

Behind the Silence

Violence Against Women and their Resilience
Myanmar

Briefing Paper

October 2014



Gender Equality Network

Acknowledgements

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The Gender Equality Network
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Background

Violence against women is a serious and reprehensible human rights violation that directly and indirectly affects the health, livelihoods and opportunities of women in Myanmar. Civil society actors, government authorities and international agencies increasingly recognize the extent and scope of this issue across the country. However, there has been little rigorous research conducted on this topic among women in Myanmar's general population. This qualitative study on violence against women helps to fill the gap on what is known about women's experiences of abuse and violence by their husbands and other men. This **Briefing Paper** provides a **summary** of the research findings from the full report.

In carrying out this study, GEN collaborated closely with the Department of Social Welfare. The research was also approved by the Ethical Review Committee of the Department of Medical Research, Lower Myanmar. There is increasing interest and investment by the Government of the Republic of the Union of Myanmar, as well as national and international actors, to build the evidence base, and to enhance activities to respond to and prevent violence against women across the country. The study was commissioned by GEN, an active inter-agency network, comprising over 100 national and international non-government organisations, civil society organisations, networks and technical resource persons.

How did we conduct the study?

This study uses qualitative methods to better understand women's own accounts of abuse by their husbands and other men. Qualitative data explores the consequences that women face, how they cope with violence, and who they go to for help. The qualitative data is also important to explore the impact of gender inequality – or power imbalances between women and men – on women's experiences and perceptions of abuse.

The benefit of qualitative research is the ability to gather complex and rich information about the 'human' aspect of violence against women by allowing women to tell their own stories. Importantly, it lets us explore more abstract concepts, such as social norms and gender inequality, and how these impact women's lives, families and communities.

The design of the research applied internationally standardized methodologies, including rigorous ethical and safety standards, and international terminology and definitions for violence against women. It is an exploratory and important step to better understanding violence against women in Myanmar. This study is not meant to be representative of all women in Myanmar. Rather, it provides in-depth data on women's stories of abuse and resilience. The data helps to identify ways to end violence and promote women's freedom and equality.

Who was interviewed?

The study interviewed thirty-eight women (age 18 years and older) who had experienced some form of intimate partner violence in Yangon and Mawlamyine. It also included focus-group discussions with women in Yangon and Mawlamyine, as well as in five secondary sites - Magway, Lashio, Loikaw, Labutta and Kale.

The focus-group discussions aimed to place women's individual experiences of violence within the larger social context of Myanmar. Key informant interviews were conducted with stakeholders in Yangon and Mawlamyine to provide background information on response and prevention activities for women experiencing violence in the two primary sites.

For more information on the background and methodology of this study, see Chapters 1 & 2 of the full report.



Women's Experiences of Violence

The women interviewed for this study had experienced many forms of violence throughout their lives, in different places and by a range of men. The types of violence they experienced included emotional, economic, physical and sexual intimate partner violence, and sexual assault and harassment. All women who were interviewed experienced more than one type of violence, demonstrating how violence is not a one-off incident and how different types of violence tend to overlap.

Intimate Partner Violence

Most of the women interviewed for this study reported experiences of intimate partner violence, and husbands (future, current or former) were the primary perpetrators. Most women who told stories of partner violence described more than one incident and more than one type of violence.

Women reported experiences of **economic intimate partner violence**. This included incidents when a husband withheld money from the family, or spent money on other activities, when he knew his family needed the income. Other women reported that husbands would steal money from them, or control women's access to employment, healthcare or other needed services.

Women also told researchers about **emotional intimate partner violence**, such as times when their husbands humiliated them or insulted them in front of other people. Husbands often used verbal abuse in order to undermine a woman's self-esteem and feelings of self-worth, by targeting her reputation or her position within society. Women also reported incidents when husbands would threaten to harm

them or would destroy household possessions as a way to scare them.

Often, emotional or economic abuse is overlooked as a form of partner violence. As one key informant noted, 'When a woman gets badly beaten, her neighbours start to notice and recognize this as domestic violence. But there are also women who are tortured psychologically at home. Yet people are not aware of this kind of abuse.' [Key Informant Interview, Yangon, Psychosocial Counsellor] However, the women's stories suggest that emotional and economic abuse are experienced by women in Myanmar, and have consequences on their mental health, resulting in depression, low sense of self-worth and other harmful consequences.

***He kicked me like a ball
when I was pregnant.***

Interviewee, Mawlamyine,
32 years old

Almost all women had experienced at least one form of **physical intimate partner violence** by a former or current husband, and most reported multiple incidents. All women who experienced physical violence reported incidents of beating, punching, hitting or slapping. Men tended to use fists or hands, but some 'beat me with anything he could find' [In-Depth Interview, Yangon, 37 years old]. Other forms of physical violence included strangling or smothering, pulling hair, or using a weapon or some other object to cause harm. The most deadly forms of physical abuse included excessive and repeated beating or kicking, smothering, strangling or attempted poisoning, with the intent to kill. Women also reported incidents of physical violence during pregnancy. As one woman noted, 'he kicked me like a ball when I was pregnant.' [In-Depth Interview, Mawlamyine, 32 years old]



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Physical violence is often perceived as the most common manifestation of intimate partner violence, likely because it has the most visible consequences. However, all women in this study who experienced an episode of physical violence also experienced one or more other type of partner violence (e.g. emotional, economic or sexual). This is likely related to the woman's relative lack of power, decision-making and autonomy in the relationship, which impacts her levels of safety.

Over half of the women across the study sample experienced **intimate partner sexual violence**, or **marital rape**. All the women who experienced forced sex also experienced other forms of violence, including emotional and physical violence. These overlaps in the types of marital abuse are consistent with other studies across the region. Very few women actively identified their experiences as rape, yet all of them described incidents in which they were forced to have sex against their will, for a variety of reasons. In all cases, men held the power to determine the ultimate outcome of sexual negotiations between the couple.

Marital rape is defined in this study as any forced or coerced sex or the use of force, coercion or psychological intimidation by one person that requires another person to engage in a sex act against her or his will, whether or not the act is completed within a marriage partnership, whether the marriage is formally or informally recognized.

Men's sexual entitlement was a key theme throughout the reports of sexual violence. Sometimes the husband openly stated that having sex with his wife was his right. Women described times when they experienced physical and/or verbal abuse if they refused to have sex with their husbands. Some women reported that they had sex with their husbands because they were afraid of what he might do if she refused (including the threat of abuse, the husband visiting sex workers, or the husband going out to drink). In some cases, husbands refused to wear a condom during sex, despite open knowledge of HIV/Sexually Transmitted Infections, or their wives' verbalized fear of disease transmission because of his known extra-marital affairs. Other women reported that they were forced to engage in specific sex acts. In a few cases, young women were forced to have sex before marriage, and this pre-marital rape was used as the justification for marriage to the perpetrator.

Male sexual entitlement is the belief that men have the right to have sex, or do something sexual, with a woman, regardless of her wishes, just because he is a man.

The composite picture of forced sex within marriage points to these women's overall lack of power to negotiate their sexual wishes and desires within marriage. This data, together with widespread norms around woman's sexual availability to her husband, regardless of her own consent, underscores the need to move this issue onto the agenda of addressing violence against women – as well as women's reproductive and sexual rights – in Myanmar.

Sexual Harassment and Assault

The study also explored women's experiences of sexual harassment and assault outside of the home, by men who were not their husbands. Although the study did not purposefully sample women who experienced this form of violence, almost half of the women experienced one or more forms of non-partner sexual abuse in public spaces. This suggests that the vulnerabilities, which move women into abusive partnerships, may also be related to their experiences of non-partner abuse. It also suggests that public sexual harassment in Myanmar is likely a common experience for women.

The most common form of non-partner sexual violence among the women interviewed was **groping in public spaces**. Particularly in Yangon, sexual touching on crowded city buses was common. 'Men get close to me and ... they touch me with their penises from behind my back.' [In-Depth Interview, Yangon, 30 years old]. The women tended to describe this abuse as a normal part of life. However, they also noted that women overall do not openly discuss their experiences of harassment, 'because they are afraid or ashamed.' [In-Depth Interview, Yangon, 33 years old] This silence appears to stem from social norms around women's sexual purity and honour, and women's fears of the social consequences related to admitting experiences of sexual abuse.

A few women also described experiences of **non-partner rape, attempted rape or sexual assault**. Women tended to know their attackers. These men were neighbours or community members, peers, or extended family members. Women in this study who described experiences of rape or sexual assault often discussed the negative consequences that the incident would have (or had) on their sexual reputation. This meant that women rarely reported or sought help to deal with this sexual trauma. **The data shows how norms around women's sexual honour can lead to social reactions about sexual violence that blame the victims – instead of the men who perpetrated the violence – and women may find themselves in more vulnerable situations.**

For more information on the types of violence against women explored in this study, see Chapter 3 of the full report.



Consequences of Violence Against Women

In Myanmar, there is a proverb that says "If you beat your wife until her bones are broken, she will love you more" [ah yoe kway aung yite mha, ah thae sway aung chit]. The data on the consequences of violence against women shows the extent to which this proverb distorts and hides the reality of violence in women's lives. Women who were interviewed described mental, physical, sexual and social consequences related to their experiences of abuse. Every single woman who experienced violence reported more



than one consequence on her health and happiness, as well as that of her children. This study provides an important counter-argument to widespread beliefs and shows these proverbs minimize the extent of the harmful consequences that arise when men abuse their partners and other women.

Many women described how the violence affected their **mental and psychological health**. Although the mental health consequences of violence are not always visible or obvious, they do seriously affect women's health and well-being. In this study, women described incidents of depression, emotional stress, and in some cases, suicide attempts. This, in turn, affected their ability to work inside and outside of the home, care for children, and actively participate in society.

Alongside physical consequences of violence, almost half the women experienced **medically 'severe' physical consequences**. Women reported experiencing beatings that led to bleeding, broken noses, jaw dislocation, inflammation of eardrums, loss of vision, broken ribs, or injuries that required hospitalization. The respondents who experienced these more "severe" physical consequences tended to also experience more frequent abuse and also tended to experience multiple other forms of abuse, notably marital rape.

The women interviewed for this study reported a number of **sexual and reproductive health problems** that they faced. Some of these consequences, for example severe vaginal trauma, were directly due to sexual violence either by a husband or by another man. None of the women who experienced these types of injuries went for medical assistance.

A few respondents were also infected with sexually transmitted infections or HIV as a result of forced sex within their marriage. No woman reported a time in which she was able to successfully negotiate condom use with her husband. These findings signal the extent to which men's power and control over sexual relationships not only puts women at risk of experiencing partner abuse, but also puts them at risk of contracting HIV or other sexually transmitted infections.

'When he punched me, I bled from this eye. Sometimes, I cannot see and read clearly, especially at night. He punched me again just after I miscarried. It's the same eye. So I sometimes have blurred vision and fears.'

Interviewee, Yangon,
26 years old

Other reproductive health consequences included physical and economic partner abuse during pregnancy, and men's controlling behaviour related to pregnancy decisions. The impact of partner violence on women's sexual and reproductive health shows the limited power that these women in abusive relationships had to make their own decisions about their own bodies.

Women described the consequences of partner violence on their **relationship and family life**. Women described incidents in which children witnessed violence against their mothers, or experienced abuse themselves. Some women experienced **social consequences**, including community stigma and social isolation, which impacted their ability to talk about their experiences and find support. A number of women described feelings of social anxiety or fear of leaving the house. In some cases, women isolated themselves in order to hide visible signs of physical abuse from the community. However, social isolation was also linked to the psychological impact of abuse on self-esteem and feelings of inferiority. 'Once I asked him to buy me a new *htamein* since I am getting older ... he called me a whore. That's why I just stay at home and don't go out much.' [In-Depth Interview, Yangon, 37 years old]

For more information on the consequences of violence against women in the study, see Chapter 4 of the full report.



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Coping Strategies and Help-seeking Behaviour

Although the women interviewed for this study shared traumatic stories of abuse and violence, they also discussed how they dealt with abuse, and tried to minimize its harmful consequences. These strategies point toward women's daily and innate processes of negotiation and lessening the impact of the abuse they face, as best they are able.

Women described a range of strategies that can be classified as **internal coping strategies**, or ways in which they dealt with abuse by themselves. This included listening to religious recordings, praying or having quiet interludes in their day, giving them time to think and relax. However, the most commonly reported internal coping strategy was to 'stay silent', to 'be patient' or to practice 'tolerance.' This often involved internalizing trauma, or keeping their feelings inside, to avoid disclosure or to avoid other people knowing or hearing about the abuse.

The practice of 'doing nothing' was also common among those women who reported experiencing groping or sexual assault in public places. They tended to quietly move to other places on the bus or get off the bus, rather than confront the perpetrator and this coping strategy was closely linked to notions of shame.

Women also used a number of **defensive coping strategies** to deal with incidents of abuse. Almost one-quarter of the women reported that when their husbands physically abused them, they hit him back. The women tended to use physical violence as a defence mechanism and were conscious of their limited physical power for deflecting injury or harm. 'I scratched him and I bit him. But he didn't stop beating me. Instead, he became even more violent and hit

me harder when he was hurt.' [In-Depth Interview, Yangon, 28 years old] Women tended to be more seriously injured than their male attacker.

Women also used active **help-seeking behaviours**, such as talking about their experiences of abuse with friends or family members, or reporting abuse to official authorities.

Over half of the women interviewed reported that they had discussed their problems with friends, relatives or other community members. In many cases, these individuals provided emotional or practical support to the women – from clothing, food and shelter, and protection to being available to talk about the abuse.

A few respondents were able to file cases against their husbands, always with the help of a legal counselling service and often at the advice of family and friends. However, other women were unable or unwilling to seek legal recourse due to prohibitive costs, interference or threats from the husband or other offender, and concern over the amount of time and emotional energy the process would take.

'If I complain (about my husband's abuse), nothing happens. So I just stay quiet.'
Interviewee, Mawlamyine,
54 years old

Very few women visited health clinics for purposes related to abuse. Most treated their injuries at home. Those women who did visit health clinics for their physical injuries often seemed ambivalent about visiting these services, sometimes lying to medical professionals about the cause of injuries. Lack of time and money were key factors that prevented women from seeing a medical professional, although in some cases husbands also prevented wives from visiting the doctor.



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Reporting to formal authorities was more common than visiting a health centre and often occurred with the active participation of a relative, in-law, or close friend. Overall, women tended to report to authorities or police. However, the actions taken by authorities were minimal. Women reported that authorities tended to give advice and take actions that would keep the couple together, likely due to the widespread stigma around divorce. In some cases, authorities refused to offer assistance in domestic disputes. The reluctance of the authorities to take lasting, preventative measures often left women at risk of further abuse. Some women reported that their husbands improved temporarily, but eventually the violence would re-start. Other women reported that their act of reporting to authorities itself resulted in abuse, often linked to making the couples' problems public.

Lack of official support not only reinforced an environment of impunity for perpetrators, but also contributed to lower reporting of incidents of abuse, isolation of victims, and arguably more severe consequences, including mental health consequences, in the long-term. As one respondent noted, 'If I complain [about my husband's abuse], nothing happens. So I just stay quiet.' [In-Depth Interview, Mawlamyine, 54 years old].

For more information on women's reported coping mechanisms, see Chapter 5 of the full report.

Features of Abuse and Pathways into Violence

Although each woman interviewed for this study had a unique story, a number of overarching themes reoccurred across women's life stories and their accounts of abuse and coping.

At the **individual** level, women's stories pointed to three key themes related to their experiences of abuse: men in their lives tended to struggle with challenging life moments and tended to take out their frustration on their wives; men's alcohol use tended to reoccur as a precursor to incidents of abuse; and some women experienced childhood violence that tended to put them into vulnerable situations as adolescents and young adults, exposing them to violence and abuse later in their lives.

At the **relationship** level, four main themes came out of women's narratives of abuse. Many women discussed their husband's extra-marital affairs, and these affairs tended to ignite quarrelling and harmful communication between the couple. Quarrelling tended to be a precursor to incidents of physical abuse, and were often related to times when women challenged men's authorities. Women also described their decisions to get married, or "pathways" into marriage. Often, women got married in order to overcome social and economic vulnerabilities. However, this also meant that they entered into marriage with less power and ability to negotiate their own wishes or avoid abuse. Women also described their husband's involvement in other forms of violence, such as child abuse or community violence.



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At the **community** level, women reported contradictory perceptions and experiences of community responses to intimate partner violence. Many neighbours and friends provided support, although their effectiveness was limited. On the other hand, there were overall expectations that people would not interfere in domestic disputes between husband and wife. Community-level economic stress and financial vulnerability also tended to exacerbate women's experiences of violence in the home. Finally, women described their lack of safety in public spaces and fears of traveling in crowded transport systems. There was often an element of resignation to their stories, suggesting that this is a normal aspect of their mobility.

At the **social** level, the study shows how widespread norms and beliefs impact women's lived individual experiences. Women in this study tended to describe situations of unequal access to resources and opportunities, whether social or economic, which limited their ability to leave relationships. Widespread beliefs of women's inferiority to men tended to affect women's ability to deal with abuse in a practical and active way. Norms around female sexual purity and virginity had great impact on women's lack of sexual and reproductive health and rights knowledge, which impacted their ability to negotiate consensual sex within their marriages.

This study is a step toward ending violence against women in Myanmar. The recommendations that follow are geared toward practitioners and policy advocates to initiate discussions, planning and action for a comprehensive

and multi-sectoral approach to violence response and prevention. Further prevalence research is needed to complement this in-depth qualitative assessment. Improved support and response systems, based on this and future research, can help to minimize the consequences of men's violence against women.

Changing social norms – of individual women and men, through to their communities and the broader Myanmar society – can help to change the environment in which violence against women occurs and is tacitly condoned. These steps and more can create a society in which women and men are equal, and live free from abuse and violence.

For a more complete analysis of the features of women's account of violence, see Chapter 6 of the full report.

Recommendations

One of the key objectives of this violence against women qualitative research study was to develop the knowledge base on women's experiences of abuse, in order to inform evidence-based policies and programmes. Below are a series of initial recommendations for **multi-sector policy and programme activities** based on the study's findings. The evidence base of what works to prevent violence against women continues to grow — in particular, evidence shows that **multi-component interventions** have been shown to **be more effective** than single component activities. The below recommendations are **interconnected** and present **a holistic prevention and response approach** to ending violence against women.



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INSTITUTIONAL & POLICY RESPONSE & PREVENTION

LEGAL SECTOR	
Response	Prevention
Include provisions on marital rape, and other forms of partner abuse, in the upcoming Myanmar national Prevention of Violence Against Women Law, to ensure that all forms of partner violence are included within the legislative framework.	Integrate violence prevention outcomes into national legislation that addresses violence against women, including but not limited to promotion of gender equality and parity, and abolishment of laws that actively discriminate against women.
Establish monitoring and reporting systems on new legislation to ensure that legislation is being effectively implemented and to reduce men's impunity.	Raise awareness of new legislation through comprehensive campaigns targeted toward women and men that clearly articulate the scope and consequences of the new legal framework.
Authorize local legal authorities to enable immediate protection orders with proactive arrest to safeguard women after filing a claim.	Promote gender awareness and sensitivity trainings among justice officials (e.g., lawyers, judges, legal personnel, para-legals), from the national to sub-national levels, to raise awareness of violence against women, including how to maintain confidentiality, privacy and effectively respond to women's claims.
Integrate findings into National Strategic Plan for the Advancement of Women 2013 - 2022 (NSPAW) implementation strategies and operational plans.	Continue to advocate with national and sub-national level stakeholders around addressing violence against women and connect these actors to women's groups and broader civil society activists to foster awareness, commitment and partnership on this issue.
Continue to build networks of legal and paralegal local service providers who can support women to file cases against abusive partners.	Provide further support for and enhancement of nation-wide awareness raising campaigns on women's rights generally.
ECONOMIC SECTOR	
Response	Prevention
Implement policies to address and effectively respond to sexual harassment and violence within the workplace.	Support gender sensitive policies that provide greater economic opportunities to women and men, as well as financial support systems and saving mechanisms to promote long-term financial stability and security.
EDUCATION SECTOR	
Response	Prevention
Develop and implement nation-wide guidelines for teachers and school counsellors to recognize signs of child abuse, and respond to children's experiences of violence sensitively within and outside school, coordinating with local authorities and police.	Implement primary and secondary school-wide curricula on gender awareness, healthy relationships, sexual health and rights, and human rights values.

MEDIA SECTOR	
Response	Prevention
Coordinate with media on ethical and safe reporting of domestic violence trends, as well as on-going efforts to address women's experiences of abuse.	Conduct media training on how to ethically and safely report on violence against women, to ensure the rights of survivors and promote women's rights
HEALTH SECTOR	
Response	Prevention
Fund and implement shelters for abused women.	Develop training curricula for midwives and traditional birth attendants to recognize and sensitively recognize symptoms or risk factors linked to intimate partner violence, such as maternal depression.
Set up reporting systems between sub-national hospitals and clinics, and national level health statistics offices to monitor domestic violence cases across health care settings (note: identifying information of the patient should not be disclosed).	Promote men's engagement in ante- and post-natal care and child-rearing, fostering norms around engaged and supportive fatherhood and care-taking.

COMMUNITY RESPONSE & PREVENTION

EDUCATION SECTOR	
Response	Prevention
Integrate domestic violence referral information into all community-based education programming related to women's rights and empowerment to ensure that women are aware of resource availability.	Implement community-based social norm change activities to raise awareness of violence against women as a social problem, and promote women's equality to men, and women's rights to live free
Conduct training with teachers, parents, community leaders and other stakeholders on sexual violence response and prevention.	from violence. Integrate reproductive and sexual health courses into the education sector, through school-based initiatives on sexual and reproductive health issues, including contraception, first sexual experience, family planning, etc. Enhance community-based activities around women's sexuality and sexual rights.
HEALTH SECTOR	
Response	Prevention
Provide awareness training and sensitization to health care service providers to recognize and address different forms of abuse.	Integrate violence prevention information into on-going and future healthcare campaigns and activities, to spread information on the consequences of partner abuse and other forms of violence against women.

FORMAL AND INFORMAL AUTHORITIES, INCLUDING DEVELOPMENT AGENCIES

Response	Prevention
Conduct trainings with formal and informal community leaders on appropriate and actionable ways to respond to violence and support women who experience abuse.	Work with a wide range of community leaders – elders, ward authorities and other senior officials – to build sensitivity and awareness around gender justice and equality between women and men.
Develop cross-sectoral and collaborative referral pathways and resource sharing for women who experience abuse, including cost-sharing mechanisms.	Conduct gender transformative programme interventions working with boys and men to educate them on gender inequality, engage them in gender justice activism and build support to end violence against women.
Fund and develop comprehensive crisis shelters and safe homes for women who experience abuse, including links with police, health care and legal service providers and psychosocial counsellors.	Conduct trainings to build gender sensitivity among service providers and other response officials.

NEIGHBOURHOOD RESPONSE & PREVENTION

LOCAL COMMUNITY ORGANISATIONS

Response	Prevention
Provide information to informal sources of women's help-seeking behaviours (e.g., family members, neighbours, etc.) on how to safely and effectively respond to violent incidents (e.g., bystander approach).	Group education activities, combined with community outreach, with women and men to enhance awareness around women's (and men's) sexual health and sexual rights, within and outside of the relationship.
Continue to support women's groups that provide safe and non-judgmental spaces for women to discuss and explore female sexuality.	Implement gender transformative programmes targeted at young couples and parents of young children to explore healthy and equitable parenting practices, couple community and address increased risk of violence.

FURTHER RESEARCH

LOCAL COMMUNITY ORGANISATIONS

Response	Prevention
Conduct research with men on their perceptions and perpetration of violence against women. Replicate rigorous and standardized methodologies such as the UN Multi-country Study on Men and Violence, to better understand why men use violence and be better able to prevent abuse from occurring in the first place.	Implement complementary quantitative surveys on women's experiences of abuse. Replicate rigorous and standardized methodologies such as the World Health Organization's Multi-country Study on Women's Health and Domestic Violence, to identify prevalence and factors associated with women's experiences of abuse that are nationally representative.
Develop grant mechanisms to support research into specific topics related to women's experiences of violence, such as violence against minority women (ethnic, disabled, sexual minorities), institutional responses to women's help-seeking behaviours or further research on the impact of gender norms and social expectations on women's experiences of abuse.	Conduct monitoring and evaluation research on existing prevention and response programme interventions, to build the evidence base of what works to prevent and respond to violence against women in Myanmar.



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