in the life of the ever partnered respondents. It was found that one third (32.9%) of the ever partnered respondents (474) had experienced intimate partner violence in their lifetime, as shown in Table 4.1 below. The prevalence rate in rural areas (40.4%) was found to be close to double that of the prevalence rate in urban areas (25.2%). It was observed that the rural areas of Samtse and Tsirang had alarmingly high rates. The 2008 Gender Study by NCWC[58] revealed that there were pockets of communities in Tsirang that still followed stringent traditional gender roles. Could this be an indication that there are significant regional variations and that the variations are due to the nature of traditional practices?

Table 4.1: Prevalence of lifetime violence[59] by an intimate partner, among ever-partnered women, by residence

Dzongkhag	Town/Gewog	Ever experienced intimate partner violence		No. of ever partnered women
		Number	Percent[60]	
Thimphu	Thimphu town	24	20.5	117
Chukha	Phuntsholing town	35	29.9	117
	Urban total	**59**	**25.2**	**234**
Trashigang	Samkhar	4	18.2	22
	Bartsham	3	13.6	22
Mongar	Drametse	7	33.3	21
	Lingmethang	8	40.0	20
Samtse	Tendu	9	50.0	18
	Chengmari	10	66.7	15
Tsirang	Kikhorthang	11	50.0	22
	Tsholingkhar	17	89.5	19
Punakha	Toewang	10	45.5	22
	Dzomi	9	52.9	17
Zhemgang	Trong	5	26.3	19
	Nangkor	4	17.4	23
	Rural total	**97**	**40.4**	**240**
	Overall total	**156**	**32.9**	**474**

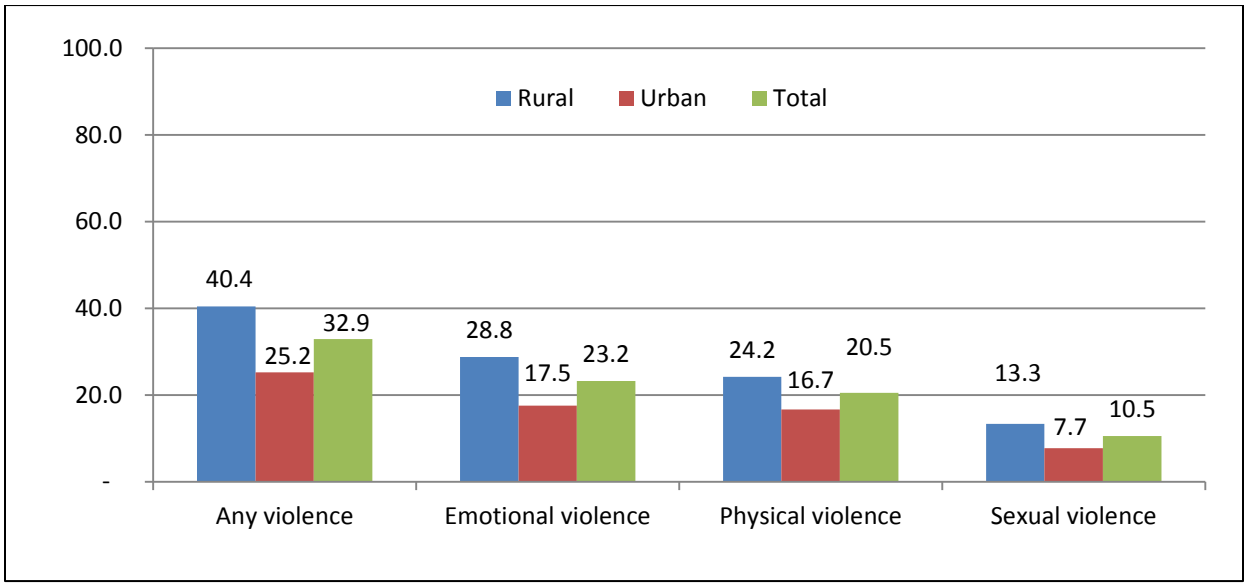
[57] Source: One of the FGDs conducted as a part of this study
[58] Study of Gender Stereotypes and Women's Political Participation (Women in Governance), NCWC, 2008
[59] At least one act of a specific type of violence at least once in the life of the ever partnered respondents
[60] Percentage calculated upon number of ever partnered respondents in the respective towns/gewogs

Across the various types of intimate partner violence, as indicated in Figure 4.1 below, emotional violence was the most prevalent with prevalence rate at 23.2%. This is seen to be significantly lower than the prevalence rate (29.2%) in the Maldives and closer to the bottom end of the 20-75% range of prevalence rates in the WHO Multi-country study.[61]

Closely following emotional violence was physical violence at 20.5%, which is seen to be closer to the Maldives (18%), and also to Thailand city (23%) and Serbia and Montenegro city (23%) at the lower rung of the 13-61% range of prevalence rates in the WHO study. It is, however, seen to be significantly higher than Japan (13%).

Prevalence of sexual violence by an intimate partner was at 10.5% - higher than the Maldives (6.7%), Japan (6%) and Serbia and Montenegro city (6%) and closest to Brazil city (10%) in the WHO study. Interestingly, it was much lower than that of Thailand (30%) although not such a wide difference between the two countries with respect to emotional violence.

Figure 4.1: Prevalence of different forms of lifetime IPV, by residence



Comparing the overall prevalence rates as well as the rates for the three different forms of IPV between the rural and urban areas, they were seen to be significantly higher for the latter as shown in Figure 4.1 above. It is known that poverty is a rural phenomenon in Bhutan and UNIFEM has mentioned "poverty as an aggravating factor that makes women vulnerable to gender violence" in its 2003 publication on ending VAW.[62]It is also known that Bhutan is characterized by the cultural norm of men being superior to women, which may be said to be

[61] Comparison with the WHO and Maldives experience needs to be treated with caution as the Bhutan sample size is much smaller than the WHO and Maldives sample size.

[62] Not a Minute More, Ending Violence Against Women, UNIFEM, 2003

changing in the urban areas with exposure to human rights' approach to gender sensitivity. Is there an indication, therefore, that poverty and cultural norms are contributing to IPV in Bhutan as well?

Comparison between current and lifetime IPV

Table 4.2 presents prevalence rates for the different forms of IPV in terms of lifetime and current experience. Lifetime prevalence of IPV was defined as the proportion of ever-partnered women (474) who reported having experienced one or more acts of violence by a current or former partner at any point in their lives. Current prevalence was the proportion of currently-partnered women (454) reporting that at least one act of violence took place during the 12 months prior to the interview. The UN[63] recommends that the prevalence of violence may "be measured with somewhat greater accuracy over a more recent time period (such as the previous year)."

Comparing the two sets of figures, it appears that IPV is not really a yearly experience or a frequently repeated experience for majority of the women. The FGDs conducted in this study also indicated that there were only few cases of VAW. In this respect, it might be said that the emergence of a certain situation could be leading to the IPV rather than it being a habitual act of the intimate partner. Analysis of the situations tending to lead to violence, as indicated in Table 4.8 in a later section of this chapter, shows financial problem' with the highest percent followed closely by 'difficulties at work' and 'jealousy.' One of the most common situations leading to physical violence was when the intimate partner was drunk. According to the FGDs conducted with women, 'affair with another woman,' 'jealousy' and 'alcohol' were the main reasons. From the FGD conducted with men, it seemed that there were quarrels and fights between the husband and wife after consumption of alcohol.

Table 4.2: Prevalence of the different forms of IPV, current and lifetime

Different forms of Violence	Current[64]		Lifetime	
	Number	Percent (N=454)	Number	Percent (N=474)
Violence (any)	85	18.7	156	32.9
Emotional Violence	59	13.0	110	23.2
Physical Violence	46	10.1	97	20.5
Sexual Violence	24	5.3	50	10.5

[63] Source: Indicators to Measure Violence against Women, Report of the Expert Group Meeting, UN, Geneva, Switzerland, 2007

[64] Twelve (12) months prior to the time of the interview, by WHO definition

Overlap of the different forms of IPV

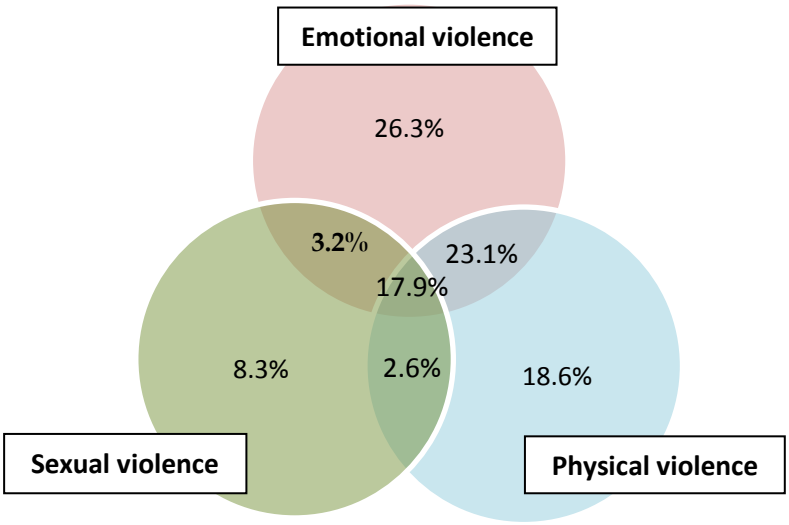
All three forms

Figure 4.2 shows overlap between the different forms of IPV, further enriching the findings of the study. The biggest overlap is between physical IPV and emotional IPV – i.e. around two fifths (41%) of the abused ever-partnered respondents (157) were abused physically as well as emotionally by their intimate partner. Close to a fifth (17.9%) were abused physically, emotionally and sexually. This group of women may be said to have been subjected to relatively most severe IPV in terms of multiple forms of experience as compared to the remaining 82.1% of the abused respondents that were subjected to either one or two forms of IPV and more than half (53.2%) of the abused respondents that experienced only one form of IPV in their lifetime. Among those that were subjected to only one form of IPV, emotional violence was seen to be the most common.

More than a quarter (28.9%) of the abused respondents experienced two forms of violence in their lifetime. This group may also be considered to have been subjected to a relatively severe IPV as compared to those that experienced only one form of IPV.

All in all, almost half (46.8%) of the abused respondents were subjected to more than one form of IPV in their lifetime.

Figure 4.2: Overlap of the different forms of IPV (N=157)

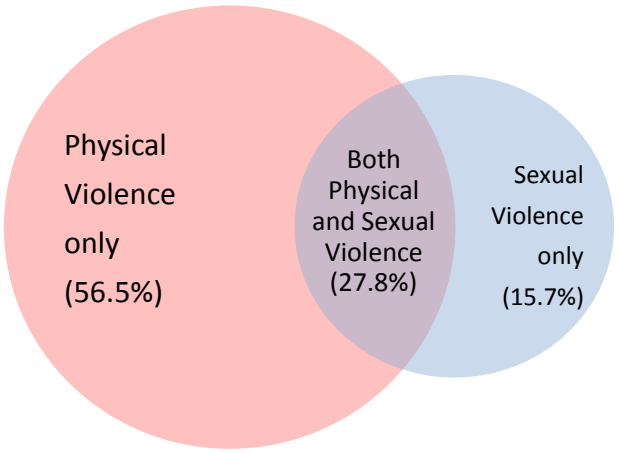


Physical and sexual

Following the WHO study, a separate analysis was done of overlap between physical IPV and sexual IPV. (See Figure 4.3) Overall, around a quarter (26.5%, 115) of the ever partnered respondents reported experiencing either physical or sexual intimate partner violence or both. There was substantial overlap between the two forms of IPV – i.e. some of those who

experienced sexual IPV had also experienced physical IPV. This worked out to more than a quarter (27.8%) of the 115 ever-partnered respondents that experienced either physical IPV or sexual IPV or both. This is seen to be similar to the Maldives experience (26.7%) and the experience of a few of the countries in the WHO study – i.e. Japan city (25%), Thailand city (28%), Brazil city (29%).

Figure 4.3: Overlap of physical and sexual partner violence among women reporting intimate partner violence (N=115)



Women who reported physical abuse were also asked if during or after a violent act their partner ever forced them to have sex. More than half of them said that it never happened, while nearly half said that it happened at least once. About a quarter reported that it happened just once or twice, with less than tenth reporting that it happened many times.

Table 4.3: Forced sex during or after violent incident, among ever-partnered respondents that experienced physical violence

Frequency	Number	Percent
never	58	63.0
once or twice	19	20.7
several times	9	9.8
many times	6	6.5

Severity of Physical IPV

"My ex-husband beat me at least five times a week. He beat me with a stick or whatever he had in his hand. He even chased me with a knife."[65]

Severity of physical violence by intimate partner was measured in terms of the nature (acts) of violence, following the WHO standards and the UN recommendations.

Table 4.3 shows a detailed breakdown of the acts of physical violence that were reported by the 97 ever-partnered respondent women having experienced physical violence in their lifetime. The percentages have been presented in two ways: 1) as a proportion upon the 97 ever-partnered respondents that experienced it; and 2) as prevalence among the total 474 ever-partnered respondents.

The most common acts of physical violence reported were of the moderate type, however, equally alarming was the severe acts of 'being kicked' and 'being fisted' experienced by more than half of those that experienced physical violence.

In terms of prevalence among the total ever-partnered respondents, the acts were experienced by less than a fifth in respect of both the moderate and severe types of violence.

Table 4.4: Acts of physical violence reported by the ever partnered women having experienced physical violence in their lifetime

Physical Violence (lifetime)	Number	Proportion (N=97)	Prevalence (N=474)
slapped	82	84.5	17.3
pushed	61	62.9	12.9
kicked	54	55.7	11.2
used fist	53	54.6	11.4
used weapon	22	22.7	3.0
choked	14	14.4	4.6

A small proportion of women who said they had been pregnant reported having been subjected to physical abuse once or more in their lifetime. Out of these, less than a tenth (7.4%) said they were beaten during pregnancy and out of those that were beaten during pregnancy; more than a third (39.4%) were punched or kicked in the abdomen. (See Table 4.4)

[65] Source: One of the FGDs conducted in this study

Table 4.5: Percentage of ever partnered women that had been pregnant reporting being beaten during pregnancy

Ever been pregnant & beaten during pregnancy	Number	Proportion	Prevalence (N=474)
Ever been pregnant (N=474)	445		93.9
Beaten during pregnancy (N=445)	33	7.4	7.0
Punched or kicked in the abdomen (N=33)	13	39.4	2.9

In addition, it was found that more than a quarter (28.4%) of the respondents had witnessed their mother being hit by their father, as shown in Table 4.6. This may be said to indicate that physical violence has been prevalent in the country for a long time. It also indicates that the abused women who had witnessed their mother being beaten were exposed to violence from an early age.

Table 4.6: Percentage of women reporting to have witnessed physical violence at home as a child

When you were a child, did you see your mother being hit by your father?	Number	Percent
Yes	151	28.4
No	344	64.8
Parents not together	28	5.3
Don't know	8	1.5
Total	**531**	**100.0**

Sexual violence

More than two-fifth of the ever partnered respondents who experienced intimate partner sexual violence said they were physically forced by their partner to have sex. About a third said they had sex, although they did not want to, because they were afraid of what the partner might do. More than a tenth said they had sex of the degrading or humiliating type.

In terms of prevalence of the different acts of sexual violence among the 474 ever partnered women, the rates are as provided in Table 4.7 below and seen to be less than a tenth (closer to Brazil and Thailand city; higher than the Maldives).

Table 4.7: Percentage of ever-partnered women reporting types of intimate partner sexual violence

Sexual Violence	Number	Proportion (N=87)	Prevalence (N=474)
physically forced sex	38	43.7	8.0
afraid	28	32.2	5.9
degrading	12	13.8	2.5

Emotional abuse

"I could not approach local authorities for help because he threatened me."[66]

The most frequently mentioned act of emotional abuse was insult. A little over half said their intimate partner scared them and almost half said they were belittled. Around a third said they were threatened. (See Table 4.8)

In terms of prevalence of the different types of emotional abuse among the total ever-partnered women respondents, the rates are as given in Table 4.8 below. Compared to the Maldives, the prevalence of insult in Bhutan was found to be lower while the rest were higher with 'threatened' almost three times higher than the Maldives rate.

Table 4.8: Percentage of ever-partnered women reporting emotional abuse by intimate partner

Emotional Abuse	Proportion (N=110)	Prevalence (N=432)
Insulted	67.3	17.1
Scared	53.6	13.7
Belittled	48.2	12.3
Threatened	35.5	9.0

Further, more than half (56.5%) reported they had witnessed their mother being scolded by their father when they were children, as shown in Table 4.9 below. This indicates that emotional abuse has been prevalent in the country for a long time. It also indicates that the abused women who had witnessed their mother being scolded were exposed to emotional violence from an early age.

Table 4.9: Percentage of women reporting to have witnessed physical violence at home as a child

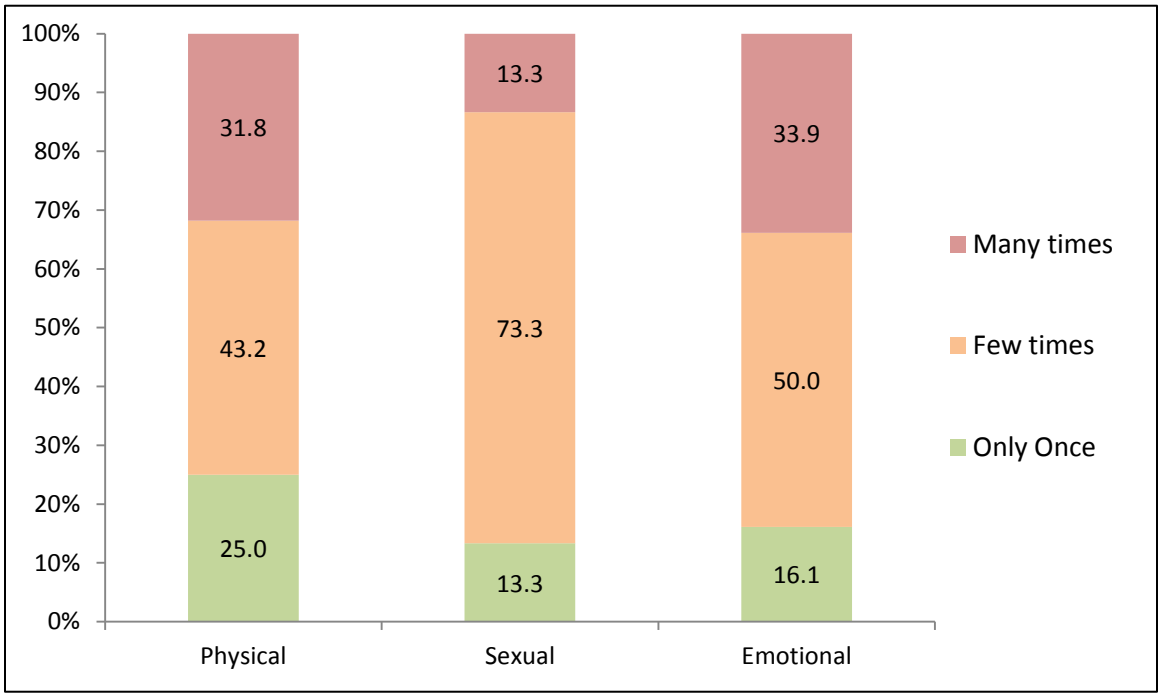
When you were a child, did you hear your mother being scolded by your father?	Number	Percent
Yes	287	56.5
No	206	40.6
Don't know	15	3.0
Total	**508**	**100.0**

[66] Source: One of the FGDs conducted in this study

Frequency of IPV

In addition to severity of violence, the study also explored the frequency - i.e. how many times the acts of violence occurred within the last 12 months. (See Figure 4.4 below) Majority of the respondents reported to have been subjected to the various forms of IPV more than once and mostly a few times. The frequency of sexual abuse is found to much less alarming as compared to that of physical and emotional violence.

Figure 4.4: Frequency of intimate partner violence



Controlling behavior

The study also collected information on a range of different controlling behaviors imposed on women by their intimate partners. These behaviors are as listed in Table 4.10. Overall, more than half (60.3%) of the ever-partnered respondents reported experiencing at least one form of controlling behavior by their partner. This was found to be similar to the experience in Brazil and Thailand. The proportion for rural areas (59.1%) was higher than for the urban areas (47.1%). The most common controlling behaviors reported were 'wanting to know where she was' and 'needing the partner's permission to seek health care for herself.'

Table 4.10: Percentage of ever-partnered women reporting various controlling behaviors by their intimate partners

Controlling behavior	No.	Proportion (N=285)	Prevalence (N=473[67])
Keeps from seeing friends	55	19.3	11.6
Restricts contact with family	31	10.9	6.6
Wants to know where she is	185	64.9	39.1
Ignores her, treats her indifferently	54	18.9	11.4
Gets angry if she speaks with other men	99	34.7	20.9
Often suspicious that she is unfaithful	79	27.7	16.7
Needs his permission to seek health care	166	58.2	35.1
At least one act of controlling behavior	285		60.3

Correlation between intimate partner's controlling behavior and the respondents' experience of IPV was explored and it was found that there was significant correlation, at the value of P=0.000.[68]The Table below shows majority (more than three quarters) of the respondents having experienced IPV reporting that their partner displayed controlling behavior. On the other hand, less than half of those not having been subjected to IPV reported having experienced controlling behavior of their partner.

Table 4.11: Percentage of ever-partnered women reporting controlling behavior by intimate partner according to their experience of violence

Violence by Intimate Partner		Controlling behavior of Intimate Partner				Total
		Yes		No		
		Number	Percent	Number	Percent	
Any Violence	Yes	126	80.8%	30	19.2%	156
	No	136	48.9%	142	51.1%	278

Economic abuse[69]

Besides the three forms of IPV (physical, sexual, emotional) explored in this study following the WHO study design, economic abuse by intimate partner was also explored using the following indicators from the section on financial autonomy on the questionnaire:

- Not able to spend Financeial she earns how she wants to spend it, rather has to give part or all of her Finanacial to her partner

[67] One of the ever partnered respondents did not respond to the question.
[68] Significance value < 0.05, with confidence level set at 95%
[69] Note: In the international arena (both global and regional), economic abuse is the least explored aspect of VAW and the indicators are still under construction.

- Partner takes her earnings or savings against her will
- Given up or refused a job for financial because partner did not want it
- Partner refused to give her financial for household expenses

Table 4.12 shows that more than half of the ever-partnered respondents had experienced at least one act of economic abuse in their lifetime. This fits in with the known cultural perception of "no matter how incompetent a man, he will always be the provider; no matter how competent a woman, she will always be a receiver."(NCWC, 2008, p.42) It also fits in with the stereotypical role of women as "the custodian and controller of the household" and men as the main decision maker in "major decisions such as buying land, farm machineries, construction, farm animals, etc." (p.47)

Table 4.12: Prevalence of economic abuse among ever-partnered women aged 15-19

Economic Abuse	Number	Percent
Yes	242	63.9
No	137	36.1

Situations leading to violence

"The reason for violence is mostly alcohol. Other reasons are jealousy, personal differences and family financial problems."[70]

Women who reported being abused by their intimate partner were asked about particular situations leading to the abuse. The situations and percentages of the respondents reporting them have been presented in Table 4.12 below for any one act of violence ever experienced as well as for the different forms of violence.

The most common situations were found to be when the intimate partner faced difficulties at work and had financial problem. A considerable proportion said they were abused when the partner was drunk, when there was no food at home, when the intimate partner was jealous and when there were problems with his or her family. These were found to be consistent with what FGD participants (both women and men) said about reasons usually leading to violence, with the addition of early marriage and innocence. Alcohol was cited as one of the causes of domestic violence in the earlier mentioned 2008 NCWC study as well.

[70] Source: One of the FGDs conducted in this study

Two-fifth of the ever-partnered respondents said that their intimate partner was seen drunk from alcohol consumption. Out of this proportion, about a quarter said their intimate partner got drunk on most days and more than a tenth said that their intimate partner got drunk weekly. (See Figure 4.5) Further analysis showed significant relationship between IPV and the frequency of partner getting drunk at the value of P=0.000. (See Table 4. 13)

In terms of alcohol consumption by intimate partner, around half of the respondents reported that their intimate partner drank alcohol. Almost a quarter of this proportion drank every day, while more than a third drank once or twice a week. More than a quarter drank 1-3 times a month and more than a tenth drank less than once a month. Financial and family problems were said to have been experienced by around a third of the respondents due to intimate partner's drinking. Also, physical fights with another man were reported to have been seen by a small proportion of the respondents (7.7%).

Table 4.13: Situations tending to lead to violence, as reported by the respondents

Situations	Any, ever		Physical, ever		Emotional, ever		Sexual, ever	
	No.	Percent (N=156)	No.	Percent (N=97)	No.	Percent (N=110)	No.	Percent (N=50)
no reason	44	28.2	26	26.8	30	27.3	22	44.0
when drunk	62	39.7	50	51.5	45	40.9	21	42.0
financial problem	72	46.2	52	53.6	53	48.2	27	54.0
difficulties at work	67	42.9	46	47.4	54	49.1	22	44.0
when unemployed	18	11.5	14	14.4	14	12.7	7	14.0
no food at home	58	37.2	43	44.3	46	41.8	26	52.0
problems with family	50	32.1	36	37.1	37	33.6	22	44.0
pregnant	29	18.6	25	25.8	22	20.0	15	30.0
jealousy	63	40.4	51	52.6	52	47.3	27	54.0
refusing sex	44	28.2	37	38.1	36	32.7	27	54.0
disobedience	0	0.0	0	0.0	0	0.0	0	0.0
other reason	2	1.3	1	1.0	0	0.0	2	4.0

Figure 4.5: Frequency of alcohol consumption by intimate partner, as reported by the respondents

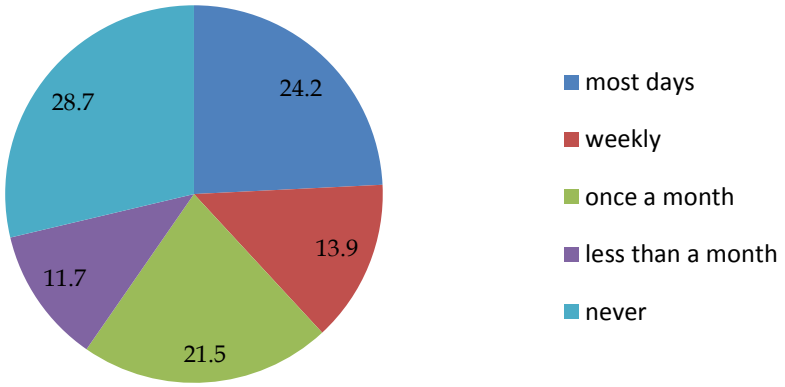


Table 4.14: Relationship between the respondents' IPV and partner's alcohol drinking pattern

Violence by Intimate Partner (currently)	How often have you seen your partner/husband drink?					Total
	most days	weekly	once a month	less than once a month	never	
Yes	38.5	17.3	22.1	8.7	13.5	**104**
No	11.8	10.9	21.0	14.3	42.0	**119**

Box 4.1 provides an overview of alcohol consumption pattern in Bhutan. This has been presented here to highlight the risk of violence due to alcohol, since the respondents of this study reported the situation of drunkenness of their intimate partner as one of the most common situations leading to violence against them.

Box 4.1: Alcohol consumption in Bhutan

The NSB study (2012)[71] on alcohol use and abuse in Bhutan states that alcohol is easily accessible and affordable, and alcohol consumption is widely acceptable among the Bhutanese. It further mentions that alcohol "is an important social and cultural substance and artifact that is used in a wide range of rituals, as medicines, and for various social events" (p.10) in the country. However, the ill effects of alcohol consumption are also evident. From the Buddhist perspective, it is said that the "Buddha discouraged his disciples not to use any intoxicants that could disturb their minds and obstruct their mental clarity required to attain Enlightenment." (p.15) It is also said that addiction to alcohol can lead to increased quarrels and weakening of the mind. In Bhutan, *ara* (local wine) and *bangchhang* (local beer) are produced at home mostly for family consumption and some for cash income (although prohibited by law). But, in recent years, there appears to be a shift of consumption to imported commercial brands as also observed to be the general trend among low and middle income countries of the world. Villagers also seem to have resorted to readily available and affordable brands in the market. Women were less likely to drink frequently as compared to the men. The consumption of alcohol did not vary much across different income or education groups. The majority of the current drinkers were in the

[71] Alcohol Use and Abuse in Bhutan, Monograph No. 1, NSB, 2012

age group 26-35 for both male and female. Alcohol accounts for some share of household budget expenditure (4% in 2007) and seen to be higher among the rural population. The share is likely to be higher for families with heavy drinkers. About a quarter of the male population drank daily and less than a fifth got drunk occasionally. Universally, men tend to drink more than women and create more problems when they are drunk. They tend to become more socially disruptive, as evident from subjecting women to domestic violence and economic suffering as a result of scarce cash resource caused by alcohol expenditure.

Quarrel was also reported to have been experienced by ever partnered women aged 15-49 with a current intimate partner. Majority said the quarrel took place sometimes or rarely, while a tenth experienced it often. (See Table 4.14 below)

Table 4.15: Percentage of ever-partnered women reporting frequency of quarrel

Frequency of quarrel	No.	Percent
Rarely	220	46.4
Sometimes	206	43.5
Often	47	9.9

"There are quarrels and fights after consuming alcohol."[72]

Demographic factors associated with intimate partner violence

The prevalence of intimate partner violence in the country was further analyzed against a set of demographic details presented earlier in the report (chapter 3). This analysis assessed the prevalence of violence with respect to the various demographic features.

Table 4.15 shows prevalence of violence (one form or the other) in the various age groups, currently as well as lifetime. In terms of lifetime experience, the prevalence of IPV is seen to be higher among the older women than among the younger women. However, the current experience shows the prevalence to be higher among younger women. This may be an indication that some women develop strategies to minimize the violence over the years of relationship with their intimate partner. It may also indicate that some men get less violent as they grow older through coping mechanisms of dealing with situations that tend to provoke violence. However, the relatively high prevalence rate in the 40-44 age groups currently may be linked to extra marital affair mentioned during the FGDs.

[72] Source: One of the FGDs conducted in this study

Going by the national trend of unemployment being highest among the late adolescent and youth group (PHCB 2005) and women without economic resource being at the risk of domestic violence (NCWC, 2008), this could be an explanation for the high risk of IPV among younger women in this study.

Table 4.16: Prevalence of violence by intimate partner among ever-partnered women, by age and when it took place

Age Group	Current		Lifetime		Ever partnered women
	Number	Percent	Number	Percent	
15-19 years	5	35.7	5	35.7	14
20-24 years	18	25.7	25	35.7	70
25-29 years	18	18.0	31	31.0	100
30-34 years	14	13.7	29	28.4	102
35-39 years	14	17.7	25	31.6	79
40-44 years	12	20.3	22	37.3	59
45-49 years	7	14.0	19	38.0	50
Total	**88**	**18.6**	**156**	**32.9**	**474**

Table 4.16 shows the prevalence of intimate partner violence by levels of education and when the violence took place. Clearly, there is a pattern of women not having attended formal education or with lower level of formal education being at higher risk of violence. This pattern is consistent across time and with the WHO study, which found that "lower educational level was associated with increased risk of violence in many sites." (p.34). It is also consistent with the Maldives study that found the ever partnered women at the highest risk to be those that had not attended school.

There, however, appears to be a change in trend in the current time with indication of some improvement among women that had completed non-formal education (NFE). It is possible that NFE has empowered women to be more resourceful and also to minimize the violence by virtue of their empowerment.

As in other countries, it appears that education and particularly tertiary level and above provides protection against violence among Bhutanese women. In fact, it is evident that the newer generation of married couples with both husband and wife, having completed tertiary or higher level of education and both earning income, there tends to be more equality between men and women with the latter enjoying equal status as the men in the home environment (NCWC, 2008). However, the fact clearly revealed by this study is the prevalence of intimate partner violence even among educated women.

Table 4.17: Prevalence of intimate partner violence among ever partnered women, by when it took place and education

Level of Education	Current		Lifetime		Ever partnered women
	Number	Percent	Number	Percent	
No education	36	15.9	63	27.8	227
NFE	8	15.4	23	44.2	52
Informal education	0	0.0	1	50.0	2
Primary	14	25.0	23	41.1	56
Secondary	11	19.6	21	37.5	56
Higher	14	20.0	22	31.4	70
Tertiary and above	2	18.2	3	27.3	11
Total	**85**	**17.9**	**156**	**32.9**	**474**

The study further revealed that ever partnered women who were currently in a relationship but not married were at the highest risk of intimate partner violence. (See Table 4.17) Those currently in a relationship but living apart were also at a higher risk of intimate partner violence. This probably provides another explanation for the younger groups and particularly the late adolescents currently being at the highest risk of intimate partner violence as mentioned earlier. This pattern was seen to be similar to the pattern reported in the WHO study that also cited it to be common to several other industrialized and developing countries. It was, however, seen to be different from the Maldives study that reported married women to be at higher risk than those just dating.

In the case of divorced women who were not married at the time of interview, it is possible that they were divorced due to intimate partner violence given the high prevalence evident in the study. Most of these women had reported that they themselves had initiated the divorce and the FGDs also indicated divorce due to IPV. This pattern is similar to the pattern reported in the WHO study and also the Maldives study.

It is also possible that some of the currently married women would have not reported adequately on the violence by intimate partner due to fear of negative consequences, although the study design did take this into account to ensure there was no under or over reporting. On the other hand, the divorced and widowed women may have disclosed adequately because of less fear of negative consequences of disclosure.

Table 4.18: Prevalence of partner violence among ever partnered women, by when it took place and partnership status

Current partnership status	Current		Lifetime		Ever partnered women
	Number	Percent	Number	Percent	
Currently married	74	16.9	134	30.7	437
Living with man, not married	2	40.0	2	40.0	5
Regular partner, living apart	4	33.3	6	50.0	12
Not currently married/living with man - Divorced	4[73]	25.0	12	75.0	16
Not currently married/living with man - Widowed	1[74]	6.3	2	50.0	4
Total	**85**	**17.9**	**156**	**32.9**	**474**

From Table 4.18 below, it can be inferred that intimate partner violence is experienced by women irrespective of whether the household is headed by a male or a female or jointly. A closer look at the analysis, however, reveals that majority of the respondents from households headed jointly between male and female did not experience IPV, while around half of those from households headed by a female experienced it and close to a third of those from male headed households experienced it. This may be said to indicate that female heading the household did not necessarily stop the male intimate partner from abusing his partner, probably attributed to the controlling behavior of the male and acceptance of male superiority over female. On the other hand, there seems to be indication of equal power between male and female protecting household members from violence.

Table 4.19: Prevalence of partner violence, by sex of head of household

Sex of the Head of Household	Any violence				Total
	Yes		No		
	No.	%	No.	%	
Male	86	30.9	192	69.1	**278**
Female	64	49.2	66	50.8	**130**
Both	6	23.1	20	76.9	**26**

[73] Recent divorce
[74] Recently widowed

Women's attitude towards violence

"If we commit a mistake, our husbands have every right to beat or scold us."[75]

With the purpose of finding out the attitude of women towards intimate partner violence and whether such behavior is common, a number of questions were asked to all respondents including those who were never in a relationship. The first set of questions asked women if they agreed or disagreed with a number of statements that described ideas about families and what acceptable or desirable behavior needs to be followed by both men and women at home.

Table 4.19 shows that nearly half of the women (47.6%) agreed that 'a good wife obeys her husband even if she disagrees' and around 4 in 10 women believed 'it's a wife's obligation to have sex with her husband even if she doesn't feel like it.' These indicate that the inferior status of women within the marital relationship is generally accepted by women themselves. This is probably due to cultural and societal norms, as revealed in the earlier mentioned 2008 gender study by NCWC.

However, what was encouraging was that around 1 in 10 women did not agree that 'a good wife obeys her husband even if she disagrees.' Most encouraging was the finding that majority (77.7%) of the women in the study did not believe 'it is important for a man to show who is the boss' in the family. In addition, almost half (49.2%) did not believe 'it's a wife's obligation to have sex with her husband even if she doesn't feel like it.' Further, more than half (53.7%) agreed that 'a woman should be able to choose her own friends even if her husband disapproves.' These probably provide an explanation for the low current prevalence of intimate partner violence among married and older women.

On the other hand, majority of the women (82.4%), aged 15-49, agreed that 'family problems should only be discussed with people in the family', which indicated the likelihood of women not wanting to share their family problems with outsiders that easily. This could also mean that the married women in the study may not have disclosed their intimate partner violence experience adequately.

However, a considerable proportion (60.9%) agreed that 'if a man mistreats his wife, others outside of the family should intervene.' This indicated that women were likely to be open to inviting outside help if mistreated by intimate partner. Compared to the Maldives (89%), however, this proportion was seen to be lower.

[75] Source: One of the FGDs conducted in this study

Table 4.20: Women's attitude towards roles of men and women at home

Statements describing behavior	Agree		Disagree		Don't Know	
	Number	Percent	Number	Percent	Number	Percent
a) Good wife obeys husband even if she disagrees. (N=532)	253	47.6%	226	42.5%	53	10.0%
b) Family problems should only be discussed with people in the family. (N=534)	440	82.4%	77	14.4%	17	3.2%
c) c) It is important for a man to show his wife/partner who is the boss. (N=534)	89	16.7%	415	77.7%	30	5.6%
d) A woman should be able to choose her own friends even if her husband disapproves. (N=534)	287	53.7%	208	39.0%	39	7.3%
e) It's a wife's obligation to have sex with her husband even if she doesn't feel like it. (N=534)	208	39.0%	262	49.2%	63	11.8%
f) If a man mistreats his wife, others outside of the family should intervene. (N=534)	325	60.9%	168	31.5%	41	7.7%

Another set of questions was asked to find out different situations under which women felt it was acceptable or unacceptable for a man to hit or mistreat his wife. Table 4.20 shows majority of women not finding any of the situations a good reason for a man to hit his wife, except if 'he finds out that she has been unfaithful.' This indicates that women in Bhutan regard marriage to be a sacred bond and being unfaithful unacceptable in a marriage. This was found to be common even in the WHO study and the Maldives study. The Bhutan Multiple Indicator Survey (BMIS) 2010 revealed that 68.4% of women aged 15-49 in Bhutan felt that their partner had the right to hit them, for at least one of a variety of reasons.

However, not all is well as the Bhutan study reveals that one in five women believed a husband had a good reason to hit his wife if she did not complete her household work to his satisfaction and around one in four believed a husband had a good reason to beat his wife if she disobeyed him. These probably come from the socio cultural norm that women cannot make any mistake and men can be forgiven for their mistakes (NCWC, 2008).

"In our community, there is general acceptance of partner violence and superiority of men in decision making in the family or in the community."[76]

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[76] Source: One of the FGDs conducted in this study

Table 4.21: Attitude of ever-partnered women towards intimate partner physical violence

In your opinion, does a man have a good reason to hit his wife if:	Yes		No		Don't Know	
	Number	Percent	Number	Percent	Number	Percent
a) She does not complete her household work to his satisfaction (N=531)	107	20.2%	413	77.8%	11	2.1%
b) She disobeys him (N=531)	146	27.5%	361	68.0%	24	4.5%
c) She refuses to have sexual relations with him (N=532)	40	7.5%	458	86.1%	34	6.4%
d) She asks him whether he has other girlfriends (N=532)	48	9.0%	468	88.0%	16	3.0%
e) He suspects that she is unfaithful (N=531)	50	9.4%	470	88.5%	11	2.1%
f) He finds out that she has been unfaithful (N=532)	329	61.8%	182	34.2%	21	3.9%

"Sex is performed with consensus between husband and wife. It isn't forced."[77]

A third set of questions was asked to assess the sexual autonomy of women in marital relationships. Women were asked if they believed that a woman had the right to refuse sex with her husband in a number of situations as listed in Table 4.21.

Majority of the women believed wives could refuse sex with their husbands under any of the four circumstances listed in Table 4.19, with the most common being 'when she is sick.' This pattern was found to be similar to the Maldives experience and also some countries in the WHO study. The proportions believing they could refuse sex in Maldives and some of the countries (Brazil city, Japan city, Thailand) in the multi-country study were found to be significantly higher than in Bhutan. A few countries (Ethiopia province, Samoa) in the multi-country study had significantly lower proportions believing wives could refuse sex.

Table 4.22: Sexual autonomy: women's views on when it might be 'acceptable' for a woman to refuse sex with her husband

In your opinion, can a married woman refuse to have sex with her husband if:	Yes		No		Don't Know	
	Number	Percent	Number	Percent	Number	Percent
a) she doesn't want to (N=531)	369	69.4%	139	26.1%	24	4.5%
b) he is drunk (N=532)	355	66.6%	147	27.6%	31	5.8%
c) she is sick (N=532)	410	76.9%	115	21.6%	8	1.5%
d) he mistreats her (N=532)	370	69.4%	135	25.3%	28	5.3%

[77] Source: One of the FGDs conducted in this study

Weighted analysis

Considering that there may have been some degree of bias due to the method of random sampling of one eligible woman per household, the prevalence estimates for violence were compared with the weighted estimates, taking into account the number of eligible women in each household. Table 4.22 below shows the unweighted and weighted prevalence of violence.

Table 4.23: Prevalence of violence against women by intimate partner among ever partnered women

Type of Violence	Unweighted Prevalence (%)	Prevalence weighted for number of eligible women in household (%)	95% CI assuming PPS sample
Physical Violence	13.7 %	18.8%	18.4 – 19.2
Sexual Violence	3.8 %	9.6 %	9.3 – 9.9
Physical and/or sexual Violence	24.3 %	22.0 %	21.2 – 22.9

The weighted prevalence rates are found to be higher than the unweighted prevalence rates for both physical and sexual violence, while lower for any one of these two forms or both. They are outside the 95% confidence interval and not very significant with respect to sexual violence. It, therefore, may be suggested that the prevalence of particularly physical violence was underreported by the respondents and this could be explained by the fact that Bhutanese women are not accustomed to sharing their private experiences with others. This is supported by the finding in this study that majority (82.4%) of the Bhutanese women believe that family problems should only be discussed with people in the family. Although the interviewers were women, they were strangers to the respondents.

Discussion

This study revealed that Bhutan is no exception to the worldwide prevalence of violence against women by intimate partner. In the past, Bhutanese did not regard violence against women as an issue serious enough to take note of. Today, there is evidence that close to 3 in 10 ever partnered women aged 15-49 are likely to experience intimate partner violence of one form or the other, with the prevalence rate at 32.9%. This prevalence may be considered moderately high as compared to those 10 countries that participated in the WHO multi-country VAW study, where the rates ranged from 15% to 71%, and the Maldives with their prevalence rate at 19.5%. Bhutan's small population deems its overall prevalence rate to be a cause for concern. Further aggravating the cause for concern is the high prevalence rate (60.3%) of controlling behavior of male intimate partners. In a Vietnam study report, it was cited that controlling behavior is an invisible violence, difficult to disclose, but psychologically more detrimental to the woman's health. In the aforementioned WHO study, it was revealed that "the experience of physical or sexual violence, or both, tends to be accompanied by more controlling behavior by an intimate partner." In Bhutan, majority (8 out of 10) of women aged 15-49 that experienced IPV was likely to experience controlling behavior of their intimate partner.

In addition, more (close to 4 in 10) ever partnered women aged 15-19 in rural areas are likely to experience intimate violence as compared to 2-3 in 10 in urban areas. This is found to be consistent with international figures as cited in the Maldives study. The lower prevalence in urban areas may be attributed mainly to the changing trend in these areas, where married couples enjoy equal status between the husband and wife due to education and exposure to sensitization of gender equality. While in the rural areas, it is possible that traditional gender roles are still in practice as reported in the earlier mentioned 2008 NCWC gender study, contributing to the vulnerability of women in these areas to violence by their partner. Moreover, these areas have difficult access to services as compared to urban areas, particularly Thimphu, where agencies like NCWC and RENEW (Respect Educate Nurture Empower Women) arrange services for the protection of women experiencing intimate partner violence.

Younger women and particularly late adolescents were found to be more likely than older women to experience violence, as was the case with those currently partnered but not married or living apart in comparison to those currently married. This is probably an indication of stable intimate relationships reducing violence over time with both the partners probably finding mechanisms of avoiding violence through experience.

In addition, those with no formal education and with lower levels of formal education were at higher risk of experiencing intimate partner violence as compared to those with higher levels of formal education. This is probably an indication of the formally educated having easier access to information on gender sensitivity, thus being exposed to the importance of gender equality from human rights perspective.

Interestingly, the sex of the head of household was not likely to make a difference in the experience of violence against women except in the case of households headed jointly between a male and a female. This may be said to indicate that equal power between male and female protected women members in the household from IPV.

Among the different forms of intimate partner violence, emotional and physical violence were revealed to be most common, with 2 in 10 ever partnered women aged 15-49 likely to experience them. The comparatively lower risk of sexual violence may be attributed to women's attitude of it being acceptable to refuse sex if they did not want to have sex. However, a section of women experiencing physical violence was likely to experience sexual violence as well, as also revealed in the WHO study and the Maldives study. In addition, nearly half of them were likely to experience two or more forms of violence and nearly two fifths of them were likely to experience all three forms of violence.

Physical violence was likely to be experienced at both the moderate and severe levels. It was likely to be experienced by pregnant women as well, with more than a third of them likely to be punched or kicked in the abdomen. This poses as a serious cause of concern for pregnant women in terms of the health of the child growing inside the mother, besides the health of the mother. One in ten of ever partnered women aged 15-19 that experienced physical violence were likely to be injured from intimate partner physical violence with 4 in 10 among the injured

experiencing it several times. This may be explained partly by the finding in this study that a section of women agreed that husbands could hit their wives under certain circumstances. The FGDs indicated that women believed their husbands had the right to beat them if they made a mistake and the men believed it was true in the past but changing with times and with awareness of non-acceptability of gender based violence. The attitude of women may be viewed to put themselves at the risk of physical violence.

Among the acts of emotional behavior, ever partnered women aged 15-19 were more likely to be subjected to insult than any other type of emotional behavior, while the most common act of sexual violence was physically forced sex. Economic abuse was also found to be prevalent among a significant section of women aged 15-49. This may be linked to the economic dependence of women on their husbands putting women at risk of IPV (as known from international research) and the association of IPV with the controlling behavior of men.

The study revealed certain situations leading to IPV as reported by the respondent women aged 15-49. The most common situations reported were financial problem, difficulties at work, jealousy and when partner was drunk, in both the quantitative survey and the FGDs. It was found out from the quantitative survey that there were quarrels between the partners and this was supplemented by the FGDs that indicated quarrels occurred mainly due to alcohol. There appears to be interplay of situations arising from the problem of drinking alcohol and getting drunk.

Women's attitude towards intimate partner violence was found to be of a mixed nature, with a section of women accepting men's superior role to women at home and a larger section believing there to be no circumstance under which a man should beat his wife except if she was unfaithful. And, considering the larger section of women being open to help from outside the family in the event of any mistreatment of the wife by the husband, it could be said that reaching out to women in trouble with intimate partner may be responded to positively.

CHAPTER FIVE – PREVALENCE OF VIOLENCE BY PERPETRATORS OTHER THAN INTIMATE PARTNER

This chapter reports on whether women aged 15 years and above experienced violence perpetrated by people other than an intimate partner (referred to as non-partner violence). The same group of ever-partnered women aged 15-49 was asked 3 sets of questions, the first related to physical violence, the second related to emotional violence and the third related to sexual violence. All three sets asked if the violence was committed by anyone other than their intimate partner since the time they were 15 years of age. The intention was to capture perpetrators both in the home and in the general community (outside the home) such as in educational institutions, workplace, or other public places. It may, however, be noted that the prevalence rates could be underreported considering older women (specifically 40-49 years of age) to have found it difficult to recall their experiences of violence by a non-partner when they were younger (particularly 15-19 years of age). This was evident in their inability to provide information on the frequency of the various acts of violence.[78]

MAIN FINDINGS

- Approximately 1 in 2 women were likely to experience at least one act of violence of any form irrespective of whether by intimate partner or non-partner, from the age of 15.
- Approximately 2 in 5 women were likely to experience at least one act of violence of either physical or sexual form irrespective of whether by intimate partner or non-partner, from the age of 15.
- Approximately 1 in 3 women were likely to experience at least one act of violence of any form by a non-partner, from the age of 15.
- Rural women were likely to face more violence of any form by a non-partner than urban women, age 15 onwards.
- Women were likely to experience more of physical and emotional violence than sexual violence by a non-partner, from the age of 15.
- Ever partnered women aged 15-49 were at more or less equal risk of facing violence by a non-partner as by an intimate partner, as well as both.
- Male family members (mainly the father) and teachers were identified as the most common perpetrators of non-partner physical violence, while acquaintances (mainly neighbours and male friends of the family) and members outside of the home were identified as the most common perpetrators of non-partner emotional and sexual violence.

[78] The frequency of the acts of violence by non-partner has not been reported here as only a few of the respondents that had indicated they experienced non-partner violence and pointed out the perpetrator were able to provide the frequency.

Prevalence of violence by non-partners among all respondents aged 15-49

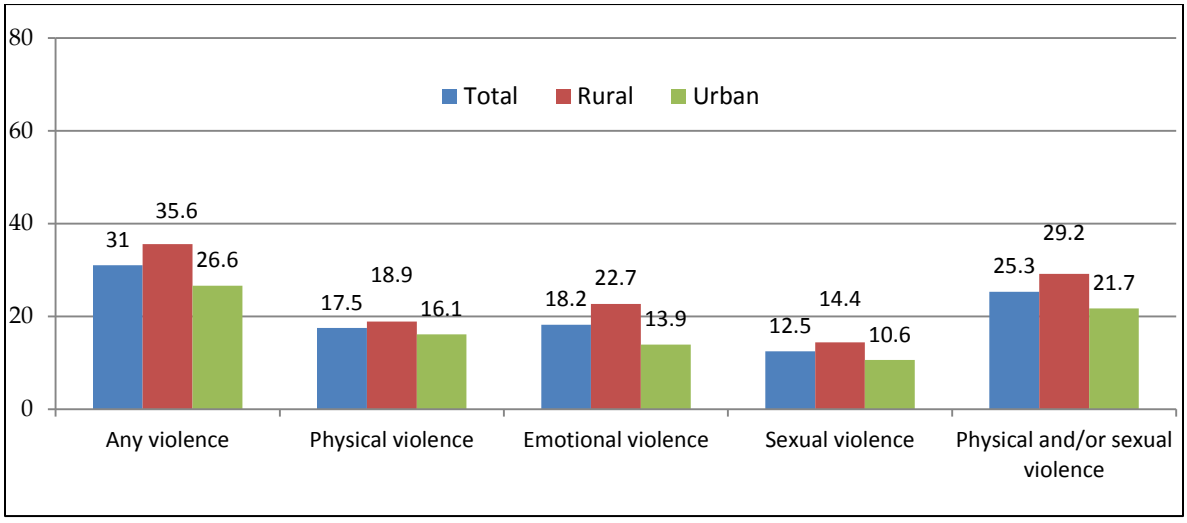
Table 5.1 and Figure 5.1 show one third of all respondents in the study to have experienced violence (any one or more acts of a specific form of violence at least once in their lifetime) by a non-partner, with the experience shown to be more common in rural areas as compared to the urban areas. In respect of experience of physical and/or sexual violence reported here following the WHO study report format, it was found that a quarter of the respondents had had the experience of at least one act of either physical or sexual violence at least once in their lifetime.

Comparing the three different forms of violence by non-partner, physical violence and emotional violence were found to be more commonly experienced by these women as compared to sexual violence. Comparing the rural experience with the urban experience, it was found that all three forms of violence were more prevalent in the rural areas than in the urban areas. The rural women had most commonly experienced emotional violence while the urban women had most commonly experienced physical violence. In both the rural and urban areas, sexual violence by non-partner was the least prevalent.

Table 5.1: Prevalence rates of different forms of violence by non-partner, as reported by the respondents, by residence

Violence by non-partner	Total		Rural		Urban	
	No.	Percent (N=538)	No.	Percent (N=264)	No.	Percent (N=274)
Any violence	167	31.0	94	35.6	73	26.6
Physical violence	94	17.5	50	18.9	44	16.1
Emotional violence	98	18.2	60	22.7	38	13.9
Sexual violence	67	12.5	38	14.4	29	10.6
Physical / Sexual violence	136	25.3	77	29.2	59	21.7

Figure 5.1: Prevalence of violence by non-partner, by residence



Perpetrators of non-partner violence

The pattern of common perpetrators for non-partner physical violence was observed to be different from that for non-partner emotional and sexual violence. The most common perpetrators for physical violence identified by the study were fathers and teachers as can be seen in Table 5.2. The least common perpetrators were strangers and boyfriends. Male family friends were also seen to be pointed out by a reasonable section of the respondents that had experienced non-partner physical violence. In addition, 'other' perpetrators (indicated 'other' on the questionnaire and probed by the interviewer to include those at work and other public places) were also identified as perpetrators of physical violence against women by nearly a fifth of the respondents.

For both emotional violence and sexual violence by non-partners, 'other' perpetrators outside of the home was found to be the most common, followed by acquaintances such as neighbours and male friends of family. Other perpetrators reported by a reasonable proportion of the respondents were teachers. Fathers were reported to 'threaten to hurt' by nearly a fifth of the respondents. With respect to sexual violence, teachers were not reported to force sex, but were reported to touch.

Considering the extended family system practiced in rural communities and given the higher prevalence of non-partner violence in rural areas, women in rural areas may be said to be at risk of violence by perpetrators other than intimate partner. In urban areas, although characterized more by a nucleus family structure, the changing lifestyle of the younger people may be said to put them at risk of violence by non-partner.

Table 5.2: Perpetrators of non-partner physical violence against women since the age of 15

Beaten or Physically mistreated(N=94)	Number	Percent
Father	49	52.1
Step-father	5	5.3
Male Family Member	3	3.2
Teacher	35	37.2
Boyfriend	2	2.1
Stranger	1	1.1
Neighbour	5	5.3
Male friend of family	12	12.8
Others	20	21.3

Table 5.3: Perpetrators of non-partner <u>emotional violence</u> against women since the age of 15

Perpetrators	Insulted or made you feel bad about yourself (N=76) (14.1%)		Belittled or humiliated in front of other people (N=94) (17.5%)		Done things to scare or intimidate you on purpose (N=88) (16.4%)		Threatened to hurt you or someone you care about (N=81) (15.1%)	
	No.	%	No.	%	No.	%	No.	%
Father	3	3.9	4	4.3	8	9.1	13	16.0
Step-father	5	6.6	3	3.2	4	4.5	2	2.5
Other male family member	6	7.9	5	5.3	1	1.1	2	2.5
Teacher	9	11.8	6	6.4	8	9.1	4	4.9
Boyfriend	4	5.3	3	3.2	5	5.7	2	2.5
Stranger	6	7.9	4	4.3	2	2.3	0	0.0
Neighbour	13	17.1	6	6.4	3	3.4	1	1.2
Male friend of family	13	17.1	9	9.6	5	5.7	3	3.7
Others	18	23.7	13	13.8	14	15.9	6	7.4

Table 5.4: Perpetrators of non-partner <u>sexual violence</u> against women since the age of 15

Perpetrators	Forced you to have sex or to perform a sexual act when you did not want to (N=27) (5%)		Touch your breast, buttocks, groped you, against your will or cornered you to kiss (N=109) (20.3%)	
	Number	Percent	Number	Percent
Father	0	0.0	4	4.3
Step-father	0	0.0	3	3.2
Other male family member	0	0.0	5	5.3
Teacher	0	0.0	6	6.4
Boyfriend	5	18.5	3	3.2
Stranger	1	3.7	4	4.3
Neighbour	3	11.1	6	6.4
Male friend of family	3	11.1	9	9.6
Others	8	29.6	13	13.8

Intimate-partner violence compared with non-partner violence

Considering any one act of violence experienced by the respondents, irrespective of whether by intimate partner or non-partner, the prevalence rate was found to be 46.1%. Taking into account physical violence and sexual violence irrespective of whether by intimate partner or non-partner, following the WHO study design, the overall prevalence rate was found to be 39.8%.

Comparing intimate partner violence with non-partner violence, as shown in Figure 5.2 below, the prevalence of violence by non-partner is higher than the prevalence of violence by intimate partner. The difference, however, is much more significant in the case of respondents having experienced physical and/or sexual violence as compared to the case of respondents having experienced any one or more of the three forms of violence. This pattern was seen to be in contrast to the Maldives experience and the experience of most countries of the WHO study, where physical and/or sexual violence by intimate partner was found to be much more common than physical and/or sexual violence by non-partner. The Bhutan pattern was, however, found to be similar to the country of Samoa in the WHO multi-country study.

From a careful analysis of Figures 5.2 and 5.3, it appears that a considerable proportion of women experienced violence by both intimate partner and non-partner. The overlap with respect to physical and sexual violence was found to be similar to the overlap in some of the countries in the WHO study and the Maldives. The overlap found even among the ever partnered women alone showed that women are not necessarily protected against non-partner violence when in an intimate relationship. Knowing the perpetrators from this study, it is possible that women in joint families are at greater risk of violence by both intimate partner and non-partner violence.

Figure 5.2: Frequency distribution of intimate partner and non-partner violence among all women reporting abuse since 15 years of age

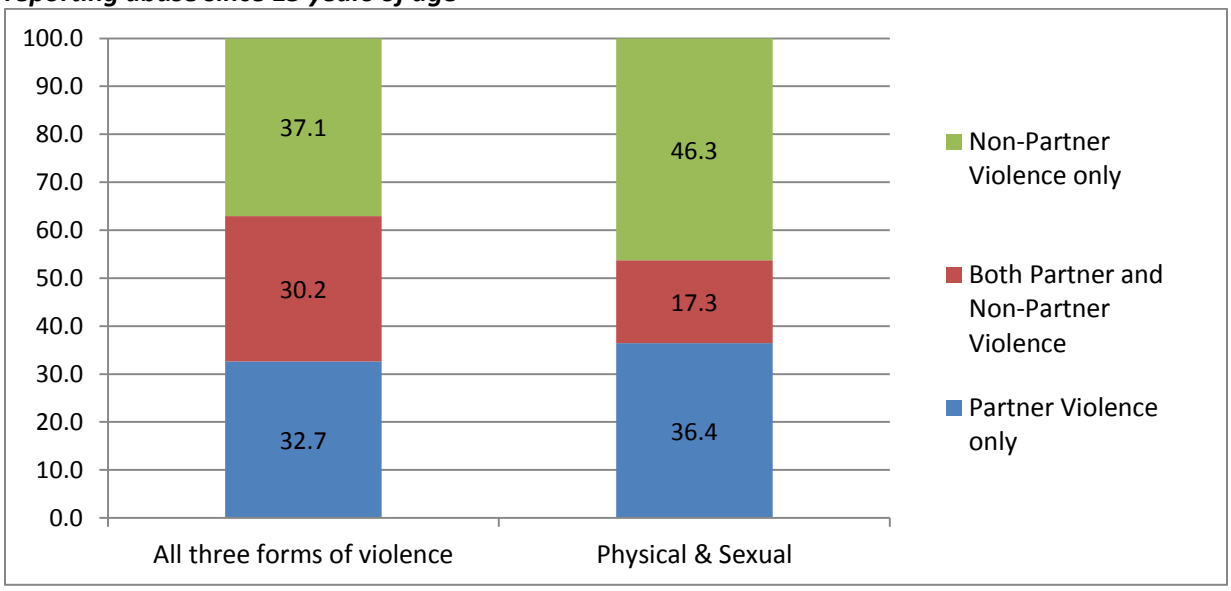
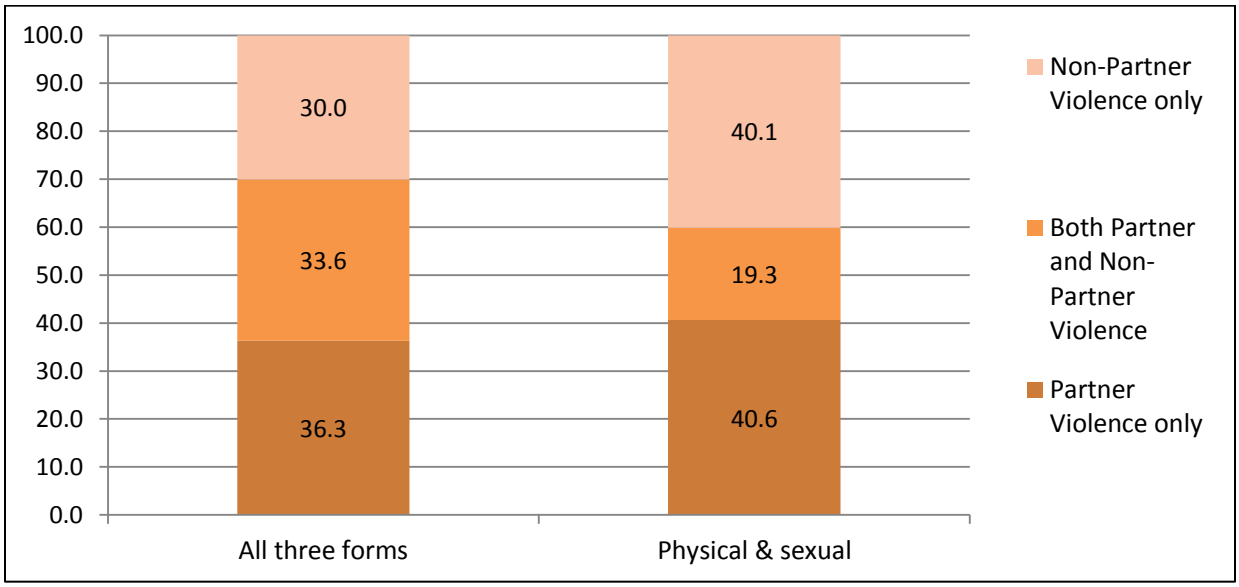


Figure 5.3: Frequency distribution of intimate partner and non-partner violence among ever partnered women reporting abuse since 15 years of age



Discussion

Women in Bhutan are found to be at risk of both intimate partner and non-partner violence, including all three types – physical, emotional and sexual. Interestingly, being in an intimate relationship does not necessarily protect women from violence by other perpetrators.

Overall, combining the intimate partner violence and non-partner violence, 5 in 10 women were at risk of some form of violence from the age of 15. Contrary to most other countries where similar study was carried out by WHO, women in Bhutan were at a greater risk of violence by non-partners than by intimate partners in respect of physical and sexual violence. However, the overlap between physical violence and sexual violence by non-partner was of similar proportion to the Maldives and some other countries of the WHO multi-country study.

Most common non-partner perpetrators for physical violence were fathers and teachers, indicating unsafe environment both at home and the school. Fathers and teachers were among the common perpetrators even for emotional violence. This pattern can perhaps be attributed to the traditional controlling role of the father as head of family and by virtue of being a male and traditional controlling role of the teacher with school children.

Women may be viewed to be unsafe even with neighbours and male friends of family in terms of being abused emotionally and sexually. Boyfriends were also among the most common perpetrators of sexual violence, forcing sex on their girlfriends. While teachers were not reported to force sex, they were reported to touch the breast, buttocks, grope the girl against her will or corner her to kiss. This may be considered to aggravate the non-safety of girls in school.

Interestingly, a reasonable proportion of women indicated that they were emotionally and sexually abused by perpetrators other than family members and acquaintances. These were people in public places other than the school. Although Bhutan has advanced in terms of development and in some respect modernization, the fact remains that Bhutanese society is hierarchical with elders in the family and the community having control over the younger. In an earlier chapter, it was established that there was significant relationship between controlling behavior and violence. Getting drunk from alcohol consumption was also discussed as one of the situations leading to violence.

"Unmarried girls are always at risk of violence by men."[79]

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[79] Source: One of the FGDs conducted in this study

CHAPTER SIX – GIRL CHILD SEXUAL ABUSE

This chapter reports on sexual abuse of girl child prior to the age of 15. However, only 12 respondents said they had experienced abuse as a girl before the age of 15 and only 5 indicated the perpetrators. Based on the earlier weighted analysis of intimate partner violence, it is assumed that the prevalence of girl child abuse may be underreported. One of the major possible reasons could be that the older women (aged 40 and above) in particular would have found it difficult to recall their experience when they were children below 15 years of age. The other possible reason could be the sensitive nature of the issue – an issue normally not disclosed or discussed due to awkwardness in Bhutan, although strategies were used to ensure the respondents disclosed what they had experienced as children. The findings may, therefore**,** be treated as an indication only. Further studies would need to be conducted to validate the findings here.

MAIN FINDINGS

- Girls below the age of 15 were at some risk of sexual violence, however, significantly below the level of risk to women aged 15 and above.
- More than half of the women experiencing sex for the first time at the age of below 15 years were likely to be either coerced or forced.
- The younger a woman was when she had her first sexual experience, the more likely that it was coerced or forced.
- Male acquaintances including the teacher were identified as the most common perpetrators of girl child sexual abuse.[80]
- The age of first marriage for 1 in 3 women was likely to be below the legal age (18) of marriage.

Prevalence of girl child sexual abuse under age 15

The prevalence rates for childhood sexual abuse among girls are based on questions asked to women aged 15-49 about their experiences of abuse prior to the age of 15 and about their first sex. The women were also asked whether they had witnessed any domestic violence as a child.

The overall national prevalence rate of reported child sexual abuse was 2.2%.[81] This was found to be very low compared to the Maldives (12.2%) and to most of the countries in the WHO multi-country study.

[80] This is to be treated with caution as the response rate is much too low to draw any conclusions.

The experience of abuse by girls below the age of 15, as recalled by the respondents aged 15-49, was more in relation to being touched rather than the act of forced sex.

Table 6.1: Percentage of women aged 15-49 who were sexually abused as a child less than 15 years of age

Types of sexual violence	Percent (N=538)
Overall sexual violence	2.2
Forced to have sex/perform a sexual act when not wanting to	3.6
Touched sexually	12.7

In addition, there is evidence of girl child sexual abuse among those women that had their first sexual experience below the age of 15 years, as indicated in Table 6.2 below.

Out of 483 women aged 15-49 that responded to the question on when they had their first sex, 17 (3.5%) said they had it when they were not even 15 years of age. Out of these, more than a third (35.3%) did not want to have sex and nearly a fifth (17.6%) were forced to have sex, making a total of more than half (52.9%) of the respondents that had had their first sex under 15 years of age having had it against their will. In terms of overall prevalence of first sexual experience against will as a girl child below 15 years of age, it works out to 1.9%.

When compared with the experience reported by women having had their first sex at above 15 years of age, it was observed that the sex was more out of willingness at older age. This indicated that girls under age 15 were at higher risk of sexual abuse than those over 15 years of age.

Table 6.2: Age of first sex and the first time sexual experience

Age at First Sex	Wanted to have sex		Didn't want, but had		Forced		Total	
	No.	(%)	No.	(%)	No.	(%)	No.	%
Less than 15 Years	8	47.1	6	35.3	3	17.6	**17**	**3.5**
15 - 17 Years	70	49.3	45	31.7	27	19.0	**142**	**29.4**
18+ Years	192	59.3	93	28.7	39	12.0	**324**	**67.1**
Total	**270**	**55.9**	**144**	**29.8**	**69**	**14.3**	**483**	**100.0**

In terms of age at first marriage, nearly a third (30%) of the respondents said they were first married below the legal age of 18 years. Encouragingly, Table 6.3 shows that the trend has changed over the years with more proportions of women getting married above the legal age of 18 years.

[81] Only 12 respondents said they had experienced sexual abuse as a child. The weighted prevalence was found to be even lower (1.7%).

Table 6.3: Age at first marriage

Age group	Age at first Marriage				Total
	18 years & above		< 18 years		
	No.	%	No.	%	
15-19 years	7	50.0	7	50.0	14
20-24 years	46	65.7	24	34.3	70
25-29 years	80	80.0	20	20.0	100
30-34 years	73	71.6	29	28.4	102
35-39 years	55	69.6	24	30.4	79
40-44 years	39	66.1	20	33.9	59
45-49 years	32	64.0	18	36.0	50
Total	**332**	**70.0**	**142**	**30.0**	**474**

Sexual abuse of girl child below the age of 18

If we consider girl child to mean girls below the age of 18 (legal age of marriage), then the prevalence of girl child sexual abuse could be said to be within the range of 1.9%-14.9%, as presented in Table 6.4 below.

Table 6.4: Girl child sexual abuse

Sexual abuse	Percentage	Remark
Overall sexual abuse before the age of 15 years, as reported by women aged 15-49	2.2	See Table 6.1
First sexual experience before the age of 15 years, as reported by women aged 15-49	1.9	Derived from Table 6.2
First sexual experience at the age of 15-17, as reported by women aged 15-49	14.9	Derived from Table 6.2
Non partner sexual abuse ever experienced by women aged 15-17 years	11.1	Derived from sexual abuse reported by women aged 15-17

Perpetrators of girl child sexual abuse

Women who reported experiencing sexual abuse before the age of 15 years were asked who their perpetrators were. Surprisingly, the main perpetrator of girl child sexual abuse among the 5 women who had experienced it was the teacher (40%). Other perpetrators reported were male family members and acquaintances such as male friend of the family and neighbours. Stranger was also identified. These findings were found to be quite consistent with those of the Maldives study and the WHO study.

Although the number is too small for conclusive statements, it could be said that the findings are consistent with the non-partner sexual violence experienced by women aged 15-49, which includes women under the legal age of marriage.

Table 6.5: Perpetrators of girl child sexual abuse, among women who reported being sexually abused before the age of 15 (N=5)[82]

Perpetrator	Sexually abused before the age of 15	
	Number	Percent (N= 5)
Step-father	1	20
Other male family member	1	20
Teacher	2	40
Male friend of family	1	20
Stranger	1	20
Neighbour	1	20

Discussion

The rate of sexual abuse of the girl child (under age 15) in Bhutan is relatively very low compared with other countries that have undertaken this research, one of the main possible explanations being the very sensitive nature of the issue. However, one cannot ignore the issue given the fact that girl child sexual abuse is a severe violation of a young girl's basic rights and bodily integrity, coupled with the risk of profound health consequences both immediately and in the long term. According to a WHO report[83] on women's health world over, "child abuse has both immediate and long-term consequences for the health of women and contributes significantly to depression, alcohol and drug use and dependence, panic disorder, post-traumatic stress disorder, and suicide attempts." (p.23)

Taking into account the legal age of women (18), girls aged 15-17 could also be considered to be at a vulnerable age in respect of sexual abuse. This study has revealed close to a third of women to have had their first sexual experience before the age of 18, with about half of them having been coerced or forced to have sex. Combining this with the finding that about a third got married below the legal age of marriage, it can be said that girl children in Bhutan are at risk of sexual violence.

Although the prevalence rate of girl child sexual abuse as reported by women aged 15-49 recalling their experience as a child is very low, it is worth noting that the main perpetrator was reported to be the teacher. This poses as a cause for concern when combined with the fact that the teacher was identified as one of the main perpetrators of non-partner violence experienced by women aged 15-49.

[82] Only 5 out of the 12 respondents that said they had been sexually abused as a child under age 5 indicated the d perpetrators, therefore, percentage calculated on 5

[83] Women and Health, Today's Evidence Tomorrow's Agenda, WHO, 2009

CHAPTER SEVEN – VIOLENCE AND WOMEN'S HEALTH

One important consequence of violence against women is its effect on the health of women. This chapter explores the relationship between intimate partner violence and the health of women. To enable this, the ever partnered respondents aged 15-49 that had reported violence were asked questions about their physical and mental health condition and the frequency and also whether they thought the violence had affected their health. The health related data were then analyzed against the violence data, wherever appropriate.

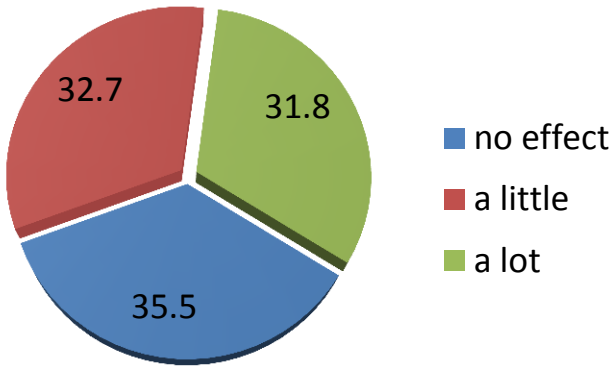
MAIN FINDINGS

- Women aged 15-49 who had experienced violence were significantly more likely to have health problems, emotional distress and thoughts of suicide.
- Approximately 6 in 10 women aged 15-49 who had experienced intimate partner violence (physical and/or sexual) thought their general health had been affected.
- Women aged 15-49 who had experienced intimate partner violence (physical and/or sexual) were likely to be at higher risk of health being affected than those that didn't experience it.
- A significant number of women aged 15-49 who had experienced intimate partner violence were likely to be disturbed at work by it.
- A greater proportion of women aged 15-49 who had been subjected to violence experienced health problems compared to those who had not been subjected to violence.
- 5 in 10 women aged 15-49 who had ever experienced physical or sexual partner violence were at risk of being injured at least once.
- Women aged 15-49 who had ever been subjected to intimate partner violence were more likely to experience emotional distress compared to those that were not subjected to intimate partner violence. This was more severe with those subjected to more than one form of violence.

Effect on the general health status of women

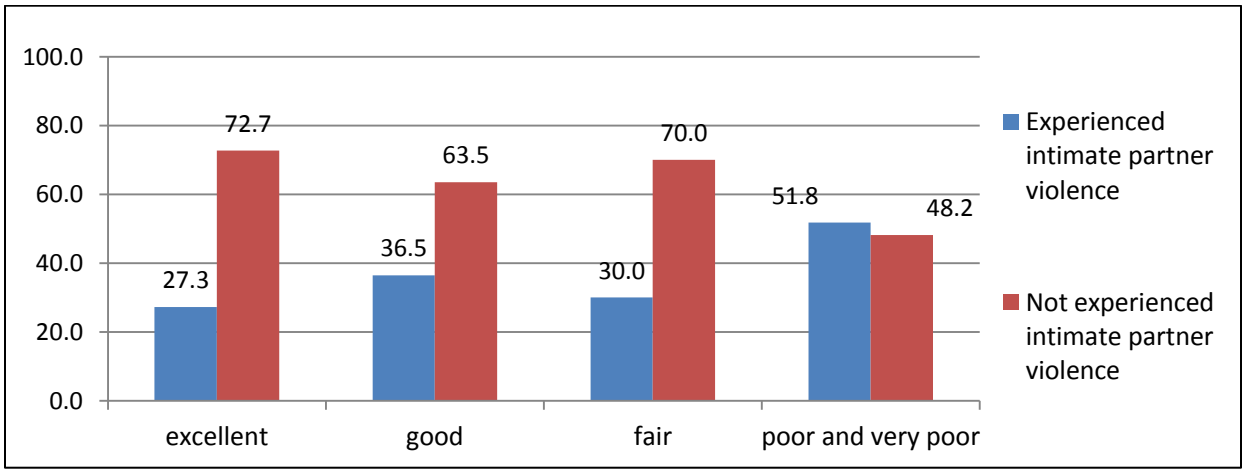
About two-third (64.5%) of the women aged 15-49 who had experienced intimate partner violence (physical and/or sexual) thought that their health had been affected by their partner's violence towards them. More than half of them said it affected their health, with nearly a third reporting that it had a lot of effect on their health.

Figure 7.1: Percentage of ever partnered women aged 15-49 that had experienced physical and/or sexual violence, who thought that their health was affected by it (N=97)



Analyzing the general health conditions reported by women against their experience of violence, it was found that significantly higher proportions of women that were not subjected to intimate partner violence reported good health condition as compared to those that were subjected to intimate partner violence. On the poor health condition, as reported by the respondents, it was found that lower proportion of women not having experienced violence thought their health was poor or very poor as compared to those having experienced violence. Table 7.1 confirms the relationship between general health conditions and violence to be significant at the value of P=0.024.[84]

Figure 7.2: Comparison of general health status of ever-partnered women aged 15-49 who had experienced and who had not experience intimate partner violence



Women were further asked if they had experienced a number of symptoms during the four weeks prior to the interview, as listed in Table 7.2. When cross tabulated with violence experience, it was found that a greater proportion of those who had been subjected to violence experienced health problems compared to those who had not been subjected to violence.

[84] Significance level at P<0.05

However, the P values showed that there was no statistically significant difference in the case of dizziness and vaginal discharge. While in the case of poor/very poor health and problems with memory, the difference was highly significant and in the case of pain or discomfort it was reasonably significant. This may be partly explained by the higher prevalence of emotional violence and physical violence, as reported in an earlier chapter.

Table 7.1: Percentage of ever partnered women reporting selected symptoms of ill health, according to their experience of violence (N=156)

	Violence (any)		No Violence		[85]P value (Significance levels) Pearson chi-square test
	Number	Percent	Number	Percent	
Poor/Very Poor Health	29	18.6	27	9.7	0.008
Pain or Discomfort	93	59.6	134	48.2	0.022
Problems with Memory	79	50.6	89	32.0	0.000
Dizziness	91	58.3	145	52.2	0.367
Vaginal Discharge	52	33.3	66	23.7	0.046

Effect of violence at work

Further, the ever partnered respondents that had experienced violence were asked whether they were affected at work by the violence. It was found that a significant proportion was affected in a number of ways listed in Table 7.2, with the most common effect reported being their inability to concentrate at work.

Table 7.2: Percentage of ever-partnered women reporting how intimate partner violence affected them

Whether intimate partner violence disrupted work or other income generating activities	Number	Percent (N=156)
disrupted work (no work for financial	26	16.7
work not disrupted	52	33.3
partner interrupted work	34	21.8
unable to concentrate	52	33.3
had to take leave	32	20.5
lost confidence in self	38	24.4
other effect on work	3	1.9

[85] Significance level at P<0.05

Injuries as a result of intimate partner physical violence

Prevalence

Women who reported physical violence were asked whether their partner's violent physical behavior had caused them injuries. Nearly half of the women who had ever experienced physical intimate partner violence reported being injured at least once. [This worked out to around a tenth (9.9%) of all ever partnered respondents.]

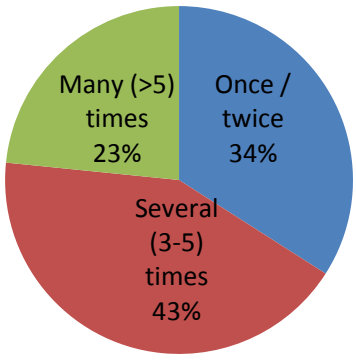
Frequency

Nearly half (42.6%) of the respondents that had said they were injured by intimate partner physical violence, reported being injured several times and almost a quarter (23.4%) reported being injured many times, while a third (34%) reported being injured only once or twice in a lifetime.

Table 7.3: Frequency of injuries ever experienced by ever-partnered women aged 15-49

Ever injured			Frequency of injuries								
			Once/Twice			Several (3-5) times			Many (>5) times		
No.	*Prop (N=97)*	*Prev (N=474)*	*No.*	*Prop (N=97)*	*Prev (N=474)*	*No.*	*Prop (N=97)*	*Prev (N=474)*	*No.*	*Prop (N=97)*	*Prev (N=474)*
47	48.5	**9.9**	16	34.0	**3.4**	20	42.6	**4.2**	11	23.4	**2.3**

Figure 7.3: Frequency of injuries reported



Types of injuries

Of those who reported being injured by an intimate partner, considerable proportions reported that they had "cuts, punctures, bites" (57.4%) and "abrasion, bruises" (51.1%) because of a violent incident in the past 12 months. The least common injuries were burns, fractures, and deep cuts.

Table 7.4: Percentage of women reporting on different types of injuries in the past 12 months

Types of injuries	Number	Percent (N=47)
Cuts, punctures, bites	27	57.4
Abrasion, bruises	24	51.1
Sprains, dislocations	13	27.7
Burns	7	14.9
Deep cuts	10	21.3
Ear, eye injuries	14	29.8
Fractures	9	19.1
Broken teeth	12	25.5
Internal injuries	18	38.3

Severity of injuries

The number of times health care was reported to be needed by the respondents when they were injured ranged from none to five times. More than half (53.3%) of the respondents said they needed health care at least once in a lifetime, while nearly a fifth (17.8%) said it was needed three times. (See Table 7.5)

Table 7.5: Percentage of women who needed health care due to injuries

No. of times needed	Frequency	Percent
0	20	44.4
1	10	22.2
2	6	13.3
3	8	17.8
5	1	2.2
Total	**45**	**100.0**

Further, over a tenth of the respondents reported that they had to spend 29-30 nights in a hospital due to injuries from physical violence by intimate partner. While, on the other hand, majority (over two thirds) of them did not have to spend any night in a hospital. This indicated the injuries were not very severe for majority of women that were injured due to intimate partner violence.

Table 7.6: Number of nights spent in a hospital due to injuries

No. of nights spent in a hospital	Frequency	Percent
0	10	66.7
1	1	6.7
3	1	6.7
5	1	6.7
29	1	6.7
30	1	6.7
Total	**15**	**100.0**

Effect on mental health

Mental health was assessed using a set of questions as a screening tool for emotional distress. It asked respondents whether, within the 4 weeks prior to the interview, they had experienced some symptoms that are associated with emotional distress, such as crying, tiredness, and thoughts of ending life. The number of items that women responded 'yes' were added up for a maximum score of 20, where 0 represented the lowest level of emotional distress and 20 represented the highest.

Table 7.7 shows that the mean scores for women who had experienced intimate partner violence were significantly higher than those who did not experience violence, indicating that violence put women at higher risk of emotional distress. The score was the highest for those that experienced all three forms of violence and also on the higher side for those that experienced two forms of violence. Also noticeable are those experiencing emotional violence, whether only or in combination with another form of violence, also at high risk of emotional distress.

Table 7.7: Mean scores for emotional distress among ever-partnered women according to their experience of different forms of violence by an intimate partner

Types of violence	Number	Mean score
No violence	278	5.8
Any Violence	156	8.5
Physical or sexual or both	115	8.8
Emotional or sexual or both	127	9.0
Emotional or physical or both	143	8.7
Physical and sexual	32	10.8
Emotional and sexual	33	10.8
Emotional and physical	64	10.4
Emotional only	41	7.4
Physical only	29	6.1
Sexual only	13	6.7
All three	28	11.0

Respondents were also asked whether they had ever tried committing suicide. More than a tenth (12.7%) of those that had experienced intimate partner violence reported having tried to take their lives, while a much less proportion (4.1%) of ever partnered women that had not experienced intimate partner violence tried it. (See Table 7.8)

Pearson chi-square test on the relationship between suicidal attempts and experiences of violence by an intimate partner confirmed that women who had experienced physical and/or sexual violence were significantly (P=0.002) more likely to have tried ending their lives.

Table 7.8: Comparison of attempted suicide between women who experienced and did not experience violence

Incidence of violence by intimate partners	Ever tried taking life (suicide)		Total
	Yes	No	
Violence	17 (12.7%)	117	**134**
No Violence	11 (4.1%)	255	**266**
Total	**28**	**372**	**400**

Other effects

International research literature reveals that women subjected to violence are also likely to pick up habits, such as abuse of alcohol, that affect not only their health but also their domestic and social life. Table 7.9 below shows over half of the ever partnered respondents that reported to have experienced intimate partner violence to be consuming alcohol, while a much less proportion of the respondents not subjected to violence reported to be consuming alcohol. In terms of frequency as well, the alcohol consumption was seen to be higher for more frequent consumption among the respondents reporting to have been subjected to violence.

Pearson chi-square test on the relationship between alcohol drinking and experience of violence by an intimate partner confirmed that women who had experienced violence were significantly (P=0.001) more likely to drink alcohol and more likely to drink more frequently.

Table 7.9: Frequency of alcohol consumption by ever partnered women aged 15-49

Violence	Frequency of drinking alcohol							Total
	every day	once/twice a week	1 - 3 times a month	less than once a month	%	never	%	
Violence	9	30	16	19	**53.2**	82	**52.6**	156
%	**5.8**	**19.2**	**10.3**	**12.2**				
No Violence	2	31	25	28	**37.8**	192	**69.1**	278
%	**0.7**	**11.2**	**9.0**	**10.1**				
Total	11	61	41	47	26.0	274	63.1	434

A considerable proportion of women who said they drank alcohol reported to face financial problems or health problems or conflict with family or friends. (See Table 7.10 below)

Table 7.10: Frequency of problems related to drinking by women

Problems related to drinking	No.	%
Financial problems	33	18.1
health problems	42	23.1
conflict with family/friends	31	17
problems with authorities	7	4
other problems	1	2.5

Discussion

It was found in this study that experiences of intimate partner violence were associated with a wide range of physical and mental health problems among ever partnered women aged 15-49. Women who had experienced violence were significantly more likely to have health problems, emotional distress and thoughts of suicide, as well as the habit of drinking alcohol. This is consistent with the experiences of other countries that undertook the earlier mentioned WHO study, as well as a WHO report[86] on women and health that claims that violence against women has serious public health implications. It can lead directly to serious injury, disability or death, and indirectly to a variety of health problems such as stress-induced physiological changes, substance use, or lack of fertility control and personal autonomy.

Although the general health conditions that the respondents thought they had did not show a significant relationship with the violence experienced by these women, the mean scores for mental distress for women who had experienced abuse were significantly higher than for non-abused women. This is consistent with the earlier mentioned WHO study in various countries, and as cited in the Maldives report other research also shows recurrent abuse to place women at risk of a number of psychological problems. Also found in other countries, as cited in the

[86] Women and Health, Today's Evidence, Tomorrow's Agenda, WHO, 2009

Maldives study, are links between physical abuse and higher rates of psychiatric treatment, attempted suicide, and alcohol dependence.

It was further indicated in the Bhutan study as in the Maldives study that women living with violence visited health services more frequently than non-abused women. If violence against women were to be recognized as a serious public health issue, women could be encouraged and supported to seek heath care for violent related problems and reveal the history of the problem without fear of negative consequences.

CHAPTER EIGHT – VIOLENCE, WOMEN'S REPRODUCTIVE HEALTH AND THEIR CHILDREN

This chapter explores the impact of violence on women's reproductive health as well as impact on the well-being of children. Information was collected on number of pregnancies and live births and whether the respondent had ever had a miscarriage, still birth or induced abortion. Pregnant women were asked if they had been abused during pregnancy. The findings in this study are to be treated at best as an indication of association between violence and health problems.

MAIN FINDINGS

- Women aged 15-49 who had ever experienced violence were more likely to report miscarriages and induced abortions than were women who had never experienced partner violence.
- Approximately 7 in 100 women who were pregnant were likely to be physically abused during pregnancy and among these, 4 in 10 were likely to be punched or kicked in the abdomen.
- Women aged 15-49 who had ever experienced violence were more likely than women who had not experienced it to have unplanned pregnancies, while those not subjected to violence were likely to give birth to more children.
- Most ever partnered women aged 15-49 who had been pregnant and given birth were likely to avail of antenatal and post natal services irrespective of whether or not they had been abused by their intimate partner or been discouraged.
- Abusive intimate partners were more likely to discourage their wives from antenatal services and also show disinterest in the services.
- Children who witnessed intimate partner violence at home were likely to be negatively affected and exhibit unhealthy behaviors.

Majority (93.9%) of the ever partnered respondents reported having been pregnant once or more in their lifetime. These women were asked if they had been physically abused by an intimate partner while pregnant. Less than a tenth (7.4%) said they were beaten during pregnancy. This was seen to be close to the prevalence reported for Japan in the WHO multi-country study. Out of those that were beaten during pregnancy, alarmingly more than a third (39.4%) were punched or kicked in the abdomen. This was seen to be within the range reported in the aforementioned WHO study.

Table 8.1: Percentage of ever pregnant women reporting physical abuse

Ever been pregnant & beaten during pregnancy	Number	Proportion	Prevalence (N=474)
Ever been pregnant (N=474)	445		93.9
Beaten during pregnancy (N=445)	33	7.4	7.0
Punched or kicked in the abdomen (N=33)	13	39.4	2.9

Reproductive health outcomes

Respondents who said they had been physically abused while pregnant were found to have experienced higher miscarriages and abortions than those who had not been physically abused, as shown in Table 8.2 below. Statistical significance tests were possible only for miscarriages as the numbers for still birth and abortion were below the minimum requirement (5). There was statistical significance in the relationship between miscarriage and physical abuse during pregnancy.

Table 8.2: Percentage of respondents reporting miscarriages, still births, induced abortions, according to their experience of physical abuse during pregnancy

Effect	Beaten during pregnancy				Punched or kicked in abdomen				P value (Significance levels) Pearson chi-square test
	Yes (N=33)		No (N=412)		Yes (N=13)		No (N=432)		
	No.	%	No.	%	No.	%	No.	%	
Miscarriages	7	21.2	36	8.7	2	15.4	41	9.5	0.02, 0.556
Still Births	3	9.1	36	8.7		0.0	39	9.0	
Abortions	1	3.0	4	1.0	1	7.7	4	0.9	

Table 8.3 shows mean number of live births for women according to their experience of intimate partner violence. Comparing the means of emotional violence only, physical violence only and sexual violence only, sexual violence mean is seen to be the highest. However, it is equal to the mean of women not having experienced any violence, thereby ruling out the possibility of any significant relationship between sexual violence and live birth. Interestingly, the mean for women having experienced violence (any form) was lower than the mean for women not having experienced violence (any form). This may be taken as an indication of some form of violence having had effect on the health of the child inside the mother.

Table 8.3: Mean number of live births of ever partnered women, according to their experience of intimate partner violence

Type of Partner violence experienced	Mean Live births	Number
No Violence	2.6	255
Violence	2.4	148
Sexual Violence	2.3	47
Emotional Violence	2.4	106
Physical Violence	2.4	94
Emotional only	2.1	38
Physical only	2.2	27
Sexual only	2.6	11

Live births and Violence

Table 8.4 shows a higher proportion of women not having been subjected to violence (physical or sexual) or beaten during pregnancy to have five or more children as compared to those subjected to violence and beaten during pregnancy. There appears to be a pattern of less number of children being born to women subjected to violence than those not subjected to violence. This was observed to be in contrast to the Maldives experience and the experience of most other countries in the WHO study, with more children being born to women experiencing violence. It was, however, observed to be similar to Japan city and Thailand city. The significant test showed the relationship between violence and live births to be insignificant with P values much greater than 0.05 as shown in Table 8.4 below.

Table 8.4: Number of live births reported by ever partnered women according to their experience of violence (physical or sexual) by an intimate partner

Number of Children	Ever experienced sexual or physical violence				Beaten during pregnancy			
	Yes		No		Yes		No	
	No.	%	No.	%	No.	%	No.	%
No Children	1	0.9	7	2.4	0	0	6	1.5
1-2 Children	64	58.2	163	55.6	22	66.7	217	53.8
3-4 Children	37	33.6	98	33.4	10	30.3	140	34.7
≥ 5 Children	8	7.3	25	8.5	1	3	40	9.9
Total	**110**	100	**293**	100	**33**	**100**	**403**	**100**
P value (Significance levels) Pearson chi-square test	0.409				0.373			

Unplanned Pregnancies

Women who had had a live birth in the past five years were asked whether at the time they became pregnant (last pregnancy) they had '*wanted to become pregnant then*.' They were also asked whether their partner had wanted it.

Table 8.5 indicates that a significantly lower proportion of women who had experienced violence (physical or sexual) wanted to become pregnant as compared to those who had not experienced violence. On the other hand, a significantly higher proportion of women having been subjected to violence '*wanted to wait until later*' as compared to those who had not been subjected to violence. Similarly, slightly higher proportion of women having been subjected to violence '*did not want children*' as compared to those who had not been subjected to violence. These indicate association between women experiencing partner violence and their last pregnancy being unwanted or unplanned. Statistically, the association was found to be significant at the value of P=0.012.

Similarly, there was indication of association between women experiencing partner violence and their last pregnancy being unwanted or unplanned by their partner and it was also found to be significant at the value of P=0.005. (See Table 8.5 below)

Table 8.5: Violence and circumstances of last pregnancy, among women who gave birth in last 5 years (from the time of interview)

		Ever experienced physical or sexual violence by intimate partner				Total	P value (Significance levels) Pearson chi-square test
		Yes		No			
		Number	Percent	Number	Percent		
respondent wanted last pregnancy	become pregnant then	31	28.7	113	38.7	144	0.012
	wait until later	17	15.7	18	6.2	35	
	not want children	43	39.8	108	37.0	151	
	not mind either way	17	15.7	53	18.2	70	
Total		**108**	**100.0**	**292**	**100.0**	**400**	
partner wanted last pregnancy	become pregnant then	25	24.0	113	39.6	138	0.005
	wait until later	13	12.5	14	4.9	27	
	not want children	35	33.7	78	27.4	113	
	not mind either way	31	29.8	80	28.1	111	
Total		**104**	**100.0**	**285**	**100.0**	**389**	

Contraceptive use

The ever-partnered respondents were asked if they had ever used a contraceptive to avoid getting pregnant. They were also asked if they were using any currently and what method they were using. In addition, they were asked if their partner knew they were using it. Table 8.6 shows the results according to the respondent's experience of intimate partner violence.

Overall, among the ever-partnered respondents, more than half (56.3%) were using contraception. This was found to be quite consistent with the proportion (65.6%) reported in the 2010 BMIS report.[87] The most commonly used contraceptive was found to be injectable as also reported in BMIS 2010, while the least common was calendar/mucus method. (See Table 8.7)

Almost equal proportions of the respondents having experienced violence (physical and/or sexual) and not having experienced it reported to be using family planning. While, a higher proportion (64.5%) having been abused during pregnancy reported to be using family planning currently as compared to the proportion (55.8%) not having been abused during pregnancy. The association between use of contraception and experience of violence was, however, found to be insignificant as indicated in Table 8.6. This was so even in the association between the respondents' experience of violence and the partners being or not being aware of contraceptive use by their wives. It appears that violence has no influence on the use of contraceptives by women despite there being instances of miscarriages due to abuse. It is possible that women are stopped from using contraceptives by their partner and this could be linked to the high prevalence of controlling behavior among men in Bhutan.

Table 8.6: Use of contraceptives among currently partnered women

	Physical/sexual violence				**Total**	**beaten during pregnancy**				**Total**
	Yes		**No**			**Yes**		**No**		
	No.	**%**	**No.**	**%**		**No.**	**%**	**No.**	**%**	
currently using contraceptives	61	58.1	164	57.1	225	20	64.5	221	55.8	241
Total	**105**	**100.0**	**287**	**100.0**	**392**	**31**	**100.0**	**396**	**100.0**	**427**
P-value (significance level) Pearson Chi-square test	0.866					0.346				
partner knows about it	58	93.5	151	94	209	19	95.0	205	94.5	224
Total	**62**	100.0	**160**	100	**222**	**20**	100.0	**217**	100.0	**237**
P-value (significance level) Pearson Chi-square test	0.814					0.921				

[87] Monitoring the situation of children and women, Bhutan Multiple Indicator Survey 2010, NSB, 2011

Table 8.7: Frequency and percentage of contraceptives being used currently

Contraceptives being used currently	Frequency	Percent
pill/tablets	37	15.2
injectable	119	49.0
IUD	19	7.8
calendar/mucus method	3	1.2
female sterilization	32	13.2
condoms	18	7.4
male sterilization	14	5.8
other	1	.4
Total	**243**	**100.0**

Antenatal and postnatal cares

Women who had children were asked if they had used antenatal and post-natal care services for their last pregnancy and it was encouraging to note that most had received both irrespective of whether or not they had experienced intimate partner violence or been beaten during pregnancy. However, a greater proportion of those women who had not been subjected to intimate partner violence were encouraged by their partner to avail of antenatal checkup. Also, a much greater proportion of women who had been subjected to intimate partner violence reported that their partner had no interest in antenatal checkup. These findings indicated that the partner's discouragement or interest in the checkup did not influence the decision of the woman to get checked up.

Table 8.8: Intimate partner violence and circumstances of last pregnancy, among ever partnered women who had children

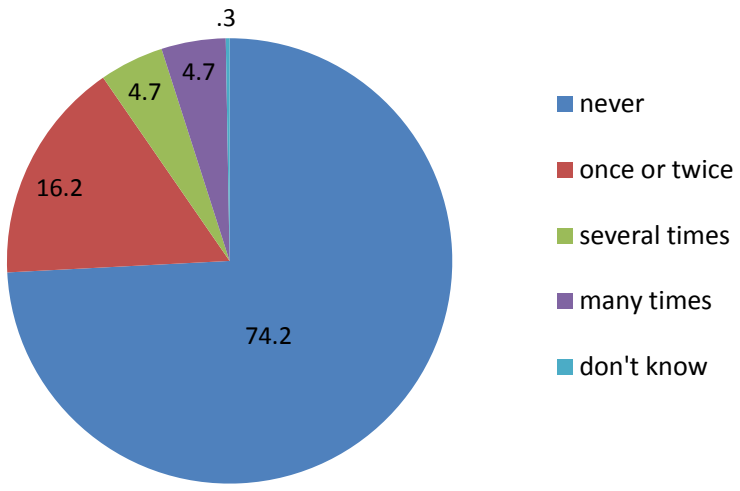
	Ever experienced violence				beaten during pregnancy			
	Yes (N=156)		No (N=318)		Yes (N=33)		No (N=412)	
	No.	%	No.	%	No.	%	No.	%
Received Antenatal Checkup	144	92.3	249	78.3	32	97.0	392	95.1
Partner stopped antenatal checkup	2	1.3	4	1.3	0	0.0	6	1.5
Partner encouraged antenatal checkup	94	60.3	227	71.4	24	72.7	324	78.6
Partner had no interest in antenatal checkup	49	31.4	24	7.5	9	27.3	72	17.5
Received Postnatal checkup	125	80.1	214	67.3	31	93.9	335	81.3

Effects of partner violence on children

Women who had experienced violence and had children who were alive were asked whether their children were present or overheard the mother being beaten. They were also asked how many times the incident had occurred.

Figure 8.1 clearly shows majority of the women to have reported that their children were not present during the incidents, while nearly a fifth reported that their children had witnessed the incident once or more number of times. This was observed to be less severe as compared to the Maldives that conducted a similar study.

Figure 8.1: Children present during physically violent incident

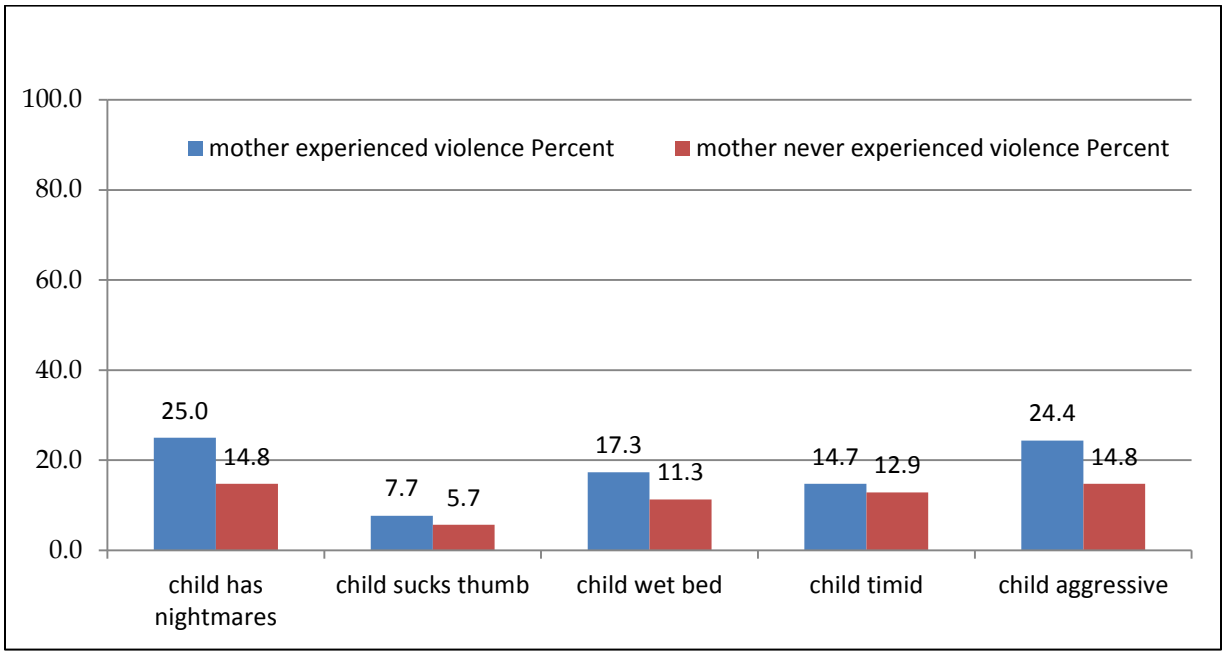


Women with one or more children aged 5-12 living at home were asked whether their children experienced certain emotional and behavioral symptoms as listed in Table 8.7. This information was cross tabulated with the experience of violence among these women to find out if there was indication of domestic violence affecting children. It was found that children of those mothers subjected to intimate partner violence were more likely to be affected by the violence than were the children of those mothers not subjected to violence. Statistically, significant difference was seen with children having nightmares and children showing aggressiveness, while no significant difference was observed with the other symptoms, as shown in Table 8.7.

Table 8.9: Effects of violence on children, among women with one or more children 5-12 years living at home

	Ever experienced intimate partner violence				P value (Significance levels) Pearson chi-square test
	Yes (N=156)		No (318)		
	Number	Percent	Number	Percent	
child has nightmares	39	25.0	47	14.8	0.010
child sucks thumb	12	7.7	18	5.7	0.800
child wet bed	27	17.3	36	11.3	0.211
child timid	23	14.7	41	12.9	0.333
child aggressive	38	24.4	47	14.8	0.045

Figure 8.2: Impact of partner violence on children



Discussion

As in other similar studies, such as the WHO study and the Maldives study, the Bhutan study also revealed that ever partnered pregnant women aged 15-49 were likely to experience physical abuse by intimate partner during pregnancy. Although the prevalence of such abuse was low (less than 10%), it was a cause for concern from the point of view of international right to child protection that Bhutan had ratified from the time of joining the Convention on the Rights of the Child (CRC) in 1990. It was also important from the point of view of MDGs[88] in relation to child mortality and maternal health.

[88] Millennium Development Goals

Further, there was indication in the Bhutan study that the abuse during pregnancy contributed to miscarriages and induced abortions and although statistically, the prevalence may be considered low it is a matter of concern for Bhutan that has not only ratified the CRC[89] but also committed to promoting the wellbeing of its people on the basis of its unique development philosophy of Gross National Happiness (GNH). As cited in the Maldives study from other research, physical abuse has been found to be associated with higher rates of miscarriages, still births and induced abortions in a number of countries. The Bhutan study is seen to support this to some extent, although at a very small scale. The earlier mentioned 2009 WHO report on women and health[90] also suggests that higher rates of unintended pregnancies, abortions, adverse pregnancies and neonatal and infant outcomes, and mental disorders are prevalent among abused women compared to non-abused peers.

It also appears that women subjected to intimate partner violence were more likely than women not subjected to intimate partner violence to experience unplanned pregnancies. Women appeared to have no power to decide not to get pregnant as they were pregnant despite not wanting to or wanting to delay the pregnancy. This may be explained by the high prevalence of controlling behavior among the men and the general acceptance by women of men's superior role in the marital relationship, reported in an earlier chapter as cited from the 2008 NCWC study on gender stereotypes in Bhutan.

What was, however, encouraging was the finding that most women who had given birth to children had availed of both antenatal services and post natal services irrespective of whether or not subjected to intimate partner violence and despite discouragement or disinterest of the partner in the services. This indicated that there could be even greater opportunity for the woman's and child's health to be protected if domestic violence were to be minimized or eliminated altogether.

Within the context of child rights and children's wellbeing, the effect of intimate partner violence against women on children was a matter of concern as well. It was found in the Bhutan study that children did witness incidents of physical violence on their mother by the father, although it was reported to be so by only around a quarter of the respondents. This finding was particularly significant from the point of view of the violence they had witnessed contributing negatively to their emotional and behavioral change. The study indicated that children exposed to domestic violence were likely to show certain unhealthy behaviors, most of all aggressiveness and nightmares. This supported research in other countries as cited by the Maldives study, that there was statistically significant association between women's intimate partner violence and their children's emotional and behavioral problems.

[89] Convention on the Rights of Children
[90] Women and Health, Today's Evidence, Tomorrow's Agenda, WHO, 2009

CHAPTER NINE – WOMEN'S COPING STRATEGIES AND RESPONSES TO VIOLENCE

It is essential to understand that women who experience violence are not merely victims but survivors. Even while there may be formal support services available to such women, more often than not, women are left alone to look after themselves and survive the violence and they develop their own coping strategies to counter the aftermath of violence. This chapter explores such coping strategies and responses to partner violence in Bhutan. Those respondents who reported having experienced intimate partner violence were asked a series of questions on what they did, who they went to and where they went to seek help when they were subjected to particularly physical and sexual abuse. If a woman had been abused by more than one partner, she was asked about the most recent partner who was violent towards her.

MAIN FINDINGS

- Majority of women in Bhutan tend not to tell anyone about their experience of intimate partner violence.
- Those women that do share their partner's violent behavior tend to do so with family and friends.
- Most women suffering from violence are likely not to go to formal institutions for help, and mainly because they think it is not a serious problem.
- Among those abused women that do seek help from formal institutes are likely to do so from a health centre due to the seriousness of their injury from physical abuse or from a centre for legal services when unable to endure anymore or threatened to be killed.
- Majority of the abused women are likely not to fight back physically or defend themselves when physically abused by their partner.

"We did not know where to go in the past, but now with mobile facilities and access to information, we think we can approach our local leaders. They have been forthcoming in helping us in matters of domestic violence and misunderstandings between husband and wife."[91]

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[91] Source: One of the FGDs conducted in this study

Who women tell about violence and who helps

The respondents were asked if they had told anyone about their partner's violent behavior. They had the option to provide multiple answers.

A large proportion of the respondents (38.4%) reported that they had not told anyone about it. However, encouragingly, majority of them did tell someone about their experience of violence. The most commonly reported people that the respondents had gone to for help were their friends (25.1%), parents (22.4%), neighbours (14.8%) and brother or sister (12.7%). The least commonly reported possible sources of help, on the other hand, were NGO/women's organization (0.8%), doctor/health worker (3.0%) and police (3.4%). Alarmingly, formal institutions where support services were available were hardly informed by these women about their partner's violent behavior. It is possible that there is lack of awareness among people on the availability of such services or that the services are not easily accessible due to the location. In an earlier chapter, it was seen that most of the ever-partnered respondents believed that family problems should only be discussed with people in the family and more than half believed others outside of the family should not intervene if a man mistreated his wife.

On being asked who had tried to help them, more than a third (37%) of the respondent women who had been physically or sexually abused reported that no one had tried to help them. Among the ones they mentioned to have tried to help them, friends (15.4%) and parents (13.3%) were the most common. These were the people the women felt most comfortable sharing their experience of violence with as mentioned earlier. The sources from where help was reported to have hardly been received were the formal institutions that were earlier mentioned to be the least common source approached to share the violent behavior of the partner.

Table 9.1: Who respondents told about the partner's violent behavior and who tried to help them

Who?	Told		Tried to help	
	Number	Percent	Number	Percent
No one	182	38.4	177	37.3
Friends	119	25.1	73	15.4
Parents	106	22.4	63	13.3
Brother or Sister	60	12.7	41	8.6
Uncle or Aunt	27	5.7	14	3.0
Partner's family	44	9.3	12	2.5
Children	31	6.5	12	2.5
Neighbours	70	14.8	43	9.1
Police	16	3.4	6	1.3
Doctor/Health Worker	14	3.0	5	1.1
NGO/Women Organization	4	0.8	4	0.8
Local Leader	21	4.4	18	3.8
Others	17	3.6	32	6.8

Ever-partnered respondents reporting intimate partner violence were asked whether they had ever gone to formal services or approached some authorities for help. Over a quarter (29.1%) of them had visited a hospital or health unit, about another quarter (24%) had approached the local leader, nearly a fifth (18.9%) had gone to a court, and more than a tenth (13.3%) had gone to the police. Hardly any had been to social services or legal advice centre or shelter, while a small section had approached a women's organization. The reasons provided for approaching somebody or somewhere for help are as indicated in Table 9.3 and the reasons for not seeking help are given in Table 9.4.

Table 9.2: Proportion of ever-partnered women who went to the following for help

Institutions/Services	Yes		No	
	Number	**Percent**	**Number**	**Percent**
Police	14	13.3	91	86.7
Hospital/Health center	34	29.1	83	70.9
Social Services	2	2.0	98	98.0
Legal advice center	5	4.9	97	95.1
Court	20	18.9	86	81.1
Shelter	5	5.0	95	95.0
Local leader	27	23.7	87	76.3
Women's Organization	8	7.8	95	92.2
Elsewhere	10	34.5	19	65.5

The most frequently given reasons for seeking help were related to the severity and impact of the violence such as, not being able to endure more of the violence (6.8%), or due to serious injury (6.3%). For instance, majority (61.7%) of the respondents who had been injured due to intimate partner physical violence received health care when they needed it. Some reported that they were encouraged by friends and family (4%) to go for help. A few of them went because they were afraid they would be killed by their partner during the act of violence (3.4%). A few were even threatened to be killed.

Table 9.3: Reasons for seeking help

Reasons	**Number**	**Percent**
Encouraged by family and friends	19	4.0
Could not endure more	32	6.8
Badly Injured	30	6.3
Threatened to kill	11	2.3
Threatened/Hit children	8	1.7
Children suffering	12	2.5
Thrown out of home	5	1.1
Afraid she would kill him	2	0.4
Afraid he would kill her	16	3.4
Other reasons	11	2.3

Most were not able to specify why they did not seek help, while a considerable proportion (15%) had not sought help because they thought the violence was not serious.

Table 9.4: Reasons for not seeking help

What were the reasons that you did not go to any of these?	Frequency	Percent
Don't know	84	17.7
Fear of the consequences	14	3.0
Violence not serious	71	15.0
Embarrassed	13	2.7
Believed would not be helped	7	1.5
Afraid it would end relationship	6	1.3
Afraid would lose children	10	2.1
Bring bad name to family	30	6.3
Other reasons	46	9.7

When asked who they would like to receive help from, the most commonly mentioned was family while a significant proportion said they would not like to receive help from anyone.

Other coping mechanisms

Fighting back

Majority (78.5%) of the ever-partnered respondents that had been physically abused said they did not fight back, while nearly a fifth said they fought back once or twice. In addition, most of them said they did not ever hit their partner even when they were not abused. A small proportion did, however, hit their partner at least once.

Table 9.5: Frequency of responses by women who experienced partner violence

Responses	Never (%)	Once or twice (%)	Several times (%)	Many times (%)	Don't know (%)
Fight back/defend when you were hit	78.5	15.8	4.1	1.6	
Physically hit to mistreat your partner	90.4	7.9	1.4	0.3	

Leaving

More than a third (35.9%) of those abused said they left the house for one or more number of nights. Among those who left, a third (33.9%) left for just one night while more than a fifth (21.4%) left for two nights and more than tenth (14.3%) for three nights. Nearly a third (30.4%) left for four or more nights. The last time they left, majority (64.2%) left for over a month while about a quarter (24.5%) of them did not return.

Majority of those who left went to their relatives (66.7%) and a considerable proportion went to their friends or neighbours (27.8%).

Those who returned did so mainly due to love for their children and the hope that their partner would change for the better. These were the same reasons some of the abused women did not leave, in addition to their belief in the sanctity of marriage and their love for their partner. It was seen in an earlier chapter that majority of the ever-partnered respondents believed their partners could hit them if they were unfaithful.

Discussion

Overall, it can be said that women in Bhutan, as in many other countries, do not tell anyone about their experiences of partner violence. This could be attributed to the attitude of women towards violence. It was seen in an earlier chapter that majority of the women believed family problems should be discussed within the family only and that people outside of the family should not intervene if a man mistreated his wife.

Also, it can be said that those women that do at all seek help do so from people they are familiar with, such as family members and friends and they do so out of own choice and preference. Unfortunately, formal institutes where support services are available are hardly approached by abused women for help.

If at all abused women do go outside of the familiar circle for help, they go to a health centre mostly and that too when they are seriously injured. They also go for legal help when they cannot endure the problem anymore or out of fear of losing their life.

It is also apparent from the study that most women do not resort to leaving the house when abused by their partner, mainly because of their belief in the sanctity of marriage, their love for the husband and children and their hope that their partner will change for the better. It was seen in an earlier chapter that women in Bhutan generally believe their intimate partner can hit them if they are unfaithful.

Physically attacking their partner in defense against violence is also not a common practice among women in Bhutan.

"A man may win a fight with a woman, but in terms of contribution to society women are always better than men."[92]

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[92] Source: One of the FGDs conducted in the study

CHAPTER TEN –CONCLUSIONS AND RECOMMENDATIONS

Conclusions

There has been attention to elimination of discrimination against women in Bhutan since the 1980's with the signing of the CEDAW and the forming of the first women's association (NWAB). Bhutan has further reaffirmed its commitment to the protection of women with the ratification of several international conventions and protocols and the establishment of a national agency (NCWC) that has been instrumental in ensuring attention to gender equality in development through the National Plan of Action for Gender. The establishment of several non-government organizations supporting women's development is evident of the recognition of the importance of attention to women even by the civil society. The passing of a number of Acts since the 1980's have also provided Bhutanese women with legal protection against discrimination. With the introduction of a written constitution in 2008, wherein it has been stated that no citizens shall be discriminated against on the grounds of sex and appropriate measures will be taken to eliminate all forms of discrimination and exploitation against women, it is evident that legal protection of Bhutanese women is further strengthened. The endorsement of the Domestic Violence Prevention Bill by the National Assembly in 2012 is the most recent evidence of attention to the protection of the rights of Bhutanese women.

From this study on the situation of violence against women in Bhutan, it is evident that there is violence against women and that the perpetrators of violence are both within the family and outside of the family. The prevalence is, however, not as alarming as that of some countries in the WHO study. Among the different forms of violence, emotional violence is seen to be the most prevalent and sexual violence the least prevalent in the country. The prevalence of controlling behavior among intimate partners of women is alarming, but explainable by the traditional socio-cultural norms found in the country. The significant relationship between this and violence found in this study highlights the need for socio-cultural changes that influence how women are treated in society. The indication of equal power between intimate partners protecting women against violence further supports the need for gender equality. Changes in traditional cultural beliefs would also bring about changes in the attitude of women towards violence that is currently seen to be quite worrisome with a considerable section of women accepting the inferior status of women in a marital relationship. Aggravating the situation further is the findings from the study that woman as the head of household did not protect women against violence and that the father has been one of the main non-partner perpetrators of violence against women aged 15-49.This is something to be concerned about given the prevailing superior status of men in a household.

Rural women are at higher risk of violence and knowing that poverty in the country is still a rural phenomenon, it may be concluded that elimination of poverty would contribute to elimination of violence against women. Besides financial autonomy to women is also a condition conducive to protection against violence to women. Women's strength appears to be in 'asset ownership' through inheritance of family assets, both traditionally and legally. This is an opportunity for women to build their economic independence, but they would require

support of the local government and financial institutions for access to loans for initiating enterprises for income generation as well as opening of a savings account.

In addition, younger women and particularly the late adolescent group are at higher risk of violence. They are vulnerable by virtue of their age and innocence, while the older women are advantaged by their ability to develop strategies over years of their intimate relationship to minimize violent incidents. There is a need, therefore, to educate the younger women on coping mechanisms against violence. They also need to be made aware of the legal age of marriage as it is found that a significant proportion of women get married at the age of below 18 years. And, since education appears to protect women against violence, it may be concluded that education is an area to look into for channelization of gender related information to young women. Violence against young girls is in need of special attention, not only at home but also in school as the father and the teacher as well as male friends of the family are found to be the main non-partner perpetrators of violence against women. Not only do they need protection at home and in school but also in other public places, where emotional and sexual violence is also prevalent.

Analysis of situations tending to lead to violence, as reported in this study, draws our attention to the fact that excessive alcohol consumption is a common problem area. Alcohol problem has already been recognized in relation to increasing incidences of health hazards People need to be continued to be sensitized on this and given the prevailing drinking culture, legal interventions also need to be put in place to discourage overconsumption of alcohol.

Violence by intimate partner is seen to be affecting women's health and also their work. It is also seen to be affecting children's behavior. There is evidence of women with severe injuries from physical abuse availing of health services. There is also evidence of women availing of legal help when in serious problem due to violence by intimate partner. What is disturbing is women's preference to share their experience of violence with friends and family only. They hardly seek help from formal authorities or institutes. In rural areas, this could be due to the location of the institutes. There clearly is a need to improve access to support services for women suffering from violence, both in terms of changing women's attitude and in terms of making such services easily available.

Recommendations

The study findings have provided insightful information on VAW in Bhutan, and such information can now be utilized to bring about policy changes and in designing appropriate interventions so that the VAW issues are addressed effectively and VAW is eliminated as committed by Bhutan. This chapter, therefore, recommends some practical preventive interventions on the basis of protective factors identified in the study and existing community strengths and resources that are derived from the study findings.

1. **Strengthen gender sensitization through incorporation of human rights related content in formal school education and non-formal education. The alternative to this would be provision of supplementary materials on gender issues to formal institutes and non-formal centres as well as public places.** This would ensure that both the rural and urban populations are covered in gender sensitization. This recommendation is based on the culturally influenced acceptance of violence against women and the passed down tradition of men having control over women as evidenced by the high prevalence of controlling behavior of men experienced by women in this study. Since education is found to protect women against violence, education is recommended as the preferred approach to changing people's cultural beliefs that influence violence against women.

2. **Strengthen awareness of gender based violence against women and their effects on health through a multi-sectoral approach, such as incorporation of gender related health issues in the adolescent and reproductive health programmes that may be implemented in partnership among the health, education and agriculture sectors as well as the judiciary, police and the media.** This would ensure wider spread of awareness of gender based violence against women across the nation. It is recommended on the basis of evidence on prevalence of gender based violence and the knowledge of its health effects that go unnoticed and unattended. It is also recommended because of the high risk of the late adolescent group to gender based violence. It is recommended that the programme incorporate alcohol related issues as well.

3. **Strengthen the national indicators for violence against women within the existing national gender framework initiated between the GNHC and NSB, linking them to international indicators.** This is recommended to not only enable researchers to study gender related issues in greater depth but also to enable programme implementers to monitor violence against women all over the country. Besides, it is intended that the police, legal institutes and the health sector will be mandated to maintain accurate records of violence related incidences that can be inputted into the national data system as and when required for research or monitoring purpose. The recommendation is made on the basis that this study would serve as part of a baseline of VAW and to check the progress on elimination of VAW hereafter, data would be required on a continuous basis for reliable and valid reports on the progress and immediate corrective measures.

4. **Continue to support women and particularly rural women as a priority, in building their financial autonomy through special economic empowerment programmes in partnership between the local government and financial institutes.** This is recommended on the basis of findings in the study that lack of financial autonomy of women put them at risk of economic abuse and other forms of abuse, and violence against women is more prominent in the rural areas than in the urban areas. Women's access to asset ownership is a strength that can be capitalized on for women's access to earning of income and making investments for future security.

5. **Build awareness among women of support services available from formal institutes, in conjunction with strengthening of access to the services by these institutes.** This can be done through the non-formal programmes that are already accessible in all parts of the country. This is recommended because of the finding from the study of women not seeking help from formal institutes.

6. **Institute programmes that will educate community people in providing support services to their female family members in need of such services.** This can be merged with the Education Sector's parenting programme targeted at parents of school children. This recommendation is based on the identification of family members and friends as popular sources of help for women in need of help due to violence. Health workers and volunteers can also be trained in providing such services from door to door as per requirement.

7. **Engage the civil society through non-government organizations in partnership with the local government in policy making at the local level in the context of the Domestic Violence Bill as well as other relevant Acts that protect women against gender discrimination.** This is recommended on the basis of the need identified from this study for elimination of certain socio-cultural and traditional gender stereotypes that discriminate against women in turn putting women at risk of gender based violence. The civil society could deliberate on this in public forums and influence conducive and supportive policy making at the local level, in turn influencing policy making at the national level. This is possible as people's participation in decision making has been in practice since the institution of the GYT under the decentralized form of administration and being continued in the democratic form of government instituted in the country since 2008.

ANNEXES

Annex 1: Terminologies related to gender

Beijing Declaration and Platform for Action: adopted by the Fourth World Conference on Women: Action for Equality, Development and Peace, Beijing, 15 September 1995

Gender: Refers to the socially constructed roles, behaviors, activities, and attributes that a given society considers appropriate for men and women.

Gender-based violence: Violence committed against women as women; violence particular to women, such as rape, sexual assault, female circumcision, or dowry burning; violence against women for failing to conform to restrictive social norms; the VIENNA DECLARATION specifically recognized gender-based violence as a human rights concern.

Gender discrimination: Discrimination based on socially constructed ideas and perceptions of men and women

Gender equality: It is the absence of discrimination - on the basis of a person's sex - in providing opportunities, in allocating resources and benefits or in access to services.

Gender equity: Refers to fairness and justice in the distribution of benefits and responsibilities between women and men. The concept recognizes that women and men have different needs and strengths and that these differences should be identified and addressed to rectify the imbalance between the sexes.

Intimate partner violence: Any act or omission by a current or a former intimate partner which negatively affects the well-being, physical or psychological integrity, freedom or a right to full development of a woman.

Sex: Refers to the biological and physiological characteristics that define men and women.

Stereotypes: A generalized set of traits and characteristics attributed to a specific ethnic, national, cultural or racial group which gives rise to false expectations that individual members of the group will conform to these traits

Patriarchy: Systemic societal structures that institutionalize male physical, social and economic power over women.

Violence against women: Any act or omission by a family member most often a current or former husband or partner, regardless of the physical location where the act takes place, which negatively affects the well-being, physical or psychological integrity, freedom, or right to full development of a woman.

Human Development Index (HDI): It is a summary measure for assessing long-term progress in three basic dimensions of human development: a long and healthy life, access to knowledge and a decent standard of living. As in the 2010 HDR a long and healthy life is measured by life expectancy, access to knowledge is measured by: i) mean years of adult education, which is the average number of years of education received in a life-time by people aged 25 years and older; and ii) expected years of schooling for children of school-entrance age, which is the total number of years of schooling a child of school-entrance age can expect to receive if prevailing patterns of age-specific enrolment rates stay the same throughout the child's life. Standard of living is measured by Gross National Income (GNI) per capita expressed in constant 2005 PPP$.

Gender Inequality Index (GII): It reflects gender-based inequalities in three dimensions – reproductive health, empowerment, and economic activity. Reproductive health is measured by maternal mortality and adolescent fertility rates; empowerment is measured by the share of parliamentary seats held by each gender and attainment at secondary and higher education by each gender; and economic activity is measured by the labour market participation rate for each gender. The GII replaced the previous Gender related Development Index and Gender Empowerment Index. The GII shows the loss in human development due to inequality between female and male achievements in the three GII dimensions.

Multidimensional Poverty Index (MPI): Identifies multiple deprivations in the same households in education, health and standard of living. The education and health dimensions are based on two indicators each while the standard of living dimension is based on six indicators. All of the indicators needed to construct the MPI for a household are taken from the same household survey. The indicators are weighted, and the deprivation scores are computed for each household in the survey. A cut-off of 33.3 percent, which is the equivalent of one-third of the weighted indicators, is used to distinguish between the poor and non-poor. If the household deprivation score is 33.3 percent or greater, that household (and everyone in it) is multi-dimensionally poor. Households with a deprivation score greater than or equal to 20 percent but less than 33.3 percent are vulnerable to or at risk of becoming multi-dimensionally poor.

Annex 2: Types of gender-based violence around the world

Guidelines for the Prevention and Response of Sexual and Gender-based Violence against Refugees, Returnees, and Internally Displaced Person, UNHCR, Geneva, 2002.	
Physical Violence	
Physical assault	Beating, punching, kicking, biting, etc., with or without weapons; often used in combination with other forms of sexual and gender-based violence
Trafficking, slavery	Selling and/or trading in human beings for forced sexual activities
Emotional, Psychological and Socio-economic Abuse	
Abuse / Humiliation	Non-sexual verbal abuse that is insulting, degrading, demeaning; compelling her to engage in humiliating acts, often in public; denying basic expenses
Discrimination and/or denial of opportunities, services, economic participation	Exclusion, denial of access to education, health assistance or remunerated, employment; denial of property rights, making person ask for an allowance, demanding earnings, spending family finances independently without taking consent
Confinement	Isolating a person from friends/family, restricting movements
Obstructive legislative practice	Denial of access to exercise and enjoy civil and political rights, mainly to women.
Sexual Assault and Abuse	
Rape and marital rape	Forced/coerced intercourse
Sodomy	Forced/coerced anal intercourse, usually male-to-male or male-to-female
Attempted rape or attempted sodomy	Attempted forced/coerced intercourse; no penetration
Sexual abuse/ Exploitation	Sexual interactions against her will (e.g., perform in sexual manner, forced undressing and/or nakedness, coerced marriage, forced childbearing, engaging in pornography or forced sex work/labour)
Child sexual abuse, defilement, incest	Sexual relations with a child (any person under 18 years of age)
Forced sex work/labour (also referred to as sexual exploitation)	Forced/coerced sex-trade in exchange of material resources, services, and assistance, usually targeting highly vulnerable women or girls unable to meet basic human needs for themselves and/or their children
Sexual harassment	Any unwelcome sexual advance, request for sexual

	favors, or other verbal or physical conduct of a sexual nature
Harmful Traditional Practices	
Female genital mutilation (FGM)	Cutting of genital organs for non-medical reasons, usually done at a young age; ranges from moderate to extreme cutting, removal of genitals, stitching
Early marriage	Arranged marriage for girls under the age of legal consent (sexual intercourse in such relationships constitutes statutory rape, as the girls are not legally competent to agree to such unions)
Forced marriage	Arranged marriage for girls under the age of legal consent or women against their wishes; often a dowry is paid to the family; if she refuses, there are violent and/or abusive consequences. (Legally, such unions would not be considered marriage because of age and/or force)
Honour killing and maiming	Maiming or murdering a woman/girl as punishment for acts considered inappropriate for her gender believed to bring shame on the family or community
Infanticide and/or neglect	Killing, withholding food, and/or neglecting female children because they are considered to be of lesser value in a society
Denial of education for girls or women	Removing girls from school so they can perform expected gender roles in families

Annex 3: FGD notes

FGD-1 : Khorsani

Title: FGD with Female aged 15-49 years on VAW
Venue: Khorsani BHU
Date: 6th July 2012

Participants:

1. Rinzin Chozom, 22, 1 child
2. Sonam Pelmo, 40, 5 children
3. Sonam Choden, 27, 2 children
4. Indra Maya Gurung, 23, 1 child
5. Eden, 29, 4 children
6. Choki Wangmo, 39, 3 children
7. Tshering Zangmo, 28, 4 children
8. Dechen Dema, 21, 1 child
9. Yangdon, 23, 1 child
10. Karma Choden, 24, 4 children

Information and awareness

- Heard about it and that it helps women but not really known about what it really does.
- All knew that the legal age of marriage was 18 years.
- 22 – 23 years, were the ages that they thought were quite OK to getting married.

Domestic/Intimate partner

- The incidences of quarrelling were reported, very frequently for some and seldom for some and these were reported to be child related, household related and decision within the house. However they mentioned that when the consensus on the decision was reached, the quarrelling did not matter as the decisions were valued.
- Fights did not really happen much, but a woman reported past experience of physical violence. Her ex-husband used to beat her without reason (when probed she mentioned that he had an affair with another woman and he used to beat her after abusing alcohol). He used to NOT bring financial home. She also mentioned that this was the consequences of early marriage. She mentioned that she was just 13 years when she got married and was so innocent to fight back. Without being able to bear this further, she resorted to court and got divorced.
- In those instances of violence, they mentioned that they did not know where to go but now with the coming of mobile facilities and reach of information, they mentioned that they will report to the local leaders.
- Local leaders have also been forthcoming to help in the matters relating to domestic violence and misunderstandings amongst the couples in the family.
- Sex, all agreed is performed with the consensus and were not forced.

- If the woman/wife committed a mistake, then they said the husband has every right to beat or scold her.
- Innocence and early marriage, alcohol, lack of knowledge were mentioned as core reasons a victim undergoes violence.

Community/sexual violence

- In the community, a bride is always looked down especially in relates to the rights of the bride.
- They said "Children are always better than the bride or bridegroom" indicating the parents in the house better considered their own child than the spouse of their children.
- They also mentioned about the cases where the couples loved each other but the parents divorced them.
- No cases of rape in the community.

Impact and coping

- All members mentioned that violence is quite a story of the past. They have the information about the coping and institutions that they can resort to during situations of violence.
- They also mentioned that if the frequency of violence were once or twice, they will be able to understand and cope but if it happens frequently then they will resort to the procedures of the law.
- All mentioned that they were willing to help by informing local leaders and police in such cased where they find a victim suffering violence.
- Coping in terms of the child who bears a fatherless child from their perspective of a mother, they said, they will not resort to violence and physical force. They mentioned that they will enquire their child politely about the father of the child. They said these days most of the children commit suicide because of parent pressures.

Decision

All decisions in the household on purchase of household items and expenditures, they said were vested into the females hands. And decisions outside the house were decision based but husbands had an upper hand in those decisions.

Gender and Child preference

- They mentioned generally, there was no discrimination on the male and a female child, but they mentioned that they would still prefer a male because of risks associated with a female child while bringing up.
- All agreed that family planning will help a family in many positive ways but some mentioned that the adequate number of children was 3 children.

HA's comments

- Having stayed here for about 8 years, he found the village/community to be quite peaceful.

- He also said he kept on informing the peoples wherever he can of the support services and advocacy relating to domestic violence whenever he could.

FGD-2 : Tsholingkhar

Title: FGD with Female aged 15-49 years on VAW
Venue: Tsholingkhar Gup Office
Date: 7th July 2012

Participants:

1. Nar Maya, 46, 3 children
2. Phul Maya Sherpa, 42, 2 children
3. Dorji Wangmo, 28, 2 children
4. Santa Maya Gurung, 45, 6 children
5. Passang lhamo, 36, 2 children

Domestic/Intimate partner

- A woman reported severe forms of violence in the past. She said her husband (divorced) used to beat her with stick and '*whatever at hand*' because of jealousy. At one time, she was also chased with a knife at hand. Her husband used to be jealous of her without her mistakes. She mentioned that she never had relations with other men. Her husband became jealous not only of the male in conversation with her but also with the female friends. Later, she found out that he had an affair with another woman. She could not go to the authorities because she was threatened and obstructed. Neighbors helped by counseling the husband but he wouldn't listen to anyone. She mentioned that she was beaten at least 5 times a week. He also called her '*randee'*. Because of perpetual beatings, she used to sleep most of the time with cows in the cowshed. When she herself and neighbors consulted his parents, her parents mentioned that he was stubborn from the childhood and said counseling or advising would not help. Then encouraged by all neighbors, she resorted to District court through police and divorced. Now she thinks that she have made a right decision by divorcing her husband, as she can live independently and with personal choices.
- All others have witnessed the violence experienced by the aforementioned women and mentioned that they felt sorry for her and were involved in encouraging her.
- All respondents mentioned that violence was not very prevalent in the community with exceptions to few cases such as just mentioned above.
- Reasons that lead to violence were mentioned as jealousy, personal differences, family financial problems and mostly alcohol.

Community

- They mentioned that a man may win a fight but in terms of contribution in the society, women were always better. However they mentioned that in their community, there

was general acceptance to partner violence (overheard talking amongst themselves) and superiority of men in the decision making in the family or in the community.

- By ***lotsham*** culture, men were always severed meals before the family, but all women mentioned that they never consumed a meal prepared by their husbands.
- All agreed that unmarried females were always looked down in the community and are at risks of gender-based violence.

Health Services

- The community believes that the ORC are facilities to be availed by married female members and if an unmarried woman visits an ORC, then she becomes the center of attention and a subject of gossip.
- In the past child deliveries were done at home, now everyone realizes the advantage of delivery at the health center and the risks of home delivery and thus everyone delivers at the health center.
- All agreed that 3 children is optimum for a family and the health of the mother. They mentioned that after three children, they would advise starting family planning.

FGD-3 : Kamichu

Title: FGD with Male aged 15-49 years on VAW
Venue: Khorsani BHU
Date: 8th July 2012

Participants: (All Male)

1. Kuenley, 48, 5 children
2. Tenzin Phuntsho, 43, 6 children
3. Dorji Tshering, 37, 4 children
4. Sangay Thinley, 44, 3 children
5. Ngawang Tenzin, 39, No children (5 children from wife's ex-husband)

Discussions:

- Alcohol related cases with women (scolding, bragging, beating and quarrelling)
- 70% of decision in the community is being taken by the male members.
- There are some (few) women who are very good in making decisions.
- All decisions are made in discussion with the female members both at the household and community levels.
- One respondent mentioned that the man had the right to beat ones wife, where all other objected this and advised that in these times, it is not right, it may have been so in the past but now gender-based violence is not acceptable.

- All agreed that with the new system of government coming into place and the laws strengthening every year, every step towards violence should be done with due consideration of the consequences.
- They mentioned that beatings and fighting cases were not prevalent in the community but some quarrels and fights happen after consuming alcohol.
- **Family planning –** The decision is reached in discussion with the spouse. All agreed that they preferred IUD above Injection (DMPA) and DMPA above pills. When asked about condom, they mentioned that it reduced the sex-pleasure.
- They also mentioned that unmarried females were vulnerable to exploitations and violence.
- "Community should look into helping widows and unmarried women" by providing shelter and care.