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Physical Violence and Its Associated Factors among Men in the Central and Southern Regions of Lao PDR

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Abstract

Lao PDR faces a significant issue with Gender-Based Violence (GBV), primarily reported by women, while men's perpetration is less documented. This study aims to determine the percentage of males who commit physical violence and their perspectives on these acts, along with the associated risk factors. A quantitative study was conducted with men in Champasak and Vientiane, Lao PDR. The sample included 680 males from heterosexual couples who had been married or cohabiting for at least a year, selected using multi-stage random sampling. The analysis employed both inferential and descriptive statistics, including a binary logistic regression model, to assess variables related to GBV perpetrated by male participants. In the study, 99.4% of male participants reported experiencing physical violence, with 76% indicating it occurred over their lifetime or within the last year. Approximately 20.3% faced sexual violence in the past year, and 69.4% witnessed their mothers being beaten. About 25.4% experienced moderate childhood physical violence, while 69.4% witnessed it, alongside 43.4% experiencing emotional violence and 78.8% experiencing sexual violence. Significant factors for male perpetrators included informal employment status (AOR: 2.8; 95% CI: 1.2 - 6.4); perpetration of being witnesses and perpetration of GBV during childhood (AOR: 7.6; 95% CI: 3 - 19.4); perpetration of physical violence in neighbourhood during childhood before aged 18 years (AOR: 7.3; 95% CI: 2.3 - 22.5); attitudes towards GBV (AOR: 1.9; 95% CI: 1.2 - 3.1), drug used in the last 12 months (AOR: 6.5; 95% CI: 3.7 - 11.3). This study emphasises men's positive attitudes towards GBV

and the prevalence of physical violence they commit. Key factors include socio-demographics, childhood GBV perpetration, and health risk behaviours. Initiatives to address these issues could involve educational campaigns, promoting non-violent role models, bystander intervention resources, and enhancing neighbourhood safety to support those affected by community violence.

Subject Areas

Diabetes & Endocrinology

Keywords

Gender Based Violence, Male Perpetrators, Male Attitudes, Childhood Perpetration of Gender Based Violence, Lao PDR

1. Introduction

Laos' population is about 7 million with a population growth rate of 1.4 per cent [1]. The 2001 Population census listed 39 diverse ethnic/caste groups, each with its distinct languages and culture. The recent Lao Social Indicator Survey (LSIS) study in 2024 found that the literacy rate is 54 per cent overall, with an enormous gender gap (86.5% among men and 82.1% among women) [2]. Lao PDR's progress towards gender equality is reflected in the increase of the Global Gender Gap Index value from 0.713 in 2015 to 0.733 in 2023, placing Lao PDR in the 54th position globally and 3rd in the ASEAN region [3]. A large percentage of the population lives in remote areas, without access to basic infrastructure or services. The economy is agrarian, although most households are not self-sufficient and rely on some non-agricultural sources of revenue. The Poverty headcount ratio at $2.15/day was 7.4%, and the Poverty headcount ratio at $3.65/day was 30% [4]. Human development index development for Lao PDR is ranked 137th out of 189 countries in 2023, the lowest in the South Asia region [1].

Lao PDR has a high level of Gender Based Violence (GBV). The most recent nationally representative study on domestic violence, conducted in 2015, indicated that 15.3% of ever-partnered women, aged 15 - 64, had experienced physical or sexual violence by a current or former male partner. Over one-fourth of ever-partnered women have experienced at least one of the three types of violence (physical, sexual and emotional), with emotional abuse by a male partner being the most predominant [5]. The causes of domestic violence against women are rooted in Lao's social, cultural, economic and political context. In the Contemporary tradition, women's duties are primarily bound by housework, procreation and caregiving for family members. Women are expected to endure difficulties and please their husbands in any circumstances. Domestic violence has been seen as a sensitive and private issue in the Lao PDR; thus, women cannot share their experience with anyone. In the meantime, men have an entitlement to 'teach' their wives in order to protect the honour of the family as well as to show their mascu-

linity [5].

Addressing Gender-Based Violence (GBV) is a priority for the Government of Lao PDR, as indicated in the National Action Plan on Prevention and Elimination of Violence Against Women and Violence Against Children in Lao PDR [6]. There is a growing concern about physical and sexual exploitation and abuse (SEA), sexual harassment (SH) and other forms of GBV, which are prevalent in most countries and are rooted in structural inequalities between women and men, but they are not inevitable and can be prevented with concerted efforts between government counterparts and civil society. Estimates published by WHO indicate that globally about 1 in 3 (30%) of women worldwide have been subjected to either physical and/or sexual intimate partner violence or non-partner sexual violence in their lifetime [7]. Intimate partner and sexual violence is the result of factors occurring at individual, family, community and wider society levels that interact with each other to increase or reduce risk (protective), namely lower levels of education, witnessing family violence, harmful use of alcohol, and sexual risk behaviors.

The objective of this study was to determine the proportion of physical violence perpetrated by men, their attitudes towards physical violence, and factors associated with being male perpetrators of physical violence. The study contributed to determining priority actions and interventions required to strengthen the effectiveness of the intervention in the prevention of GBV by involving men. The study is particularly timely given the evidence that the COVID-19 pandemic has intensified GBV, including domestic violence and Intimate Partner Violence [8].

2. Materials and Methodology: Study Design and Participants

This cross-sectional study design was conducted between December 2022 and November 2023 in two provinces in the central part, such as Vientiane Province, and the southern part, such as Champassak Province. Vientiane Province is composed of 11 districts, and the principal towns in the province are Vang Vieng and Muang Phonhong.

The province has 419,090 residents, of whom 33% live in urban areas, 66% in rural regions with access to a road, and 0.3% in rural areas without it. With 45 persons per square kilometre, Champasack province has the highest population density in the nation outside of Vientiane Capital. The province has ten districts with Pakse as its capital. There are 694,023 people living in the province, of whom 26% live in urban areas, 64% in rural regions with access to a road, and 10% in rural areas without. Though access varies greatly around the province, 42% of Khong District is classified as rural due to a lack of road connectivity [9].

The sample for the quantitative household survey was married or cohabiting males in a heterosexual union, aged 18 - 55 years, having at least 1 child, and living in the community for at least 1 year. The household survey sample was designed to produce representative statistics for the outcome variable. Sample size has been calculated using the two-sided test formula for logistic regression analysis. Based

on men's knowledge of domestic violence being 50% (no data available for men's knowledge of GBV in Lao PDR), the difference expected between the two populations was 5%, power 80%, and significance level of 5%, design effect of 2, and an estimated 20% non-response rate taken into account. In total, this required a minimum sample of 680 survey participants.

The two-sided test formula for logistic regression analysis has been used to determine the sample size based on the proportion of knowledge of GBV being 50%, as data on men's awareness of GBV in Lao PDR is unavailable. With a power of 80%, a significance threshold of 5%, a design effect of 2, an anticipated 20% non-response rate, and the difference between the two populations of 5% was predicted.

Among the eligible men approached for the survey, those who declined participation or were unavailable were excluded, resulting in a final analytical sample of 680 participants.

A multi-stage random sampling scheme, with clusters (enumeration areas) as the primary sampling unit. The samples were designed to be self-weighted. Firstly, simple random sampling was used for choosing one province in each area: central (Vientiane Province, n = 260), southern (Champassak Province, n = 420). Second, the study's districts were chosen at random, and the sample size was determined to be proportionate to each province's and district's respective sizes. Two districts were chosen at random from each province. Feuang and Vanvieng districts were chosen in the province of Vientiane, while Sanasomboun and Bachieng were selected for Champasak province. The number of villages in each district was chosen at random, taking into account the district's size. Lastly, the respondents in each village location were selected using systematic random selection. A list of married male individuals between the ages of 18 and 55 who were parents to at least one kid was compiled. We targeted 20 homes per village for interviews, with a non-response-adjusted number of households. The eligible males in each chosen home were counted, and one guy was then chosen at random to be interviewed.

2.1. Study Tools

A structured interviewer-administered paper questionnaire was developed based on the IMAGES survey tool and Partners for Prevention (P4P), translated into the local Lao language and pre-tested locally. Based on the pretesting results, the questionnaires were revised and finalised. Most of the questions were close-ended and some key variables were included in multiple questions. Specific topics in the questionnaire were: 1) Socio-demographic characteristics such as age, highest education, ethnic group, religion, monthly earning income, employment status, alcohol, and marijuana/Kratom; 2) Childhood perpetration of violence before the age of 18 such as witnessing intimate partner violence (IPV), Sexual Violence Someone touched my buttocks or genitals, sex with someone because I was threatened frightened or forced, perpetration of sexual violence before aged 18, Emotional violence, perpetration of emotional before aged 18, physically punished at

school by a teacher, physical punishment in my home, and Physical violence as a child before aged 18; 3) Childhood perpetration of violence in neighbourhoods such as Physical violence neighbourhoods were there bullying, teasing, and harassment in neighborhoods/schools in which you grew up, Girls were mostly treated with respect at my school, Bullied other kids using physical violence at school, friends used drugs at school, Overall perpetration of physical violence in neighbourhoods/school, Sexual Violence in neighborhoods/schools; 4) Types of violence reported against a wife/partner. For the four different types of violence, if the man committed at least one of the listed abusive acts in a particular category, he was considered to perpetrate that specific form of violence. The questionnaire was asked in the respondent's lifetime and in the 12 months preceding the interview. For each of the lifetime abusive acts, a follow-up question was asked about the frequency with which the violence had happened: once, a few times, or many times. The responses to each item were combined to create a composite index for each type of violence; however, this study focused only on perpetrated physical and sexual violence by male participants.

2.2. Data Collection

CommCare and STRATA v.13 were applied for the data encoding and data analysis. The questionnaire was administered face-to-face by the interviewers. Standard procedures were followed to ensure anonymity and confidentiality. There were a total of 6 interviewers in field teams. Since the survey respondents were men, all the data collectors were male because it has been found that male interviewers are likely to get more accurate information on sensitive issues from male respondents. The interviews were conducted at locations convenient for the respondents, usually in a closed room in their homes. Each interview took 60 - 90 minutes. During the field study, core team members visited the study sites to ensure interview quality and respondents' privacy.

2.3. Data Analysis

CommCare and STRATA 13 were applied for the data encoding and data analysis. The quantitative component binary logistic regression model, followed by multivariable analysis, was performed to identify the associated factors of GBV. The adjusted odds ratio (AOR) with a 95% confidence interval was computed to assess the strength of the association, and variables with a p-value of <0.05 in multivariable analysis were considered statistically significant.

All variables were significant at the bivariate analysis, and the p-value of 0.05 was entered into the multiple logistic regression. Statistically associated variables were adjusted based on the backward elimination technique by multiple logistic regression; all tested variables with p-values greater than 0.05 were excluded from the analysis model one by one, multiple times, starting from the greatest p-value, in order to achieve the final adjusted model of regression (variables with $p < 0.05$). The goodness-of-fit (GOF) was also given for each final

regression model.

A backward elimination procedure based on the likelihood ratio (or Wald statistic, if backward Wald was used) was applied to obtain the final model. Backward elimination was selected because it begins with a full model containing all candidate predictors, thereby allowing potential confounding variables to be considered simultaneously while progressively removing variables that did not contribute significantly to model fit. This approach resulted in a more parsimonious model while retaining variables independently associated with lifetime physical violence. Adjusted odds ratios (AORs) with 95% confidence intervals (CIs) were reported, and statistical significance was defined as $p < 0.05$.

2.4. Ethical Considerations

The study protocol was approved by the Institutional Ethical Committee (IEC) of the University of Health Sciences, No. 491, dated 6/4/2023. Ethical guidelines developed by the WHO on studying sensitive issues were maintained throughout the study and beyond. Participants in the study were fully informed about the nature of the study, the research objectives, and the confidentiality of the data, and gave written consent (a thumbprint for those who could not sign their names) for their participation in the study. Standard procedures were followed to ensure the anonymity and confidentiality of the participants.

3. Results and Discussion

3.1. Socio-Demographic Characteristics of Participants

The candidate predictor variables included age, education level, occupation, monthly income, marital status, alcohol consumption, substance use, childhood exposure to violence, controlling behaviours by a partner, decision-making power within the household, relationship characteristics, and other covariates relevant to the study objectives.

Among the 680 men who were enrolled in the study, the mean age of participants was 40.05, with a minimum age of 19 and a maximum age of 55. More than two-thirds of participants (65.6%) are in the age group 30 - 45 years old. Slightly less than half of the participants (48%) had lower and upper secondary schools. The majority of them are the Lao Tai ethnic group (89.3%). The mean household size was 5.93, with a minimum size of 2 and a maximum size of 13. One-third of them (67.8%) lived with a partner/spouse. The majority of them (80.7%) earned income for their families. The median monthly income was 3,000,000 LAK, with a minimum of 30,000 LAK and a maximum of 40,000,000 LAK. About four-fifths of them (82.4%) were employed, and among these employed male participants, 64% were employed informally (**Table 1**). Regarding their health risk behaviour, 63.8% reported drinking alcohol 2 - 3 times a week, followed by having 5 or more drinks on one occasion monthly (42.5%). A few per cent of participants (9.7% and 7.5%) used marijuana and kratom last year, respectively (**Table 1**).

Table 1. Socio-demographic characteristics and health risk behaviuors of participants.

Variables	Frequency (N = 680)	Percentage (%)
Age		
Mean = 40.05; SD = 8.21; Min = 19; Max = 55		
19 - 29 years	68	10.0
30 - 45 years	446	65.6
46 - 55 years	166	24.4
Highest Educational level		
1. No schooling	14	2.0
2. Primary up to Grade2	89	13.1
3. Primary school complete	206	30.3
4. Lower & Upper Secondary	326	48.0
5. College & Vocational training	45	6.6
Ethnic group		
1. Lao-Tai	607	89.3
2. Hmong	36	5.3
3. Mon-Khmer	35	5.1
4. Other (specific)	2	0.3
Religion		
1. Buddhism	624	91.8
2. Muslim	4	0.6
3. Spiritualist	41	6.0
4. Catholic Protestant	8	1.2
5. Other, specify	3	0.4
The person provides the main source of income in your home		
1. Self	548	80.7
2. Partner	29	4.3
3. Parents	95	14.0
4. Older relatives	7	1.0
Monthly earnings		
Median = 3,000,000, Min = 30,000, Max = 4,000,000		
1. <2,000,000	232	34.1
2. 2,000,000 - 5,000,000	397	58.4
3. 5,000,000 - 10,000,000	41	6.1
4. >10,000,000	10	1.5

Continued

Your employment status (N = 680)		
1. Never worked	3	0.4
2. Unemployed	42	6.2
3. Formally employed	200	29.4
4. Informally employed	435	64.0
5. Retired	0	
How often do you have a drink containing alcohol?		
1. 2 - 4 times a month	120	17.7
2. 2 - 3 times a week	434	63.8
3. 4+ times a week	126	18.5
How many times have you used drugs such as marijuana/Kratom in the last 12 months?		
0. Never	254	32.4
1. Once	58	9.7
2. Twice	188	30.3
3. Three or more times	188	27.7

3.2. Childhood Perpetration of Violence before the Age of 18

Table 2 presents data on respondents' perpetration of violence until the age of 18. Rates of emotional violence were moderate (50% - 58.4%), while rates of physical violence and witnessing of intimate partner violence were 69.4%. Of the respondents, 78.3% of men reported having been slapped or spanked by their parents when they were children. About 44.6% of men, in particular, suffered more severe forms of physical violence. More than two-thirds of men (69.4%) reported witnessing their mother being beaten by her husband or partner. They also suffered from sexual violence, as someone touched their buttocks or genitals or made them touch them on the genitals when they did not want to (58.4%). Regarding emotional violence, they were insulted or humiliated by someone in their family in front of other people (79.7%). For sexual violence, 39.4% of them experienced having sex with someone because I was threatened, frightened or forced.

Overall, 25.4% of participants experienced moderate childhood physical violence, and 69.4% witnessed childhood physical violence; 43.4% and 78.8% experienced emotional and sexual violence, respectively.

3.3. Childhood Perpetration of Violence in Neighbourhoods

Table 3 presents the Childhood perpetration of violence in neighbourhoods. Most male participants experienced physical violence, as 83.1% said they were bullied or teased and harassed; 29.9% were themselves teased and harassed; 78.2% of them teased and harassed others. Regarding sexual violence, 75.9% of them suggested friends, and they would touch girls or say sexual things to them to tease

Table 2. Experience of particular forms of violence before the age of 18.

Variables	Frequency (N = 680)	Percentage (%)
Witnessing intimate partner violence (IPV)		
I saw or heard my mother being beaten by her husband or boyfriend.		
0. Never	208	30.6
1. Sometimes	263	38.7
2. Often	188	27.6
3. Very Often	21	3.1
Sexual Violence		
Someone touched my buttocks or genitals or made me touch them on the genitals when I did not want to.		
0. Never	283	41.6
1. Sometimes	220	32.4
2. Often	109	16.0
3. Very Often	68	10.0
I had sex with someone because I was threatened frightened or forced.		
0. Never	340	50.0
1. Sometimes	190	27.9
2. Often	92	13.6
3. Very Often	58	8.5
Overall Perpetration of Sexual Violence before Aged 18		
1. Low	46	6.8
2. Moderate	536	78.8
3. High	98	14.4
Mean (SD) = 15.6 (2.664)		
Cronbach's alpha = 0.8573		
Emotional Violence		
I was insulted or humiliated by someone in my family in front of other people.		
0. Never	145	21.3
1. Sometimes	158	52.7
2. Often	117	17.2
3. Very Often	60	8.8
One or both of my parents were too drunk or high on drugs to take care of me.		
0. Never	227	33.4
1. Sometimes	299	44.0

Continued

2. Often	115	16.9
3. Very Often	39	5.7
Overall Perpetration of Emotional before Aged 18 (Q5, 6)		
1. Low	244	35.9
2. Moderate	295	43.4
3. High	141	20.7
Mean (SD) = 10.4 (3.485)		
Cronbach's alpha = 0.764		
Physical Violence		
I was spanked or slapped by my parents or adults in the home.		
0. Never	94	13.8
1. Sometimes	359	52.8
2. Often	156	22.9
3. Very Often	71	10.5
I was beaten or physically punished at school by a teacher.		
0. Never	148	21.7
1. Sometimes	340	50.0
2. Often	114	16.8
3. Very Often	78	11.5
I was threatened with physical punishment in my home.		
0. Never	162	23.8
1. Sometimes	322	47.3
2. Often	123	18.1
3. Very Often	73	10.8
Overall Perpetration of Physical Violence as a Child before the Age of 18		
1. Low	404	59.4
2. Moderate	173	25.4
3. High	103	15.2
Mean (SD) = 6.6 (2.263)		
Cronbach's alpha = 0.816		

them, and 44.7% said they and their school friends were a group and would arrange to have sex with girls after school. Overall, 52.9% of male participants experienced moderate physical violence, and 50.7% had experienced sexual violence.

Table 3. Childhood perpetration of Violence in neighbourhoods.

Variables	Frequency (N = 680)	Percentage (%)
Physical Violence neighbourhoods		
Were there bullying teasing, and harassment in neighborhoods/schools in which you grew up?		
1. Yes	236	34.7
2. Partly	329	48.4
3. No	115	16.9
Did you tease and harass others?		
1. Yes	200	29.4
2. Partly	332	48.8
3. No	148	21.8
Girls were mostly treated with respect at my school.		
0. Never	53	7.8
1. Sometimes	368	54.1
2. Often	234	34.4
3. Very Often	25	3.7
At school, I was punished because I bullied other kids using physical violence.		
0. Never	158	23.3
1. Sometimes	330	48.5
2. Often	123	18.1
3. Very Often	69	10.1
My friends and I used drugs at school.		
0. Never	221	32.5
1. Sometimes	265	39.0
2. Often	127	18.7
3. Very Often	67	9.9
Overall Perpetration of physical violence in neighbourhoods/school		
1. Low	152	22.4
2. Moderate	360	52.9
3. High	168	24.7
Mean (SD) = 10.4(3.134)		
Cronbach's alpha = 0.709		
Sexual Violence in neighborhoods/schools		
My friends and I would touch girls or say sexual things to them to tease them.		
0. Never	164	24.1

Continued

1. Sometimes	332	48.8
2. Often	121	17.8
3. Very Often	63	9.3
My school friends and I were a group, and we would arrange to have sex with girls after school.		
0. Never	376	55.3
1. Sometimes	173	25.4
2. Often	86	12.7
3. Very Often	45	6.6
Overall Perpetration of sexual violence in schools (Q7 - 8)		
1. Low	473	69.6
2. Moderate	144	21.2
3. High	63	9.2
Mean (SD) = 3.8 (1.598)		
Cronbach's alpha = 0.720		

3.4. Attitude towards and Knowledge of GBV

Overall, 67.1% of male participants had positive attitudes towards GBV. For example, 72.5% of participants thought it was really and sort of wrong for a man to hit his partner/wife if HE says he is sorry afterwards. Seven in ten male participants (70.1%) suggested they were really and sort of wrong for a man to hit his partner/wife if HE thinks SHE deserves it. 84.4% stated really and sort of wrong for a man to hit his partner/wife if HE is drunk (Table 4).

Table 4. Attitudes towards GBV.

Statements	1-Really Wrong n (%)	2-Sort of wrong n (%)	3-Sort of OK n (%)	4-Perfect OK n (%)
It is OK for a man to hit his partner/wife if HE says he is sorry afterwards?	160 (23.5)	333 (49.0)	141 (20.7)	46 (6.8)
it is OK for a woman to hit her partner/husband if SHE says she is sorry afterwards?	159 (23.7)	300 (44.7)	148 (22.0)	64 (9.6)
Suppose a woman cheats on her partner/husband with another man, do you think it is wrong for HIM to hit HER?	195 (29.0)	297 (44.2)	126 (18.8)	53 (8.0)
Suppose a man cheats on his partner/wife with another woman, do you think it is wrong for HER to hit HIM?	195 (29.0)	280 (41.7)	144 (21.5)	52 (7.8)
Suppose a woman really embarrasses her partner/husband, do you think it is wrong for HIM to hit HER?	218 (32.5)	291 (43.4)	118 (17.6)	44 (6.5)
Suppose a man really embarrasses his partner/wife, do you think it is wrong for HER to hit HIM?	197 (29.3)	294 (43.8)	132 (19.7)	48 (7.2)

Continued

Do you think it is OK for a man to hit his partner/wife if HE thinks SHE deserves it?	183 (27.3)	287 (42.8)	156 (23.2)	45 (6.7)
Do you think it is OK for a woman to hit her partner/husband if SHE thinks HE deserves it?	177 (26.3)	260 (38.7)	174 (26.0)	60 (9.0)
Suppose a woman hits her partner/husband, do you think it is wrong for HIM to hit HER?	226 (33.7)	279 (41.6)	123 (18.3)	43 (6.4)
Do you think it is OK for a man to hit his partner/wife if HE is drunk?	294 (43.8)	232 (34.6)	98 (14.6)	47 (7.0)
Do you think it is OK for a woman to hit her partner/husband if SHE is drunk?	298 (44.4)	235 (35.0)	86 (12.8)	52 (7.8)
Attitudes towards GBV				
1. Positive Attitude	456	67.1		
2. Negative Attitude	224	32.9		
Mean (SD) = 3.4 (1.111)				
Alpha Cronbach = 0.753				

3.5. Types of Violence Reported against a Wife/Partner

The most common form of intimate partner violence (IPV) was physical violence, which almost half the sampled men reported having enacted at some time. The second most common form was physical violence – more than three in four of the male participants (76%) reported being physically violent. Two in five of the men stated that they had enacted sexual violence; economic violence was lowest among Lao men (only around 10%).

The responses to violence against women in the past year showed that more than 40% of men had committed some form of violence in the past year. The most common form of violence in the last year, as is the case with ever use, was physical violence, followed by sexual violence.

Figure 1 outlines the relationships and Violence during the lifetime and last year (Physical violence). About 43.4% had slapped a partner or thrown something at her that could hurt her more than 1 time, followed by pushing or shoving a partner more than 1 time (38.2%); hitting a partner with a fist or with something else that could hurt her more than 1 time (26.2%). Overall, 69.4% of male participants reported physical violence in their lifetime, while 76% reported having physical violence during the last year. About one-fourth of participants (20.3%) had experienced sexual violence during the last year (see Figure 2).

3.6. Factors Associated with Perpetrators of Physical Violence during the Last Year

The primary outcome variable for the multivariable logistic regression analysis was lifetime physical violence. The relationships observed in bivariate analysis were reassessed by using multivariate analysis to identify important determinants, adjusting for the confounding effects of other factors. Variables with p less than 0.05

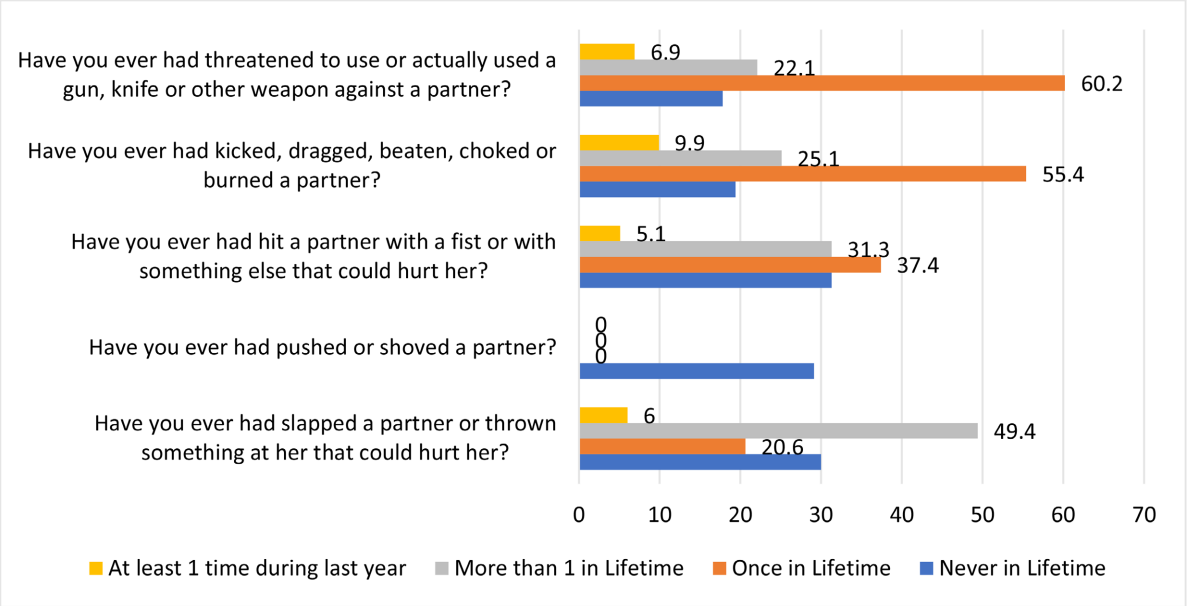

Figure 1. Frequency of each statement of each type of GBV.

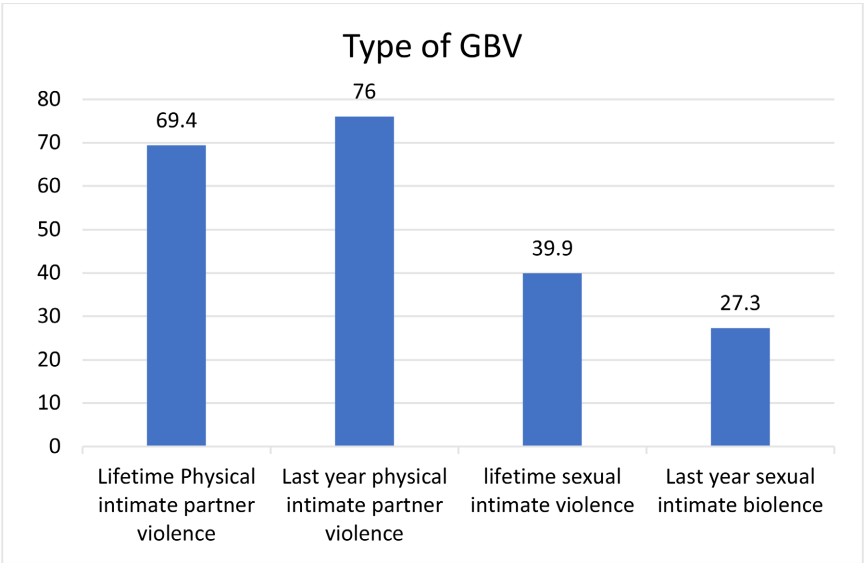

Figure 2. Type of GBV perpetrated by men.

included sociodemographic characteristics (age, education, ethnicity, employment status, income), perpetration of childhood violence, perpetration of physical violence in the neighbourhood, knowledge of GBV, attitude towards GBV, frequency of drinking alcohol, and substance use. The results of the logistic regression where the dependent variable is "perpetration of physical violence (ever)" and the odds ratios corresponding to the associated factors are presented in Table 4 along with their significance levels.

Most of these indicators are significant predictors of men's perpetration of physical violence against their intimate partners, some more strongly than others. Being informal employment status (AOR: 2.8; 95% CI: 1.2 - 6.4); perpetration of

being witnesses and perpetration of GBV during childhood (AOR: 7.6; 95% CI: 3 - 19.4); perpetration of physical violence in the neighbourhood during childhood before aged 18 years (AOR: 7.3; 95% CI: 2.3 - 22.5); attitudes towards GBV (AOR: 1.9; 95% CI: 1.2 - 3.1) and drug used in the last 12 months (AOR: 6.5; 95% CI: 3.7 - 11.3) are significantly associated with Perpetration of Physical Violence by men (See Table 5).

Table 5. Factors associated with Male perpetration of Physical violence during the last year.

Variables	Perpetration of Physical violence during the last year				
	N	%	COR	AOR	95% CI
Employment status					
1. Never worked/Unemployed	24	53.3	1	1	
2. Formal employed	167	83.5	4.4	2.1	0.8 - 5.4
3. Informal employed	326	74.9	2.6	2.8	1.2 - 6.4
Perpetration of being witnesses and perpetration of GBV (2.12 - 2.19)-You combined all GBV and witnesses					
1. Never/Low	179	56.7	1	1	
2. Moderate	148	88.1	5.7	2.9	1.6 - 5.3
3. High	190	96.9	24.2	7.3	2.3 - 22.5
Experience of physical violence in the neighbourhood					
1. Never/Low	86	47.8	1	1	
2. Moderate	280	81.2	4.7	2.1	1.3 - 3.5
3. High	151	97.4	41.2	3.7	0.9 - 15.4
Attitudes towards GBV					
1. Negative Attitude	159	71.0	1	1	
2. Positive Attitude	358	78.5	1.5	1.9	1.2 - 3.1
Frequency used drugs including in the last 12 months					
0. Never	101	45.9	1	1	
1. Once-two time	251	92.3	14.1	5.4	3.0 - 9.9
3. Three or more times	165	87.8	8.5	6.5	3.7 - 11.3
Goodness-of-fit test for			0.185		
AIC			523		

4. Discussion

The prevalence of self-reported physical violence in this study was higher than in previous research, which may reflect true contextual differences but also warrants caution due to potential misclassification and reporting bias. Self-reported data is susceptible to recall and social desirability biases. Participants might have misunderstood certain acts of violence, underreported due to stigma, or overreported

based on their interpretations. Additionally, interviewer-administered questionnaires may have influenced willingness to disclose violent behaviors, as the presence of an interviewer can heighten social desirability bias. While trained interviewers and confidentiality assurances might enhance understanding and disclosure, the findings should be interpreted cautiously. Future studies could benefit from anonymous self-administered or computer-assisted methods to reduce reporting bias and improve accuracy in measuring violence perpetration.

The proportion of physical violence during last year from this study (76%) are much higher with the results from the national survey on gender-based violence conducted with female respondents in 2015, which revealed that 27% of ever-partnered women had experienced at least one form of violence and 27% in the past 12 months [10]. This could be due to different settings and time periods, especially since our study was conducted after COVID-19, which could have COVID-19 impact on the socio-economic development of the households. The other plausible explanation might be due to the over-reporting of physical violence by men compared to the under-reporting of women.

4.1. Attitudes towards GBV

The study revealed that a few male participants (27.5%) agreed that physical abuse, such as hitting, is still acceptable among men in Lao PDR and not necessarily viewed as violent behaviour that needs to be changed. About two-thirds of participants (67.1%) of our study hold a positive attitude towards GBV, while the LSIS 2017 also showed less accepting attitudes toward GBV, with just 29.5% of women and 16.2% of men believing that violence against women who defy gender norms is acceptable. Another study showed that 22.9% agreed that a male should demonstrate his authority, while 29.4% agreed that a lady must have sex with her husband. Screening men for their attitudes towards GBV could be helpful. A systematic review of GBV reported that men who expressed attitudes that favoured violence toward women and male sexual entitlement were more likely to perpetrate GBV [11]. Interventions that fostered belief in gender equality among men reduced violent behaviour [12]. This could be due to different settings, sociocultural contexts, and time periods.

4.2. Factors Associated with Physical Violence by Male Perpetrators

Employment status was positively associated with male perpetrators of physical violence. In other words, when the male individual is employed, it may be linked to a higher likelihood of the male perpetrating physical violence. A study in Vietnam and Nepal found that businessmen and those working in or having a shop are far more likely (2.47 times in Nepal and 1.67 times in Vietnam) to perpetrate violence than those in a profession. The likelihood is also high among manual labourers in Vietnam, who are more than twice as likely (2.1 times) as professionals to use violence against their partners [13]. In contrast, this finding was in con-

trast with previous studies, which found that better job opportunities, increased disposable income, enhanced access to knowledge, more equitable gender attitudes, and greater control over intimate partnerships mediate the association and reduce women's IPV risk [1] [2] [5].

Another important finding was the association between perpetration of childhood violence and being a male perpetrator of physical violence. Childhood violence can have a lasting impact on individuals, affecting their emotional, psychological, and social development. Higher scores reflect rejection of GBV. In addition, the study also revealed there is an association between perpetration of physical violence in the neighbourhood and being perpetrated by men. Exposure to violence in the neighbourhood can have a significant impact on individuals' social and behavioural development. It can shape their perceptions of conflict resolution, influence their attitudes toward violence, and potentially contribute to a higher risk of engaging in aggressive behaviour, particularly among males. There have been findings that men who experienced physical violence and abuse in the community and schools were more likely to commit abuse in their marriage [14] [15]. This suggests that environmental factors such as neighbourhood and school perpetration play a significant role in shaping the behaviour of male individuals, potentially leading to a greater likelihood of perpetrating physical violence. Understanding this association is crucial for developing effective interventions and support systems to address and prevent violence in communities and schools, as well as to provide necessary assistance to individuals who have experienced violence.

The study found that attitude towards GBV was associated with male perpetrators of physical violence. Attitudes towards GBV are by a variety of factors, including cultural norms, socialization, and exposure to violence. These attitudes can influence individuals' beliefs about power and gender roles, and can contribute to a higher risk of perpetrating physical violence, particularly among males.

Substance use was significantly related to perpetrated physical violence by male participants. Substance abuse, including alcohol and drug use, can lower inhibitions, impair judgment, and increase the likelihood of engaging in aggressive or violent behaviour. It also exacerbates existing conflicts and contributes to a higher risk of perpetrating physical violence, particularly in intimate relationships. This finding was in line with previous studies that found an association between substance use and IPV [16].

4.3. Challenges and Limitations of the Study

In Lao PDR, the study was carried out in only two provinces, one in the Central and one in the south, so the data are not representative for the country as a whole. The analysis, however, does indicate some significant patterns and trends with respect to gender-based violence that deserve further policy attention. This current study applied measures to maximise participation, minimise bias, and enhance data quality: Questionnaires were administered in Lao languages; gender-matched interviewers received training on asking sensitive questions and building

rapport; GBV was measured with a validated research instrument; and respondents were asked about a wide range of violent acts, providing respondents with multiple reliable opportunities to recall and disclose GBV experience. The fieldwork coincided with the peak monsoon, so there were several barriers to physically accessing the target populations. This is a cross-sectional study design, so cause and effect could not be determined; however, the study findings provided valuable insight into male perpetrators and factors associated with physical violence by male perpetrators.

5. Conclusion and Recommendation

This study highlights the positive attitude towards GBV among male participants and a high proportion of physical violence perpetrated by men. Factors statistically significantly associated with male perpetrators of physical violence were socio-demographic characteristics, perpetration of being witnesses and perpetration of GBV during childhood, perpetration of GBV in the community and schools, health risk behaviors, and attitudes towards GBV.

Efforts to address attitudes towards GBV may include education and awareness campaigns, promoting positive and non-violent models, and providing resources for bystander intervention and healthy relationship skills. Those exposed to violence during youth should be prioritised for prevention and interventions. It is essential to provide support and resources for individuals who have been affected by GBV. It is important to develop targeted interventions and community-based strategies to address and prevent violent behaviour. Creating safer neighbourhoods, providing support for individuals who have been exposed to community violence, and promoting positive role models and resources for conflict resolution can help mitigate the long-term impact of neighbourhood violence.

Author Contributions

All the authors have participated together in the design of the study.

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Conflicts of Interest

The authors declare no conflicts of interest.

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