Case study three: Viet Nam

1. Background and context

(a) Legal and policy framework

Viet Nam is a deeply patriarchal society with ingrained traditional gender norms, which revere men and devalue women. However, as a result of the economic reforms introduced in 1986, there was a significant increase in women’s labour force participation and a slight shift in gender relations within the family. In 1992, the Vietnamese Government adopted a revised constitution recognizing the equal rights of women across the public and private domain. This was followed by the adoption of several ordinances on the Conclusion and Implementation of International Treaties by the Standing Committee of the Vietnamese National Assembly in 1998. These were regarded as an “organic part of Vietnamese law”. The Law on Gender Equality and the Law on Domestic Violence Prevention and Control were then introduced in 2006 and 2007, respectively. Several instruments such as action plans were also developed to guide the implementation of this legislation. Though the legal framework is strong, there are gaps in the implementation of these laws, and they do not explicitly define gender-based violence or intimate partner violence as a violation of human rights.

The first national study of the prevalence of domestic violence perpetrated against women was conducted in 2009 by the General Statistics Office\(^1\) to address the gap in data frequently raised by the United Nations. UNFPA coordinated this research to ensure that relevant stakeholders took ownership of the findings and committed to implementing the recommendations. Publication of this landmark study led to increased pressure to strengthen the response to domestic violence, particularly in relation to intimate partner violence. A national orientation workshop on domestic violence intervention was held one week after the launch of the study. This was followed by a series of advocacy events during 2011-2012 with the relevant government ministries and NGOs.

This momentum led to increased awareness among parliamentarians, the communist party and government representatives, local leaders, development partners and donors on the issue. Subsequently, UN Women worked with the Government to develop the National Strategy on Gender Equality (2011-2020) and the National Programme on Gender Equality (2011-2015). Violence against women was identified as a key indicator in the national strategy and became part of gender-based violence interventions included in government action plans and programmes, such as One Plan.\(^2\) Given the focus on addressing domestic violence, the UNFPA country office supported the Government of Viet Nam in its efforts, while advocating for the scope to encompass other forms of gender-based violence. In addition, domestic violence continues to be broadly understood as a “culturally sensitive issue” and a “family affair”.

\(^1\) Viet Nam, General Statistics Office, “Keeping silent is dying: results from the national study on domestic violence against women in Viet Nam” (Hanoi, 2010).

\(^2\) The government of Viet Nam signed One Plan with the UN, which constitutes a common programmatic framework, including one budget and one results matrix to ensure the coherence of work and its alignment with all national strategies.
(B) Service Provision

Domestic violence service provision for women in Viet Nam is primarily provided by the government agencies responsible for the legislation: Ministry of Labour, Invalids and Social Affairs and Ministry of Culture, Sport and Tourism, as well as the Viet Nam Women’s Union. Prior to conducting the national prevalence study, the services were fragmented and lacked any capacity development programmes for specialist training. The study addressed this gap as it was able to influence national efforts related to service provision. Domestic violence prevention and response training models were developed in selected provinces for nationwide application. The government also formulated a protocol for the health sector response and issued new orders to facilitate access to services. These included allowing abused women to receive medical treatment without having health insurance and waiving legal fees for court cases. In addition, the Government supported building a network of “safe addresses” where women could seek temporary shelter within their communities. It also increased the funding of the national shelter network and expanded its outreach by establishing regional shelters.

Run by the Women’s Union, the national shelter, Peace House, provides refuge and additional services such as legal aid, health care, counselling, vocational skills and support for children’s schooling. Of the 10 shelters for women in all of Viet Nam, only two are for domestic violence survivors and their children. A second model is implemented by the Centre for Studies and Applied Sciences in Gender, Family, Women and Adolescents (CSAGA), a national NGO which operates a hotline and provides legal aid and counselling, temporary shelter and a referral system to government shelter in serious cases. The third shelter model involves a list of “safe addresses” in Thai Binh, Phu Tho and Hai Duong provinces which are used by women to manage smaller incidents involving minor injuries. Given the difficulties of accessing support from family or friends who do not live in the same area, these local shelters help women to leave their children in the home, while staying connected with them.

As part of the Seventh Country Programme 2006-2010, the Vietnamese Government piloted a comprehensive intervention model to prevent and respond to domestic violence in Phu Tho and Ben Tre provinces. However, aside from such programmes, the health sector response remained fragmented and women continue to be reluctant to report intimate partner violence. In addition, the police response was notably slow and unfocused, reflecting the view that domestic violence is a family matter.

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2. **Rationale for costing study**

   **(a) Initiation and study team**
   Following a recommendation emerging from the 2010 national prevalence research, the 2012 economic costing study conducted by Duvvury and others⁶ was initiated by UN Women and funded by AusAID. Several UN agencies in Viet Nam provided support, in particular UN Women and the Gender-Based Violence Working Group chaired by UNFPA. The Ministry of Family, Ministry of Culture, Sports and Tourism and the Women’s Union also provided support in the design and implementation of the study. The core team consisted of Dr. Nata Duvvury as an international consultant from National University of Ireland (NUIG), Dr. Nguyen Huu Minh, a national principal investigator and research staff from the Institute for Family and Gender Studies (IFGS). IFGS took the lead in the fieldwork and data entry, while NUIG oversaw responsibility for data management and analysis. Regular communication was maintained between the consultants to review progress and provide quality control.

   **(b) Motivation to undertake the study**
   The 2010 prevalence study confirmed that intimate partner violence is a serious problem in the Vietnamese society and has an impact on women’s ability to work. Building on this data, Duvvury and others (2012) undertook the first economic costing study of domestic violence in the Vietnamese context to address the dearth of information on the costs of intimate partner violence, particularly its costs to the economy. An assessment of the costs of inaction was essential to underscore the urgency of expanding government investment to address domestic violence. It was also hoped that the cost of inaction would provide a basis for an estimation of the adequate level of resources required for an effective response. A study was designed to estimate the social and economic costs with the aim of informing policy and practice in relation to domestic violence.

3. **Methodology**

   **(a) Objectives of the study**
   The overarching aim of the study was to provide a reliable estimate of the economic cost of domestic violence perpetrated against women by an intimate partner in Viet Nam. The specific objectives are as follows:
   1. To estimate the annual economic cost of domestic violence against women by an intimate partner at the household level including:
      (i) Estimate of annual direct costs for household-related incidents of intimate partner violence, including costs associated with seeking medical care (physical and mental), shelter, mediation (NGOs, local resolution), and judicial resolution as well as consumption costs related to the replacement of property;
      (ii) Estimate of indirect costs, including income loss due to missed work, loss of reproductive labour such as child care, children’s health and school performance (including missed days, poor marks and failing).⁷

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⁷ The costs incurred by other family members (such as parents, in-laws and siblings) after an incident of violence were not captured directly. Women were only asked about the impacts on themselves, their spouses and children.
2. To estimate the annual service provision costs across sectors including health, police, judicial and social (namely the Women’s Union).
3. To develop macroestimates of:
   (i) Aggregate costs for national economy;
   (ii) Cost of service provision;
   (iii) Cost due to productivity loss.

(b) Intended audience
The study aimed to enhance awareness of the full cost of inaction with regard to addressing domestic violence, as well as the seriousness of the problem, among:
- Policymakers and political leaders - to address gender-based violence by investing in prevention and response services;
- NGOs – to provide evidence enabling them to advocate for increased budgets;
- Communities and families - to raise awareness of the negative consequences of violence against women.

(C) Scope of the study
Viet Nam is a middle-income country, yet it has a large informal economy. Women perform a significant amount of paid and unpaid labour, including reproductive work, subsistence work and community production. This makes it difficult to estimate lost and reduced output/productivity as a result of violence. Given these challenges, the 2004 operational framework developed by Duvvury and others was employed, as it is specific to this context. The study focused on providing an estimate of the opportunity costs of domestic violence to households and the community. These costs were then extrapolated to the national economy, including service provision and prevention services, and the economic cost to businesses due to absenteeism as a result of intimate partner violence. This enabled a preliminary national estimate of the costs of intimate partner violence incurred by the economy as a whole. The costs of violence at the household level are borne by the woman and family member/friends, the perpetrator and the children.

The following are the specific costs that were estimated
- Direct out-of-pocket expenditures by household for utilization of formal and informal services;
- Indirect household costs such as income loss due to missed work and household work by members of the household; loss of productivity for the household enterprise; missed school days;
- Community level costs including provision of response services and prevention services.

(d) Method and Cost Calculation
The costing study focused on intimate partner violence, defined as the violence experienced by women and perpetrated by husbands/partners within the family setting. The 2001 definition of domestic violence by Ellsberg and others8 and administered in the National Study of Domestic Violence, was employed. Data collection involved a mixed-methods approach:

1. In depth qualitative interviews with 10 women who had experienced domestic violence and accessed services in relation to their help-seeking behaviour. The costs borne by these women to provide an illustrative picture of the maximum costs associated with intimate partner violence, as they have left their homes and have begun the recovery process.

2. A household survey was conducted with a sample of 1,053 women (based on the National Study prevalence rate over the last year of 10.9 per cent), aged between 18 and 49, across four provinces and three major cities. The selected provinces and cities represent the seven regions surveyed in the National Study of Domestic Violence. The total sample was evenly divided between rural and urban areas.

3. A survey was conducted with 79 service providers within the government system, including a primary health care centre, police station, legal office, local shelter, a Women’s Union committee and a local court in selected wards/communes to gather data on service utilization and costs of service delivery. Supplemental information was collected from province-, district- and city-level hospitals, police stations, courts and Women’s Union groups to verify local level costs. Interviews were also conducted with the national shelter and the national NGO, CSAGA.

A household was defined as a unit consisting of people sharing the same kitchen, independent of the number of adults and children living in the household. One eligible woman per household was interviewed to obtain detailed information on their experience of intimate partner violence and the associated costs in the 12 months prior to the survey. Only women who were married at the time of the survey or those whose marriage ended due to death or divorce in the past 15 months were eligible. Data was collected for the past 15 months to ensure an adequate number of data points for estimating the average cost per incident.

Demographic information was recorded. In addition, a wealth index was constructed using income, water and sanitation status, number of rooms, construction materials of the roof and walls, cooking material, and ownership of consumer durables, such as a radio or motorbike, and principal component analysis was employed. To estimate missed paid work and household work, daily earnings were calculated. Finally, the opportunity cost approach was used for the calculation of macroestimates. Productivity loss was estimated using an ordinary least squares regression. Refer to the study for further details of the equations and calculations employed.

The household survey was adopted from the questionnaires used for the 2010 National Study on domestic violence and the 2009 International Centre for Research on Women study on the costs of domestic violence, revised accordingly. Separate service provider questionnaires, also adapted from the 2009 study, were developed for each sector of service provision. The fieldwork took place from 17 April to 21 June 2012.

4. Challenges

(a) Data

Several difficulties limited the study results. For example, the impact on children in terms of missing school days due to intimate partner violence could not be established as an extremely small proportion of the women reported this as an effect. Another cost that could not be calculated was the annual cost of service provision to address and prevent domestic violence, as service providers were unable to provide robust budget data to estimate the cost of provision of specific services.
Three significant challenges emerged from the service provider survey. Firstly, the data provided was extremely fragmented, which meant that producing a robust estimate on a yearly basis was unfeasible. Another critical problem encountered was the lack of systematic record keeping by the various service providers as a result of their lack of awareness of domestic violence issues. It was extremely concerning that the health and police sectors had not recorded cases of domestic violence and were unable to provide systematic information on the costs involved in cases of reported violence. The final challenge was the virtual absence of information on referrals between the service providers or to programmes for financial support, vocational skills, legal aid or counselling. In addition, as the definition of domestic violence was very broad, it was difficult to estimate its exact prevalence and costs.

(b) Time

As this was the first time a costing study was undertaken in Viet Nam, the process was lengthy and involved many discussions, decisions and training for stakeholders and fieldworkers. Regular consultations were held with the government stakeholders at both national and local levels to ensure the full understanding of the importance of the study and provide important collaboration at the local level. For example, the household survey was carried out at the commune (the administrative level between a district and a ward) headquarters to ensure privacy and confidentiality that could be problematic when interviewing women in their homes.

5. Key Findings

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<th>Demographic Information</th>
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<td>• The majority of the women in the sample were married (92.5 per cent), 6 per cent were separated or divorced and 1 per cent widowed. While approximately 20 per cent of the women had completed secondary schooling, only 5 per cent of participants had university-level education.</td>
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<th>Economic status</th>
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<td>• The majority (93.8 per cent) of respondents were engaged in some form of work (only 65 respondents did not reply to the question on employment, indicating they were full-time housewives).</td>
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<td>• Most of the women (and men) reported incomes below 2,600,000 VND and almost 38 per cent earned between 1,000,000 VND (minimum monthly salary for those employed in organizations) and 2,600,000 VND. Some 60 per cent of the sample reported having health insurance.</td>
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<td>• Approximately 48 per cent of rural women and 38 per cent of urban women reported having ever experiencing physical violence, with more than 20 per cent experiencing such violence in the last 12 months in rural areas and about 14 per cent in urban areas. More than one in four women reported ever experiencing sexual violence in rural and urban areas. The current prevalence was lower but still approaching one fifth across the sample (17.6 per cent in rural and 15.2 per cent in urban).</td>
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<td>• The prevalence rates for psychological violence were 38 per cent in rural and 27 per cent in urban areas.</td>
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• Women who were experiencing violence reported a much higher level of problems in the previous four weeks across the standard measures of mental well-being. They were one and a half times more likely to be unable to complete their daily work or enjoy daily activities.

Cost

• The cost for accessing health care, transport and medicines came to an average of 804,000 VND per incident, or about 28.2 per cent of women’s average monthly income.
• Women’s loss of earnings per incident averaged 382,234 VND, or about 13.4 per cent of their average monthly income.
• The opportunity cost of domestic violence for participants, taking into account the weighted average unit cost of out of pocket expenditures and lost earnings from paid work, came to 34 per cent of the average monthly income of women in the sample.
• The potential opportunity cost for the economy, including out of pocket expenditures, lost earnings and the value of missed housework, was estimated at 1.41 per cent of GDP.

6. Study impact

(a) Enhanced service provision

Following United Nations advocacy based on the findings of the study, the Government of Viet Nam agreed to develop and deliver a minimum package of services. Over the past five years, UN Women and UNFPA have supported the Government to pilot the Essential Services Package for Women and Girls Subject to Violence, which includes health care, protection and a referral system. While progress is slow, the police and wider criminal justice system have been working on enhancing services to survivors of domestic violence and women are becoming more inclined to report their experiences.

(b) Skill development

The training provided by the international expert has increased the expertise among Government personnel and researchers working on domestic violence. A future costing exercise could be undertaken with greater ease.

(c) Increased awareness

Thanks to advocacy on the part of the United Nations and the findings being reported in the media, awareness has been raised in society regarding the magnitude of the problem. UNFPA and UN Women and some of the government ministries, particularly the Ministry of Labour, worked together in this regard.

(d) Capacity-building

The government has now recognized the importance of establishing cost estimates. Viet Nam is thus moving ahead to include cost questions within the Second National Survey on Women’s Life and Health Experiences to obtain nationally representative estimates of the economic impact.

of violence on women’s work and productivity. The General Statistical Office is currently training their survey staff who undertake their statistical surveys on the broader implications of domestic violence against women outside of the health sector.