

INTIMATE PARTNER VIOLENCE AGAINST WOMEN IN TIMOR-LESTE:

Understanding the differences between the *Nabilan* Baseline Study and the Demographic and Health Survey

THE *NABILAN* STUDY AND THE DEMOGRAPHIC AND HEALTH SURVEY DOMESTIC VIOLENCE MODULE

The Asia Foundation undertook the *Nabilan* Health and Life Experiences Study (the *Nabilan* Study) from July to September 2015. The purpose of the Study was to generate rigorous, reliable data from women and men in Timor-Leste on the prevalence and perpetration of different forms of violence against women (VAW). The findings of the Study form the baseline data for the Foundation's *Nabilan* Program, and inform programming and advocacy on responses to and prevention of violence against women and children in Timor-Leste.¹

The Timor-Leste Demographic and Health Survey (TLDHS) was conducted by the General Directorate of Statistics, Ministry of Finance in collaboration with

the Ministry of Health from September to December 2016. The primary objective of the TLDHS project is to provide up-to-date estimates of demographic and health indicators. It provides a comprehensive overview of population, maternal, and child health issues in Timor-Leste, and includes an optional module on domestic violence. The data is intended to assist policy makers and program managers in evaluating and designing programs and strategies for improving the health of the country's population.

Although the samples of the two studies were different, both studies collected data from a nationally-representative sample of women aged 15–49 years of age.



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This publication has been funded by the Australian Government through the Department of Foreign Affairs and Trade. The views expressed in this publication are the author's alone and are not necessarily the views of the Australian Government.

Nabilan is generously supported by the Australian Government and implemented by The Asia Foundation. This paper was prepared by The Equality Institute for The Asia Foundation.

¹ The study adapted the World Health Organization's (WHO) Multi-country Study on Women's Health and Domestic Violence against Women to conduct a women's prevalence survey. This methodology is considered to be the gold standard for safely and ethically collecting high-quality data about VAW.

HOW ARE THE STUDIES DIFFERENT?

The *Nabilan* Study was an in-depth survey dedicated to estimating prevalence rates of different forms of VAW, understanding the health and other consequences of violence, factors associated with risk of violence, and women's coping strategies. The TLDHS is a more general survey that examines many demographic and health

topics, of which domestic violence (through a dedicated optional Module) is just one. While both studies collected data on women's experiences of IPV, there are some methodological differences in the approach of the studies as outlined in Table 1.

METHODOLOGICAL DIFFERENCES		POSSIBLE IMPACT ON DATA
2016 TLDHS	2015 NABILAN	
Collected data on IPV among <i>currently or previously married or cohabiting</i> women 15-49.	Collected data on IPV among <i>currently or previously partnered</i> (including dating, not <u>only cohabiting</u>) women 15-49.	A larger proportion of the women in the respective samples would have been asked about IPV in the <i>Nabilan</i> study compared with the TLDHS study. Given that rates of violence were high among the youngest age group, who were more likely to have been dating rather than cohabiting, this could result in higher rates of IPV reported in the <i>Nabilan</i> study.
Violence questions ask about current or most recent partner, followed by questions on any partner before that.	Violence questions ask about any partner first and then breakdown by current, most recent, or previous partners.	Ordering the questions to ask about 'any partner' first (as in the <i>Nabilan</i> study) can result in higher rates of IPV disclosure as compared to asking about current/most research partner, and then any other partners consecutively (as in the TLDHS). This may contribute to higher prevalence in the <i>Nabilan</i> study.
Questions on physical violence included slightly different acts.	Questions on physical violence included slightly different acts.	This could result in slightly different rates of disclosure of physical IPV between the two studies.
Questions on sexual violence only related to physically forced sex.	Questions on sexual violence were more comprehensive than the TLDHS and included coercive sex.	The inclusion of coerced sex is likely to result in higher rates of reported sexual IPV in the <i>Nabilan</i> study. In addition, in the <i>Nabilan</i> study, 'forced sex' was explained further – "for example by threatening you or holding you down" – which may have resonated with more women.
Two days of interviewer training focused on IPV.	Three weeks of interviewer training.	This is likely to result in higher rates of IPV disclosure in the <i>Nabilan</i> study. Evidence suggests that women are more likely to share their experiences of violence with interviewers who have been well-trained specifically on the unique techniques and safety procedures for conducting research on VAW.
Data collected with tablets during face-to-face interviews at the end of the overall Women's questionnaire, however only a sub-set of women were sampled.	Data collected with tablets during the face-to-face interview.	Because the TLDHS included questions on many other issues, women appear to have become fatigued by the time the violence questions were asked. This may have resulted in higher refusal rates and could help account for lower rates of violence being disclosed.

Table 1: Methodological differences and possible impact on data

HOW ARE THE FINDINGS ACROSS THE TWO STUDIES SIMILAR?

There are some consistent and important findings across the TLDHS and *Nabilan* studies. Both studies found that:

- VAW is highly prevalent in Timor-Leste with serious health and other consequences for women and their children.
- There is a relationship between experiences of violence and attitudes that normalize violence – that is, all forms of IPV are more prevalent among people who agree that a man is justified in beating his wife under some circumstances.
- Women who witnessed their father beating their mother as a child were more likely to experience IPV themselves as an adult, highlighting a cycle of abuse.
- There is little difference between the rates of lifetime and current violence, meaning that most women are not able to leave abusive relationships.
- Both studies find that there is a high degree of overlap between women's experiences of physical and sexual violence – that is, most women who have experienced sexual violence by an intimate partner have also experienced physical violence.
- Most women who experience IPV do not seek help from formal services.
- Women in the youngest age group have the highest rates of experiencing physical and/or sexual violence in the past 12 months.

WHY ARE SOME OF THE FINDINGS DIFFERENT?

– DIFFERENCE IN PREVALENCE

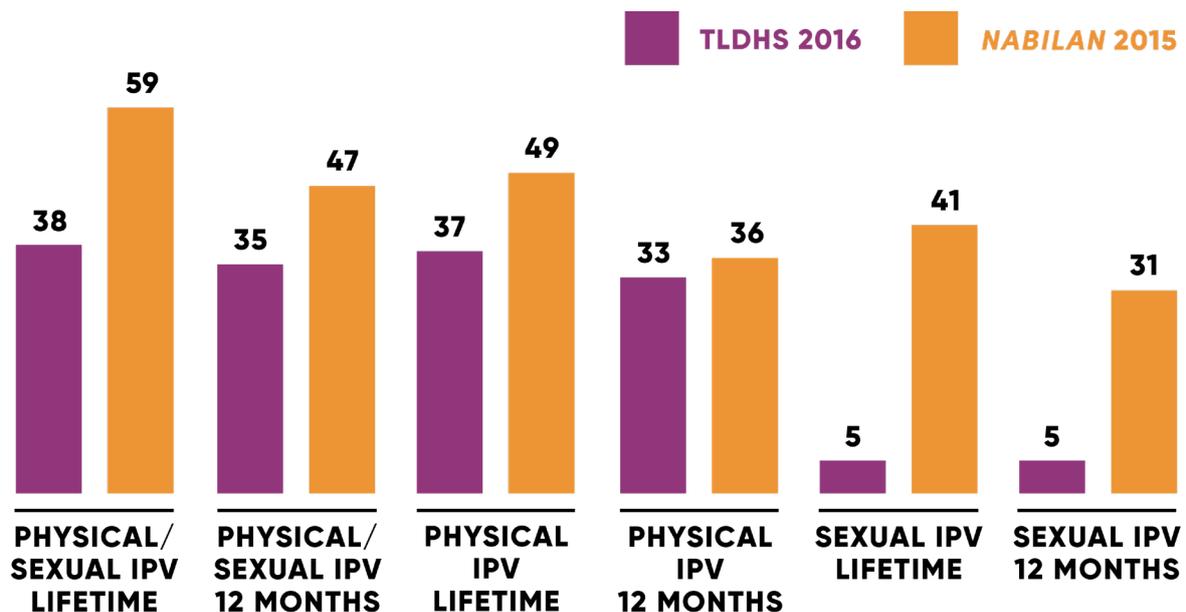


Figure 1: Percentage of ever-partnered women who reported experiencing physical and/or sexual IPV in their lifetime; and in the last 12 months – comparison between TLDHS and *Nabilan* findings

Figure 1 shows that the reported rates of IPV were higher in the *Nabilan* study (using the WHO methodology) compared with the TLDHS. This is particularly true for women's experiences of sexual

IPV. The *Nabilan* study also found that 14% of women reported that they had experienced violence during pregnancy compared with only 2% of women reporting this in the TLDHS.

– DIFFERENCE IN OVERLAPS BETWEEN SEXUAL AND PHYSICAL IPV

The data from the *Nabilan* study, however, found more women had experienced sexual IPV without physical IPV compared with the TLDHS. This is likely because

of the inclusion of coerced (not just physically forced) sex in the definition of sexual IPV in the *Nabilan* study.

See Figure 2.

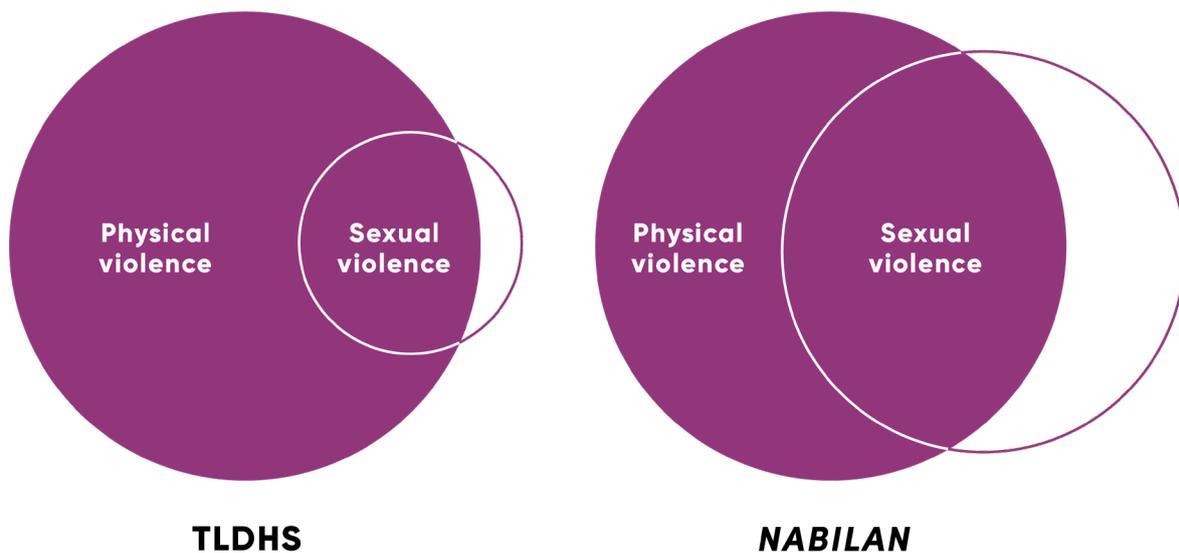


Figure 2: Overlap of physical and sexual intimate partner violence

– WHY DO PREVALENCE DIFFERENCES EXIST?

Finding higher prevalence of IPV with surveys specifically on VAW is a common international pattern. In countries that have conducted surveys using both the WHO methodology and the DHS methodology, higher rates of violence are often reported with the WHO methodology (for examples, see Table 2 on the following page).

This is due to a number of reasons, including the methodological differences outlined in Table 1.

First, the methods of survey data analysis differ between surveys. For example, the TLDHS uses sampling weights. No sampling weights were applied in the *Nabilan* study. There may be an (slight) effect of sampling

and application of sampling weights in TLDHS.

While both studies aimed to adhere to the ethical and safety procedures of the WHO methodology, it is possible that this was more strictly adhered to in the *Nabilan* study. The interviewers in the *Nabilan* study were provided with more intensive training on how to conduct interviews in a confidential manner, how to ask the violence related questions sensitively, and how to respond to distress or to cases of violence if reported. Furthermore, there were some reports that due to the women's questionnaire in the TLDHS being so long, some interviewees could have been fatigued by the time the violence

module was administered. The length of the survey could thus have led to higher refusal rates so that women could get back to their tasks. In addition, a woman's family members and children might have attempted to gain her attention, thus leading to more interruptions and resulting in difficulty in maintaining confidentiality. All of this could have resulted in higher rates of disclosure and reduced under-reporting in the *Nabilan* study as compared with the TLDHS.

The *Nabilan* study captures more acts of sexual violence than the TLDHS, including sexual coercion. This helps to explain the higher rates of sexual violence reported in that study.

The *Nabilan* study asks about women's experiences of violence from all partners in their lifetime. This usually results in a higher lifetime estimate compared with the TLDHS, which focuses on the current partner first.²

	DHS	WHO
Rural Peru (physical violence)	40%	61%
Urban Peru (physical violence)	42%	49%
Tanzania (sexual violence)	20%	31%

Table 2: Comparison of rates of reported violence from DHS and WHO studies

– DIFFERENCES IN RISK AND PROTECTIVE FACTORS

The *Nabilan* study focused solely on VAW. Thus, it included more questions that enabled a comprehensive (multi-variate) analysis of the different factors that are associated with a woman's risk of experiencing IPV (see Figure 4). The TLDHS main report explored relationships between demographic variables and experiences of violence, but only at a bivariate level.

For example, the TLDHS found physical violence to be more prevalent in rural, rather than urban, areas, and among women with lower levels of education and in lower wealth quintiles. The TLDHS

also found that all forms of VAW are more common with higher frequency of husband's drinking or getting drunk. These are valid findings. However, it is important to recognize that VAW is never caused by one single factor. It is driven by multiple factors that intersect at different levels of society. Therefore, the *Nabilan* study conducted a multi-variate risk factor analysis to understand the different drivers of violence, and how they interact with each other. From here we can see that to address IPV we need a variety of solutions that work across sectors in a holistic way.

² Estimates of violence can calculate *lifetime* prevalence (% women ever reported abuse in their lifetime) and *current or past 12 months* prevalence (% women who reported an incident of violence in the past 12 months). The ratio of 12 month to lifetime prevalence indicates whether women are able to or do leave abusive relationships.



Figure 4: Factors associated with women's experiences of intimate partner violence, *Nabilan* study

CONCLUSIONS

Both studies are valid and provide important sources of data to assist policy makers and program managers in developing and testing strategies for improving the health of people in Timor-Leste. The findings complement and reinforce each other. Prevalence rates of IPV are always underestimations given that many factors (such as methodology, training and context) affect a woman's disclosure. This will always be the case. Thus, it is important to understand the main differences and strengths of each study.

The TLDHS provides vital data on many different health issues including IPV. It is a standardized survey, so it is possible

to compare data from Timor with DHS survey results in other countries. Also, the TLDHS is a good tool to monitor trends over time, as long as questions and methods are similar each time it is implemented. However, given the sensitivity and complexity of the issue of VAW, a study that focuses solely on VAW such as the *Nabilan* study is also important. A dedicated study like this elicits higher rates of reported violence, and provides much needed evidence on the consequences and drivers of violence.

Both the *Nabilan* and TLDHS studies conclusively demonstrate that VAW is a serious issue in Timor-Leste that needs to be addressed.