

ปัจจัยที่เกี่ยวข้องกับการตกเป็นเหยื่อ ของความรุนแรงทางเพศของผู้หญิงและผู้ชาย ในภูมิภาคเอเชียตะวันออกเฉียงใต้

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บทคัดย่อ

ความรุนแรงทางเพศเป็นหนึ่งในรูปแบบของความรุนแรงที่สัมพันธ์กับเพศภาวะ พบมากที่สุด ในเอเชียตะวันออกเฉียงใต้ อย่างไรก็ตาม ความไม่เท่าเทียมกันในอำนาจระหว่างชายและหญิงในสังคมอาจจะไม่ใช่ปัจจัยเดียวที่อธิบายปัญหาที่เกิดขึ้น เนื่องจากความรุนแรงทางเพศสามารถเกิดขึ้นได้กับผู้ชายที่มีพฤติกรรมทั้งรักร่วมเพศ และมีความสัมพันธ์กับเพศตรงข้าม องค์การอนามัยโลก (World Health Organization) ได้เสนอรูปแบบในการทำความเข้าใจกับปัญหาความรุนแรง ซึ่งปัจจัยที่เพิ่มความเสี่ยงต่อความรุนแรงมีอยู่สี่ระดับ คือ ปัจจัยในระดับสังคม ชุมชน ความสัมพันธ์ และปัจเจกบุคคล จุดมุ่งหมายของการศึกษาในครั้งนี้คือการค้นหาปัจจัยอื่นๆ ที่มีการเชื่อมโยงกับความรุนแรงทางเพศ นอกเหนือจากความไม่เท่าเทียมทางเพศในเอเชียตะวันออกเฉียงใต้ โดยดำเนินการสังเคราะห์บทความภาษาอังกฤษที่ได้รับการตีพิมพ์ในวารสารที่การทบทวนและให้ความคิดเห็นโดยผู้ทรงคุณวุฒิที่เกี่ยวข้องกับการรายงานของการตกเป็นเหยื่อความรุนแรงทางเพศของบุคคลอายุ 15 ปีขึ้นไป ในเอเชียตะวันออกเฉียงใต้ รวมทั้งหมด 21 บทความ ผลการศึกษา พบว่าชีวประวัติ ลักษณะของความสัมพันธ์ที่ใกล้ชิด บริบท (เช่น การตกเป็นเหยื่อของการค้ามนุษย์) และบริบททางสังคมที่เชื่อมโยงกับการตกเป็นเหยื่อความรุนแรงของทั้งผู้หญิงและผู้ชาย ข้อจำกัดหลักของการศึกษาในครั้งนี้ คือการขาดตัวอย่างที่เป็นตัวแทนของประชากร การศึกษาที่ใช้ข้อมูลระยะยาว และการศึกษาเกี่ยวกับความรุนแรง ในแรงงานข้ามชาติ

คำสำคัญ: การรุกรานทางเพศ ปัจจัยเสี่ยง เอเชียตะวันออกเฉียงใต้

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** นักศึกษา วิทยาลัยนานาชาติ มหาวิทยาลัยมหิดล

Factors Associated with Sexual Victimization of Women and Men in Southeast Asia

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Abstract

Sexual violence is also one of the most common forms of gender based violence in Southeast Asia. However, power disparity between men and women in a society might not be the single explanation for the problem, since sexual violence can be perpetrated against men in both homosexual and heterosexual relationships. The World Health Organization suggests an ecological model for understanding violence, in which factors that increase the risk for violence lie on four different levels: societal, community, relationship and individual level. The aim of the present study is to investigate other factors that have been empirically linked to sexual violence, rather than only gender inequality, in Southeast Asia. Therefore, we conducted a literature review of indexed peer-reviewed articles published in English that identify factors associated with self-reported sexual victimization in Southeast Asia among people older than the age of 15. A total of 21 studies were identified and obtained from the databases. The results show that biographical variables, characteristics of the intimate relationship, contextual aspects (e.g., being victim of human trafficking) and societal aspects were linked to victimization in women and men. Main limitations of the studies include lack of representativeness, lack of longitudinal data and lack of studies with migrants.

Keyword: Sexual aggression, risk factors, Southeast Asia

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The prevalence of sexual violence has been considered an “epidemic” global health problem, having an enormous impact on the reproductive health of women, such as, undesired pregnancy, STD, including HIV, and mental health problems (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002). Sexual violence is also one of the most common forms of gender-based violence in Southeast Asia. According to the WHO report, 37.7% of women older than the age of 15 years have reported some form of sexual victimization by an intimate partner and/or non-partner in South and East Asia. This region, following Africa, recorded the second highest rate for sexual violence in the world (WHO, 2013).

Southeast Asia is a very diverse region that consists of eleven countries (Brunei, Cambodia, East Timor, Indonesia, Laos, Malaysia, Myanmar, Philippines, Singapore, Thailand and Vietnam) with different traditions, faiths, and political systems. This is one of the most populated regions in the world. Some of these countries have been experiencing a deep economic and social transformation (e.g., urbanization and migration) and others are still recovering from recent conflict or political unrest (e.g., East-Timor, Cambodia, Indonesia and Philippines) (Bennett, & Manderson, 2013; United Nations Population Funds [UNFPA], 2010). Despite the fast transformation these countries are experiencing, women still face strict gender roles in the region, including the idea of female subservience to men. There is evidence that the use of violence against women is tolerated and justifiable in many places (UNFPA, 2010) and that rape typically goes unpunished (Jewkes, Fulu, Roselli, & Garcia-Moreno, 2013). Because of the level of decentralization in some countries such as Thailand and Indonesia, a great concern today refers to the creation of local laws that pay little attention to women’s rights (UNFPA, 2010). This helps to perpetuate the occurrence of sexual violence against women in the region, including those cases where the aggression takes place in an intimate relationship.

However, power disparity between men and women in a society might not be the single explanation for the problem, since sexual violence can also be perpetrated against men in both homosexual and heterosexual relationships (Coxell & King, 1996). The World Health Organization suggests an ecological model for understanding violence, in which factors that increase the risk for violence lie on four different levels: societal, community, relationship and individual (Krug et al., 2002). Gender inequality represents only one of many factors that may increase risk for sexual violence. Biographical variables (e.g., history of child abuse and risky sexual behavior), characteristics of the intimate relationship (e.g., alcohol and drug abuse by the partner), contextual aspects (e.g., social isolation, poverty and criminogenic environment) and societal aspects (e.g., gender norms, sexualized media, tolerance for violence) may also confer additional risk.

Although there are a considerable number of publications on sexual aggression in Asian countries, there seems to be no systematic review specifically on factors associated with sexual victimization in Southeast Asia. In order to expand the discussion beyond the argument based on gender inequality, the aim of the present study is to investigate other factors that have been empirically linked to sexual violence in countries of Southeast Asia. Therefore, we conducted a literature review of indexed peer-reviewed articles published in English that identify factors associated with self-reported sexual victimization in Southeast Asia among women and men older than the age of 15 years.¹ The focus on self-reports is justified by the fact that data based on police and medical records can be highly underestimated. Despite the limitations of self-reported data, this method remains the preferred approach to provide more reliable rates on the occurrence of the problem.

Method

Databases and keywords search strategy

Four databases were consulted: MEDLINE via PubMed, Scopus, PsycINFO, and Web of Knowledge. The following key words were employed: *sexual aggression OR sexual violence OR sexual coercion OR sexual assault OR rape* in combination with *Southeast Asia OR country by name* (Brunei, Cambodia, East Timor, Indonesia, Laos, Malaysia, Myanmar, Philippines, Singapore, Thailand and Vietnam).

The inclusion criteria were: (1) studies that focus on sexual victimization among women and men, disregarding sexual orientation, older than the age of 14 years²; (2) studies that include any form of sexual victimization (e.g., from forced sexual contact to penetration) committed by any perpetrator (acquaintance, intimate partner or someone unknown by the victim) under any form of coercive act (e.g. verbal pressure, threat, or physical force). Studies were excluded if they address perpetration of sexual aggression (rather than victimization), sexual abuse perpetrated by adults (e.g. parents, relatives and teachers) against children or young adolescents (under the age of 15 years) or if the rates of sexual victimization were presented in combination with physical victimization, making unfeasible the identification of coercive sex individually.

¹ The age of consent varies according to the country in Southeast Asia. Despite this variation in the age of consent, we took as reference the Multi-country Study on Women's Health conducted by WHO, which relied on samples of women aged 15 years or older.

² One exception is the study conducted by Tan and colleagues (2012), which also includes a minority of participants aged below 14 years.

Results

A total of 21 studies were identified and obtained from the databases. The review of the papers showed a great variation of the sexual victimization rates across countries and populations. The lifetime prevalence of sexual victimization ranged from 6.6 to 64.6% among women and from 4.6 to 42.3% among men. The last-year incidence rates varied from 2.2 to 17.1% for women. Details on methodological aspects of those studies (e.g., target population, operationalization of sexual victimization, time window considered, sampling and location) are available elsewhere (working paper).

Factors associated with self-reported victimization in Southeast Asia

Multiple variables were identified to be linked to sexual victimization. Among young women, sexual victimization was related to history of pregnancy, selling sex, marijuana use, multiple sex partners (more than two), living away from family (Manopaiboon et al., 2003) and being out of school (Tangmunkongvorakul, Carmichael, Banwell, Seubsman, & Sleight, 2012). Women aged 15 to 49 years who agreed with statements endorsing traditional patriarchal gender norms such as “a good wife obeys her husband” and “a man should show who the boss is” and who endorsed justifications for male violence were more likely to report sexual victimization than women who disagreed with those statements or justifications (Hayati, Högberg, Hakimi, Ellsberg, & Emmelin, 2011). Being economically independent and being married to a husband younger than 35 years with less than nine years of education were also linked to higher frequency of sexual victimization (Hayati et al., 2011). Among men, drug use, multiple sexual partners (more than one), receiving or giving money or other valuables in exchange for sex (Guadamuz et al., 2011) and history of ulcerative sexually transmitted diseases (Manopaiboon et al., 2003) were significantly associated with sexual victimization. Sexual orientation was also linked to sexual aggression in both men (Manopaiboon et al., 2003) and women (Manopaiboon et al., 2003; Van Griensven et al., 2004). One study showed that self-identified homosexuals and bisexuals were more likely to report sexual victimization (Manopaiboon et al., 2003). Another study found that the lifetime prevalence rates of sexual victimization in both men and women were higher among homo and bisexuals than heterosexuals (Van Griensven et al., 2004). A third study also found that among men who have sex with men, transgendered people presented the highest rates among all respondents (Chemnasiri et al., 2010).

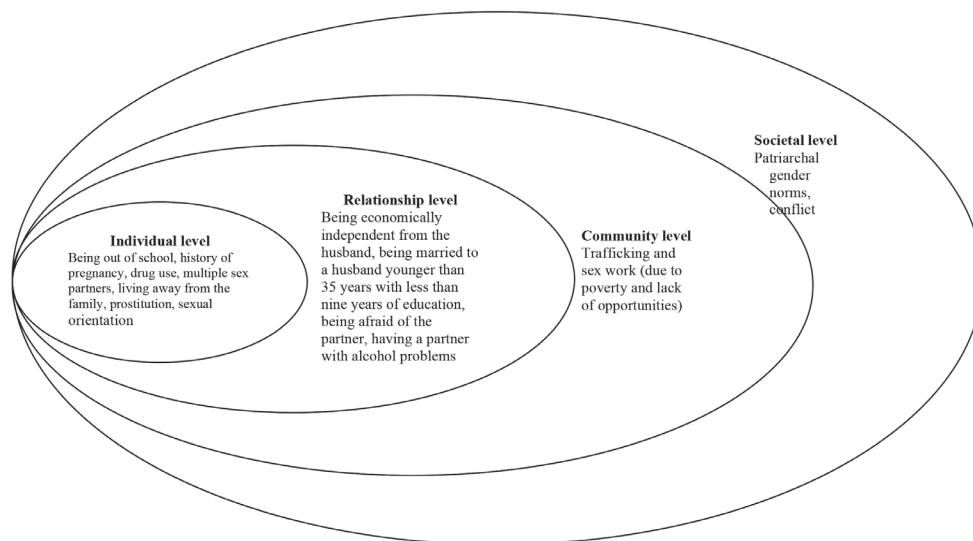
Since human trafficking may increase vulnerability to violence in a general way, sexual victimization was also found to be prevalent among survivors of human trafficking, especially among women, disregarding the reasons why they have been trafficked (fishing industry, commercial sexual, etc.) (Kiss et al., 2015). Another study found that trafficked female sex workers were over

twice as likely to have experienced sexual violence at initiation to sex work compared to non-trafficked female sex workers (Decker, McCauley, Phuengsamran, Janyam, & Silverman, 2011). Sex work itself also seems to increase the odds for sexual violence (Farley et al., 2004; Rushing, Watts, & Rushing, 2005). Farley et al. (2004) showed that, while as high as 38% of Thai prostitutes reported sexual victimization in prostitution, more than a half reported being victimized more than five times.

Periods of conflict or political crisis in East-Timor and Cambodia also increased the chance for sexual victimization. In the post-conflict period, the rape rates usually decrease (Hynes, Ward, Robertson, & Crouse, 2004; Mollica et al., 1993). Displacement may also increase vulnerability to the problem. Displaced women in the East-Timor conflict were almost three times more likely to report sexual violence than women who had not been displaced (Hynes et al., 2004). Reporting an incident to the police or local authorities was also less likely to occur during the crisis (6.9% of women) compared to the post-crisis period (13.3%) (though reporting rates remain very low). For both pre-and post-crisis periods, having smaller household sizes (less than five family members), being afraid of one's partner and having a partner with alcohol problems were associated with a higher likelihood for sexual victimization by an intimate partner in East-Timor.

A summary of the above-mentioned factors organized according to the WHO ecological model can be found in Figure 1.

Figure 1 Factors associated with sexual victimization in Southeast Asia according to the Ecological Model for understanding violence proposed by WHO (Krug et al., 2002)



Concerning the characteristics of the incident of sexual coercion, studies suggest that condoms were not used in the majority of cases (Allen et al., 2003; Guadamuz et al., 2011), the aggression often co-occurred with physical violence (Garcia-Moreno, Jansen, Ellsberg, Heise, & Watts, 2006) and the intimate partner was a common perpetrator against both male and female victims (Ansara & Hindin, 2008; Garcia-Moreno et al., 2006; Hayati et al., 2011; Hynes et al., 2004; Nguyen et al., 2012; Saito, Creedy, Cooke, & Chaboyer, 2012; Serquina-Ramiro, 2005; Tan, Tohid, Su, Tan, & Khairani, 2012; Vung, Ostergren, & Krantz, 2008). Two studies showed that the large majority of female (Allen et al., 2003) and male victims (Guadamuz et al., 2011) reported that their aggressors were (ex-) partners or someone they knew. The study conducted by WHO revealed that women were more at risk of violence by an (ex-) partner than from any other perpetrator (Garcia-Moreno et al., 2006). Regarding health consequences, sexual victimization was found to be significantly related to unintended pregnancy (Nguyen et al., 2012; Tan et al., 2012), history of repeated abortion (Nguyen et al., 2012) and mental health problems in women (Saito et al., 2012).

Limitations of studies on self-reported victimization

One of the main concerns of the studies conducted in Southeast Asia refers to the size and representativeness of the samples. Very few samples consisted of randomly-selected respondents (Ansara & Hindin, 2008; Garcia-Moreno et al., 2006). Most studies were based on convenience samples that, despite including relatively large groups of respondents³, might not be representative of the entire population. In addition, all studies were cross-sectional, providing little insight on causal factors, changes over time and short- and long-term consequences.

Another concern related to studies based on self-reports refers to underreporting. This implies that the rates presented by all studies should be regarded as minimum estimates of the true scope of sexual victimization across these countries. The main reasons for underreporting include the sensitive nature of the subject (Allen et al., 2003; Nguyen et al., 2012), cultural issues (e.g., religion, gender norms, stigma) (Garcia-Moreno et al., 2006; Hynes et al., 2004) and recall bias (Garcia-Moreno et al., 2006; Hayati et al., 2011; Nguyen et al., 2012; Vung et al., 2008). Selection bias might also have occurred, since victims might be unwilling or unable to participate (Ansara & Hindin, 2008). This can happen especially in conflict settings, where relocation and refusal are common (Hynes et al., 2004). In some cases, due to lack of time and because the data collection occurred in remote places (Guadamuz et al., 2011), details of the incident might not have been asked. Underreporting may also be linked to the problem of missing data. However, most studies neither

³ One exception was a study based on a very small sample of 20 participants (Rushing et al., 2005).

mention missing data nor discuss how these might have influenced their results (except for the study conducted by Kiss et al., 2015).

A final limitation refers to the fact that migrants were disregarded by almost all studies (except for the study by Decker et al., 2011). Despite consistent evidence that those groups may be particularly vulnerable to sexual violence, the main barriers to assessing migrants include communication problems (Decker et al., 2011; Hayati et al., 2011) translation, adaptation and validation of instruments used (Hayati et al., 2011; Hynes et al., 2004; Mollica et al., 1993).

Discussion

The present paper reviewed factors associated with self-reported sexual victimization among women and men in Southeast Asia. Despite the increased amount of indexed scientific publications on sexual aggression since 2000, the total number of papers remains limited. Using self-report methods, researchers have identified factors linked to sexual victimization in different settings and populations.

Disregarding the great variation of prevalence rates (details on methodological issues of the studies are discussed elsewhere), the findings show how pervasive the problem is, along with its long-term physical and mental health consequences. The factors that were found to be associated with sexual victimization in Southeast Asia are in accordance with the ecological model proposed by WHO for explaining violence. The results show that individual variables (e.g., drug use, multiple sex partners, sexual orientation, being out of school, history of pregnancy, living away from the family and prostitution), nature of the relationship (e.g., alcohol abuse by the intimate partner, being afraid of the partner, being economically independent from the husband, being married to a husband younger than 35 years with less than nine years of education), community variables (e.g., being victim of trafficking due to poverty and lack of opportunities) and societal factors (e.g., patriarchal gender norms and political conflict) are linked to victimization of women and men. The advantage of this model is its ability to integrate different variables in a comprehensive theoretical framework, in which all variables, instead of being mutually exclusive, are interrelated to each other in a complex multilevel pattern. One important limitation pointed by the authors includes potential underreporting. This is a problem inherent to self-reported surveys, especially those that target delicate subjects such as sexual violence. Ethical procedures applied by researchers during data collection (e.g., assuring data confidentiality and participants' safety, training of the research team and offering psycho-social and medical support for victims) might have minimized the problem, but surely not completely eliminated it. A second limitation includes lack of representativeness, since most studies are based on convenience samples. Because all studies are cross-sectional, it is also

not possible to infer causality and the factors identified should not be treated as predictors. These factors were also identified in very heterogeneous groups (e.g., students, homosexuals, married women, victims of trafficking and refugees) and it is not possible to know if variables associated with sexual victimization in one group might also be applied to other groups. Further limitations include lack of studies on sexual victimization in migrants and lack of information on how the authors dealt with missing data.

Limitations of the present review

The current study was a non-exhaustive literature review that focused on peer-reviewed papers that were written in English and indexed in four important databases. Unfortunately, this method excludes non-indexed manuscripts or studies published in local languages, and this omission might have limited the results of the present review. Despite this, it is important to point out that indexed and peer-reviewed papers guarantee at least a certain level of methodological rigor, providing better quality of the results found.

In addition, due to space limitations, cultural specificities of each country in this review were not taken into consideration. Data on sexual aggression in Southeast Asia is still very fragmented because they are based on a limited amount of studies. The main problem is that, since all studies were cross-sectional and most were based on convenience samples, variables found to be associated with sexual victimization in one sample should not be treated as predictors and may not be generalized to other groups. These factors, however, may serve as guidelines for future population-based studies with a longitudinal design, confirming or ratifying the results found by the present review.

Suggestions for future research and conclusions

For future research, we suggest studies based on a longitudinal design with representative samples, so that changes over time and underlying mechanisms of protective and risk factors can be identified and generalized for the whole population (one example is the study conducted in the US by Grotmeter, Menard, Gianola, and O'Neal, 2008). Due to the great flow of migrants in this region, there is an urgent need to assess sexual victimization in migrant samples and identify variables that link migration to higher vulnerability for sexual victimization.

Despite these limitations, the present review identifies the scope of the problem in the region and summarizes elements, whether they are universal or culture-specific, that were related to an increased chance of sexual victimization. This review helps to identify gaps in the whole body

of research, giving direction for future research. It is important to emphasize that the identification of elements that put women and men at risk for sexual violence does not intend to blame victims for the incident. On the contrary, this represents initial steps for prevention and intervention efforts.

References

- Allen, D. R., Carey, J. W., Manopaiboon, C., Jenkins, R. A., Uthavivoravit, W., Kilmarx, P. H., et al. (2003). Sexual health risks among young Thai women: implications for HIV/STD prevention and contraception. *AIDS and Behavior*, 7(1), 9–21.
- Ansara, D. L., & Hindin, M. J. (2008). Perpetration of intimate partner aggression by men and women in the Philippines: prevalence and associated factors. *Journal of Interpersonal Violence*, 24(9), 1579–90.
- Chemnasiri, T., Netwong, T., Visarutratana, S., Varangrat, A., Li, A., Phanuphak, P., et al. (2010). Inconsistent condom use among young men who have sex with men, male sex workers, and transgenders in Thailand. *AIDS Education & Prevention*, 22(2), 100–109.
- Coxell, A. W., & King, M. B. (1996). Male victims of rape and sexual abuse. *Journal of Sex and Marital Therapy*, 11(3), 297–308.
- Decker, M. R., McCauley, H. L., Phuengsamran, D., Janyam, S., & Silverman, J. G. (2011). Sex trafficking, sexual risk, sexually transmitted infection and reproductive health among female sex workers in Thailand. *Journal of Epidemiology and Community Health*, 65, 334–339.
- Farley, M., Cotton, A., Lynne, J., Zumbek, S., Spiwak, F., Reyes, M. E., et al. (2004). Prostitution and trafficking in nine countries: An update on violence and posttraumatic stress disorder. *Journal of Trauma Practice*, 2(3–4), 33–74.
- García-Moreno, C., Jansen, H. A. F. M., Ellsberg, M., Heise, L., & Watts, C. H. (2006). Prevalence of intimate partner violence: findings from the WHO multi-country study on women's health and domestic violence. *The Lancet*, 368(9543), 1260–1269.
- Grotpeter, J., Menard, S., Gianola, D., & O'Neal, M. (2008). Sexual violence: Longitudinal, multigenerational evidence from the National Youth Survey. *Final Report. US Department of Justice*.
- Guadamuz, T. E., Wimonasate, W., Varangrat, A., Phanuphak, P., Jommaroeng, R., Mock, P. A., et al. (2011). Correlates of forced sex among populations of men who have sex with men in Thailand. *Archives of sexual behavior*, 40(2), 259–266.
- Hayati, E. N., Högberg, U., Hakimi, M., Ellsberg, M. C., & Emmelin, M. (2011). Behind the silence of harmony: risk factors for physical and sexual violence among women in rural Indonesia. *BMC women's health*, 11(1), 1.
- Hynes, M., Ward, J., Robertson, K., & Crouse, C. (2004). A determination of the prevalence of gender based violence among conflict affected populations in East Timor. *Disasters*, 28(3), 294–321.
- Jewkes, R., Fulu, E., Roselli, T., & Garcia-Moreno, C. (2013). Prevalence of and factors associated with non-partner rape perpetration: findings from the UN Multi-country Cross-sectional Study on Men and Violence in Asia and the Pacific. *The Lancet Global Health*, 1(4), e208–e218.
- Kiss, L., Pocock, N. S., Naisanguansri, V., Suos, S., Dickson, B., Thuy, D., et al. (2015). Health of men, women, and children in post-trafficking services in Cambodia, Thailand, and Vietnam: an observational cross-sectional study. *The Lancet Global Health*, 3(3), e154–e161.

- Krug, E. G., Dahlberg, L. L., Mercy, J. A., Zwi, A. B., & Lozano, R. (2002). *The world report on violence and health*. Geneva: World Health Organization.
- Bennett, L. R., & Manderson, L. (2013). *Violence against women in Asian societies: gender inequality and technologies of violence*. London: Routledge.
- Manopaiboon, C., Kilmarx, P. H., Limpakarnjanarat, K., Jenkins, R. A., Chaikummao, S., Supawitkul, S., et al. (2003). Sexual coercion among adolescents in northern Thailand: prevalence and associated factors. *Southeast Asian Journal of Tropical Medicine and Public Health*, 34(2), 447–457.
- Mollica, R. F., Donelan, K., Tor, S., Lavelle, J., Elias, C., Frankel, M., et al. (1993). The effect of trauma and confinement on functional health and mental health status of Cambodians living in Thailand–Cambodia border camps. *Jama*, 270(5), 581–586.
- Nguyen, P. H., Van Nguyen, S., Nguyen, M. Q., Nguyen, N. T., Keithly, S. C., Mai, L. T., et al. (2012). The association and a potential pathway between gender-based violence and induced abortion in Thai Nguyen province, Vietnam. *Global health action*, 5.
- Rushing, R., Watts, C., & Rushing, S. (2005). Living the reality of forced sex work: perspectives from young migrant women sex workers in northern Vietnam. *Journal of Midwifery & Women's Health*, 50(4), e41–e44.
- Saito, A., Creedy, D., Cooke, M., & Chaboyer, W. (2012). Effect of intimate partner violence on postpartum women's health in northeastern Thailand. *Nursing & health sciences*, 14(3), 345–351.
- Serquina–Ramiro, L. (2005). Physical intimacy and sexual coercion among adolescent intimate partners in the Philippines. *Journal of Adolescent Research*, 20(4), 476–496.
- Tan, P. S., Tohid, H., Su, X. V., Tan, K. T. M., & Khairani, O. (2012). A study on pregnant adolescents residing in a government home: common characteristics and their views on the pregnancy. *Malaysian Family Physician*, 7(1), 5.
- Tangmunkongvorakul, A., Carmichael, G., Banwell, C., Seubsman, S.–a., & Sleigh, A. (2012). Coital experience among adolescents in three social–educational groups in urban Chiang Mai, Thailand. *Asian population studies*, 8(1), 39–63.
- United Nations Population Funds [UNFPA]. (2010). *Health sector response to gender-based violence: An assessment of the Asia Pacific region*. Bangkok: UNFPA Asia and Pacific Regional Office.
- Van Griensven, F., Kilmarx, P. H., Jeeyapant, S., Manopaiboon, C., Korattana, S., Jenkins, R. A., et al. (2004). The prevalence of bisexual and homosexual orientation and related health risks among adolescents in northern Thailand. *Archives of Sexual Behavior*, 33(2), 137–147.
- Vung, N. D., Ostergren, P.–O., & Krantz, G. (2008). Intimate partner violence against women in rural Vietnam—different socio–demographic factors are associated with different forms of violence: Need for new intervention guidelines? *BMC Public Health*, 8(1), 1.
- WHO. (2013). Violence against women: a 'global health problem of epidemic proportions'. Retrieved 20th March 2016, from http://www.who.int/mediacentre/news/releases/2013/violence_against_women_20130620/en/