



MEASURING THE SHADOW PANDEMIC:

**VIOLENCE AGAINST
WOMEN DURING
COVID-19**

COUNTRY REPORT: PARAGUAY

EXECUTIVE SUMMARY

Violence against women (VAW) is common in Paraguay, with over half of women (51%) reporting that they, or someone they know, has experienced a form of VAW (including physical violence, denial of basic needs, sexual harassment, restrictions or verbal abuse) in their lifetime. COVID-19 has been challenging for women in Paraguay. Since the beginning of the pandemic, the majority of women reported that their household income has decreased, and that they have experienced negative impacts on their mental health as a result of the pandemic. Nearly half said they feel less safe alone in public spaces now compared to before the onset of COVID-19, and a third believed that physical harm, abuse or harassment of women in their community has increased.

Congruently, the downstream impacts of COVID-19 vary in type and severity based on pre-existing factors, including socioeconomic status and vulnerability to other stressors. This research delves into the relationships between measures of VAW and related demographic, behavioural and socioeconomic factors.

This study found that women's baseline feelings of safety in Paraguay, whether it was inside or outside of their households, have eroded with significant negative impacts on their mental and emotional well-being. Among the factors associated with these feelings, external stressors such as food insecurity and family relations stood out as having a significant impact not only on experiences of safety, but also on women's well-being overall.

1. INTRODUCTION

Prior to the COVID-19 pandemic, national prevalence data collected by the Government of Paraguay found that 20% of ever-partnered women aged 15–44 have experienced physical violence and/or sexual violence from an intimate partner at least once in their lifetime,¹ similar to the World Health Organization’s global estimated average of 20%.²

Since the pandemic began, rapid gender assessments conducted by UN Women using administrative data from police, VAW hotlines and other service-providers have suggested that the COVID-19 pandemic has increased risk factors for women and intensified some of the existing forms of VAW.³ Measures implemented to limit the spread of the pandemic, such as lockdowns and curfews, have had an impact on VAW risk factors, especially for women and girls who faced multiple forms of discrimination.

Within this context, UN Women commissioned Ipsos to conduct a rapid gender assessment survey on the impact of COVID-19 on women’s well-being and safety in 13 countries across regions. In adapting the surveying methodology to be feasible in the COVID-19 context, proxy measures on experiences of VAW were used to collect data on sensitive topics to reduce the risk to the respondents, and thus may not be directly comparable to other studies conducted before the pandemic.

Having reliable data that was collected in line with methodological, safety and ethical standards, without putting women at greater distress and risk of violence, was critical to informing where policies and programmes can respond to the UN’s system-wide efforts to scale up actions to address VAW in the context of COVID-19.

This report details the findings from the survey in Paraguay from 17 August to 29 September 2021. The survey was conducted with women aged 18 and older who had access to a mobile phone – a population that was estimated to be 88% of the total population of women aged 18 years and older in Paraguay.⁴

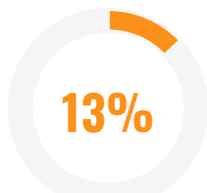
1 [UN Women. N.D. Global database on violence against women, Paraguay.](#)

2 [World Health Organization. Global Database on Violence Against Women.](#)

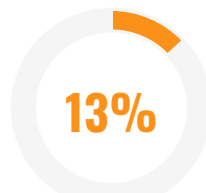
3 [UN Women. 2020. COVID-19 and Ending Violence against Women and Girls.](#)

4 [After Access Report 2018](#)

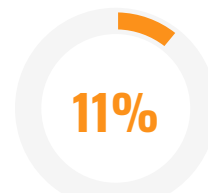
KEY FINDINGS



Verbal Abuse



Denied Basic Needs



Forced Isolation



25%

of women feel unsafe in their homes.



15%

said this has gotten worse as a result of the COVID-19 pandemic.



16%

of women live in households with conflict among adults at least weekly.



16%

said conflict between adults has become more frequent as a result of the COVID-19 pandemic.



42%

of women think that the experience of verbal or physical abuse at the hands of a partner is common for women in their community.



54%

said this has gotten worse as a result of the COVID-19 pandemic.



42%

of women think that physical harm, abuse and harassment are a problem for women in their community.



30%

of women think physical harm, abuse, and harassment has gotten worse since the onset of the COVID-19 pandemic.



62%

of women feel unsafe walking alone at night.



38%

of women feel unsafe walking alone during the day.



41%

of women think that it is common for women to be harassed in public.



2. EXPERIENCES OF VIOLENCE AGAINST WOMEN

2.1. Proxy measures of violence against women in the community

When considering ways of measuring violence against women at the community level, it is important to keep in mind the context of the study. Due to the remote nature of this survey, indirect questions were asked as proxy indicators of VAW, meaning it was not possible to distinguish respondent experiences from those of other women in their community or to know whether this experience occurred within or outside of the household. Therefore, while data from this study should not be interpreted as prevalence data, it nevertheless provides critical information on the impact of COVID-19 on women's perceptions of safety and well-being.

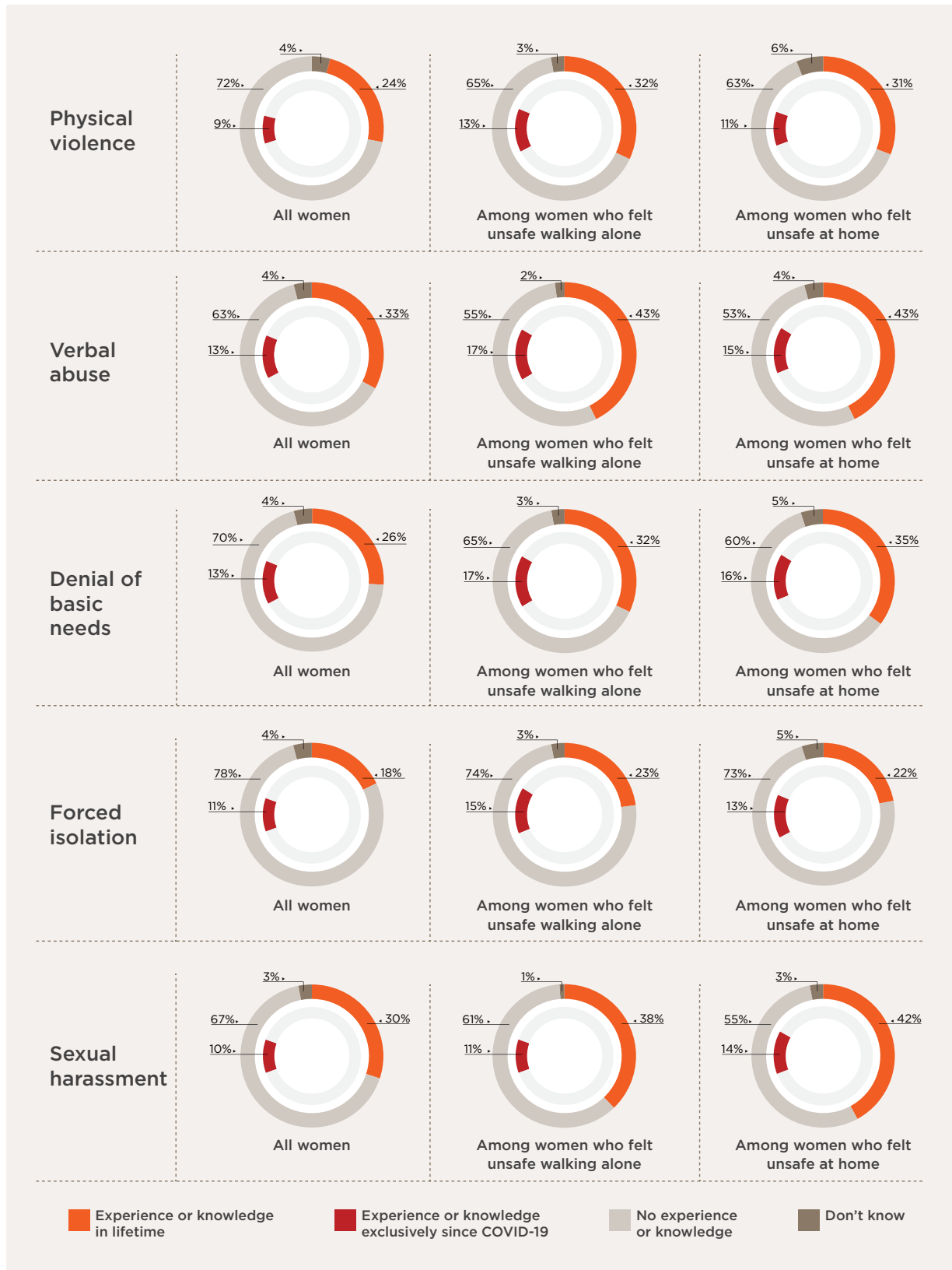
Over half of women (51%) reported that they themselves or a woman they know has ever experienced a form of VAW (such as physical harm, denial of basic needs, sexual harassment, restrictions or verbal abuse) in their lifetime. This included 15% of women who experienced or knew another woman who had experienced VAW exclusively since the onset of the COVID-19 pandemic.⁵

Personal experience of safety was significantly associated with experiencing or knowing a woman who has experienced at least one type of VAW, whether it was over a lifetime or exclusively since the onset of COVID-19. Women who had felt unsafe at home (64%) or in public spaces (59%), were significantly more likely than average (51%) to say that they or another woman they know had experienced at least one type of VAW in their lifetime.

Women who had felt unsafe walking alone, whether it was during the day or at night, were also more likely than those that always felt safe to have experienced or to know another woman who had experienced physical violence, verbal abuse, forced isolation or denial of basic needs exclusively since the onset of the COVID-19 pandemic. Meanwhile, women who had felt unsafe at home were more likely than those who had not to have experienced sexual harassment exclusively since the onset of the COVID-19 pandemic.

5 Cognitive testing of this question revealed that for many women forced isolation and denial of basic needs were influenced by COVID-19-related measures and economic stress. The results from this study suggest that women may bear a disproportionate burden when it comes to COVID-19 effects; however, it is important to keep the overall context in mind when interpreting study results.

FIGURE 1
Experience or knowledge of specific forms of VAW, since COVID-19 and over one's lifetime



In addition to personal experience of safety being associated with VAW, women who said they or someone they know had experienced a form of VAW were more likely to be severely food insecure compared to women who had not, indicating that structural and economic factors could be a significant factor associated with violence against women. There are also significant relationships between experience or knowledge of VAW and age, marital status and urbanicity.

Women aged 18 to 29 were significantly more likely than older women to have experienced VAW themselves in their lifetime or to know a woman who had (59%, compared to 48% of women aged 30 and over). Younger women aged 18 to 29 were those most likely to have either experience or knowledge of sexual harassment, whether it was in their lifetime or exclusively since the onset of COVID-19 (37% over a lifetime compared to 27% of women 30 and older; and 13% exclusively since the onset of COVID-19, compared to 9% of women aged 30 and older). They were also most likely to have experience or knowledge of physical violence, whether it was in their lifetime (29%, compared to 23% of women aged 30 and older) or exclusively since the onset of COVID-19 (13%, compared to 8% of women aged 30 and older). Verbal abuse was also most commonly experienced or known of by women aged 18–29 (39%, compared to 32% of women aged 30 and older).

Those who were single or separated/divorced were more likely than partnered women to report experience or knowledge of VAW in their lifetime (54% of single and 64% of separated/

divorced women, compared to 46% of partnered women). In particular, women who said they were single were more likely to have experience or knowledge of physical violence in their lifetime (28%, compared to 20% of partnered women), as were women who were divorced or separated (34%), though this group was also particularly likely to have experience or knowledge of physical violence exclusively since the onset of the COVID-19 pandemic (16%, compared to 9% among partnered, widowed or single women). Similarly, single (38%) and divorced/separated (45%) women were those most likely to have experience or knowledge of verbal abuse in their lifetime compared to partnered (30%) or widowed (15%) women. Lifetime experience or knowledge of sexual harassment was also particularly common among single women or divorced/separated women (36, compared to 25% of partnered women), and for divorced/separated women this was particularly the case exclusively since the onset of the COVID-19 pandemic (18, compared to 10% on average).

Women living in urban areas were more likely than those in rural areas to have experience or knowledge of VAW in their lifetime (52, compared to 46%). This was particularly acute for VAW experienced exclusively since the onset of COVID-19, where women in urban areas were nearly twice as likely to have experienced any type of VAW (16%) compared to rural areas (9%). This appears to be driven by increased experience or knowledge of forced isolation (11, compared to 8% in rural areas) or sexual harassment (11, compared to 7%) in rural areas exclusively since the onset of the COVID-19 pandemic.

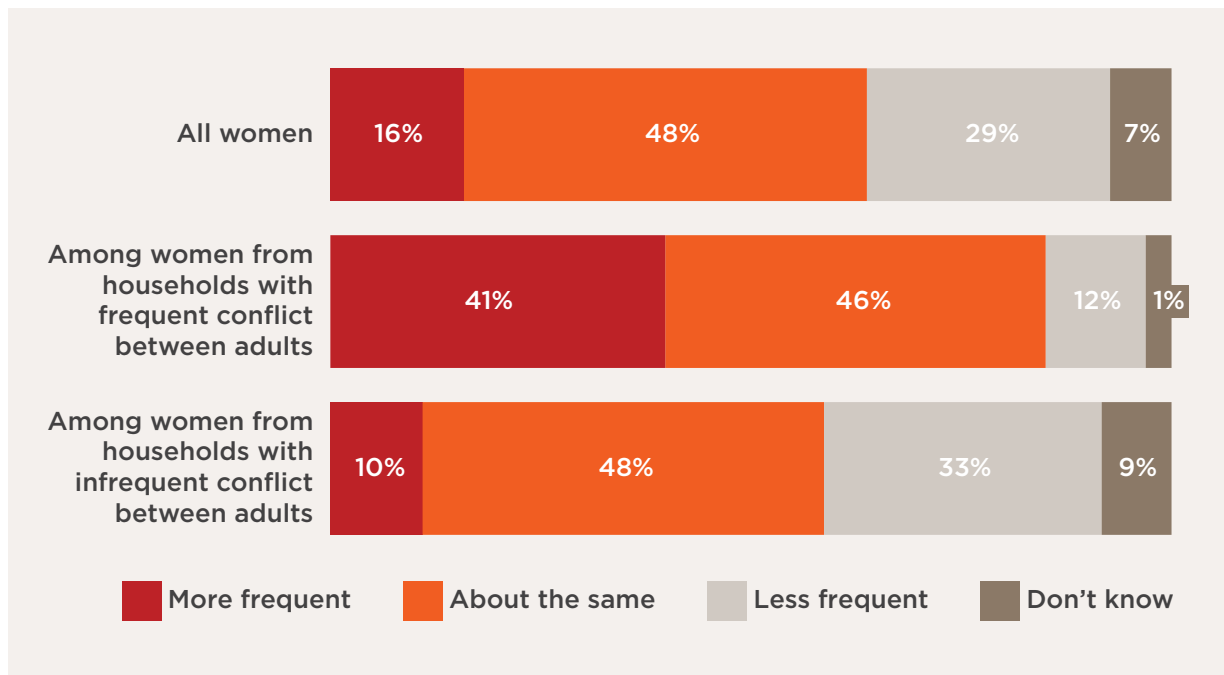
3. FEELINGS OF SAFETY

3.1. Personal safety inside the home

When it comes to safety within the household, 16% of women said that there has been conflict between adults in their household at least weekly over the past six months. About half of women (48%) reported that COVID-19 has not had an impact in the frequency of conflict in their household, though 16% said it has

gotten worse. Women who experienced frequent household conflict were significantly more likely than those who experienced infrequent conflict (41 compared to 11%, respectively) to say that the frequency has increased since the onset of the pandemic, suggesting that already existing household tensions have been exacerbated by the situation of COVID-19.

FIGURE 2
Changes in household conflict as a result of COVID-19

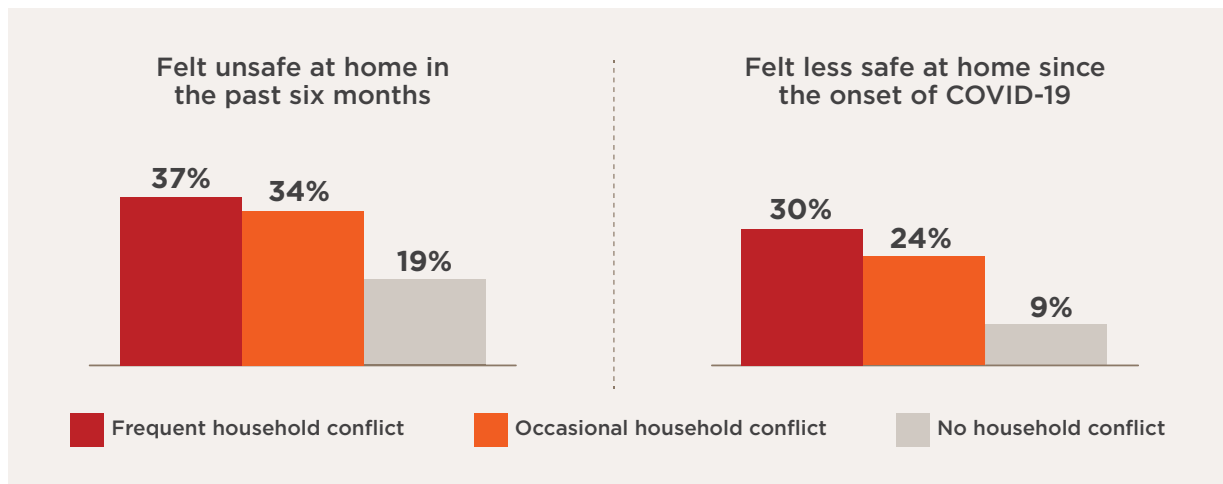


One quarter of women (25%) said they have felt unsafe in their household in the last six months, and 15% of women said that the COVID-19 pandemic has made this worse. However, women who experienced household

conflict were far more likely than those who did not to say COVID-19 negatively impacted their safety at home, suggesting that women already feeling unsafe at home were further negatively impacted by the pandemic.

FIGURE 3

Women's safety in the household, by frequency of household conflict



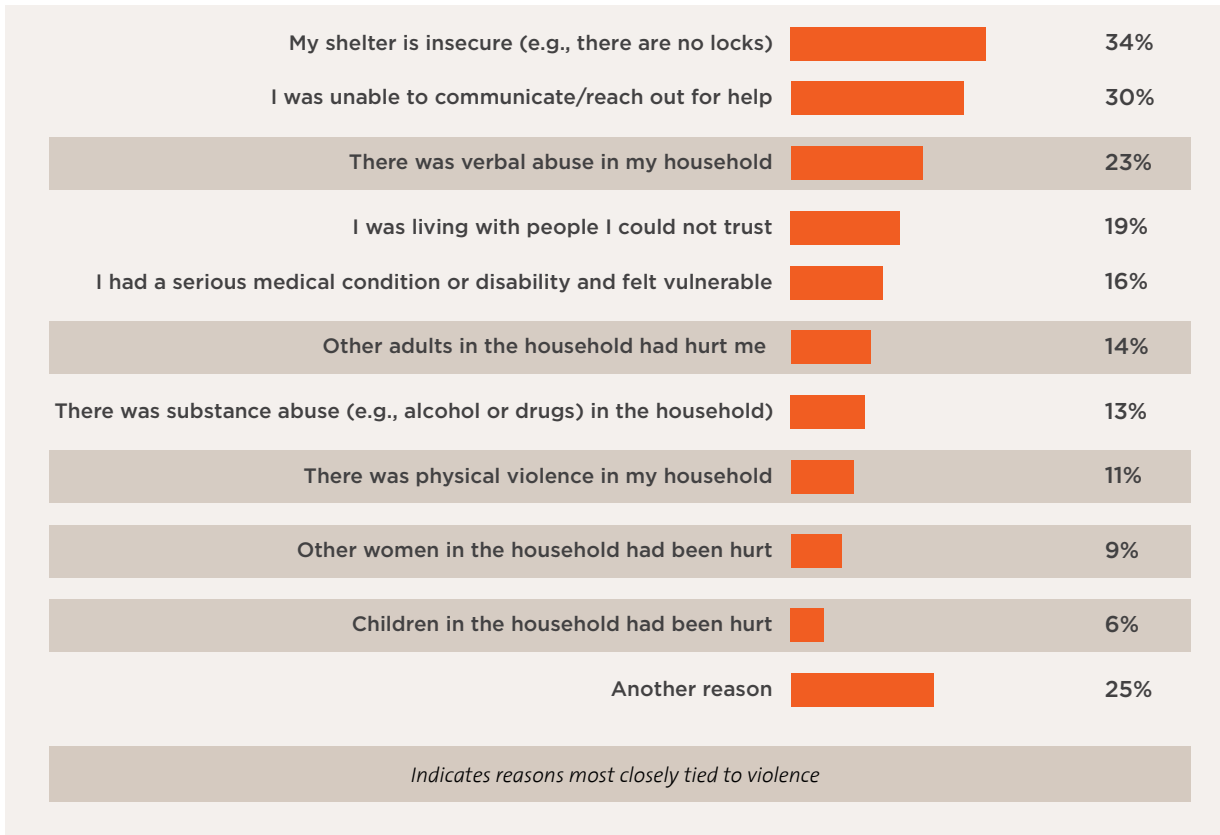
Women who said that they or another woman they know had experience at least one type of VAW in their lifetime were nearly twice as likely to report frequent household conflict (at least once a week) compared to those that did not (21, compared to 11%), and were also more likely to say conflict has become more frequent since the onset of COVID-19 (21, compared to 10%), and report feeling unsafe in their homes in the past six months (32, compared to 11%). This further supports the evidence-based theory that women include their own experiences when they are asked about those of others. In addition, women who were employed were more likely to say they had felt unsafe in their homes in the past six months (29, compared to 24% of fulltime caretakers), as were those that said they were living with a disability (38, compared to 22% of women who do not live with a disability).

Women who reported an increase in household income were not only significantly more likely to have felt unsafe at home (45, compared to 24% of those that did not experience an increase in income in the past year), but also twice as likely to say their feelings of safety at home have gotten worse since the onset of the COVID-19 pandemic (29, compared to 14%). Women who felt unsafe at home were also 2 to 3 times more likely to be food insecure, whether it was moderately or severe, suggesting linkages between socioeconomics and safety.

When asked why they have felt unsafe in their homes, women cited their home being insecure from external threats (i.e. no locks on the door), being unable to communicate or reach out for help, and verbal abuse as the three most common causes.

FIGURE 4

Reasons for women feeling unsafe in their homes (among the 25% who reported feeling unsafe)

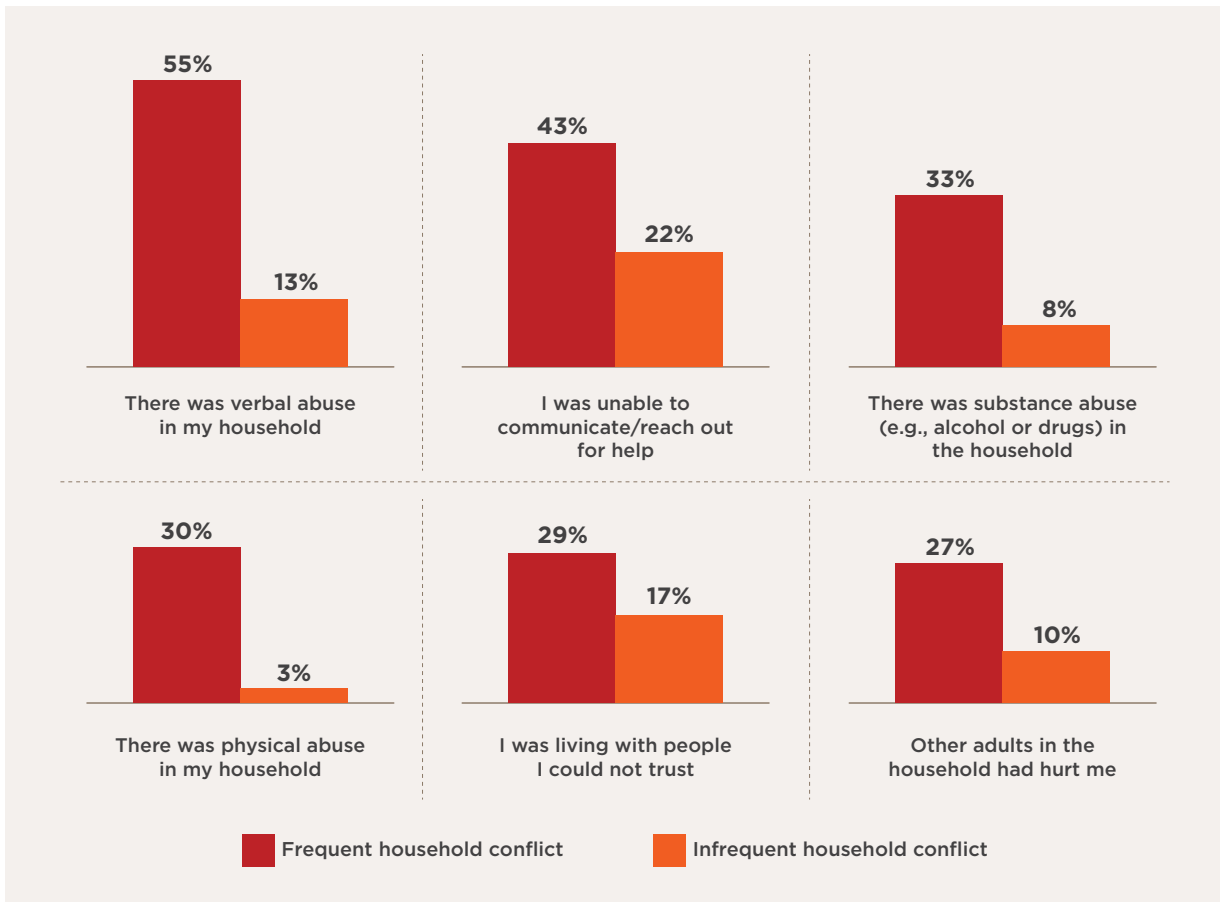


Women who experienced frequent conflict at home were much more likely than women who experienced infrequent conflict to report feeling unsafe due to verbal abuse, being un-

able to communicate or reach out for help, substance abuse, physical violence, living with people they can't trust, and having been hurt by other adults in the household.

FIGURE 5

Top reasons for women feeling unsafe in their homes, by frequency of household conflict



3.2. Personal safety in public spaces

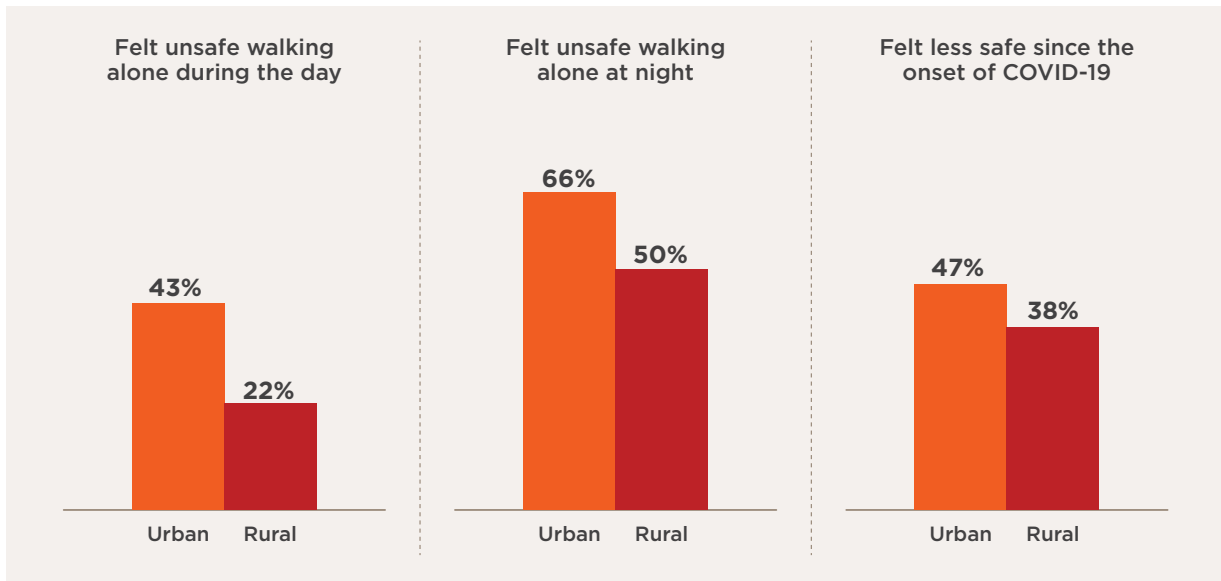
When out in their communities, the majority of women said they feel safe walking alone around the areas where they live during the day (61%), but this drops to just one third of women (34%) when asked the same question about walking alone at night. Nearly half of women (45%) stated they feel less safe walking alone at night since the onset of COVID-19.

Women across all age groups reported feeling less safe walking alone at night than they did during the day, and less safe walking alone at

night now compared to before the COVID-19 pandemic. In particular, young women (aged 18-29) were most likely to report feeling unsafe while walking alone at the night (67, compared to 62% on average). Experiences of safety also differed across urban and rural areas, as women residing in urban communities felt significantly less safe than those in rural communities walking alone during the day and at night, as well as feeling less safe since the onset of COVID-19.

FIGURE 6

Perceptions of safety while out in public, by location (urban and rural)



Women’s role and employment status were also associated with their feelings of safety. Women who said that they were employed were the most likely to feel unsafe walking alone, whether it was during the day (45%) or at night (66%), particularly when compared with fulltime care takers, who were the least likely to feel unsafe, again whether it was during the day (31%) or at night (58%). This could reflect differing experiences and time spent in public spaces as employed women were more than twice as likely as fulltime caretakers to have left the house alone on a daily basis in the past month (55%, compared to 20%). More than half of fulltime caretakers (57%) left the house alone once a week or less.

When asked specifically about the impact of COVID-19 on their feelings of safety when out alone at night, women who experienced a decrease in household income were most likely to report that they have felt less safe since COVID-19 (47, compared to 29% of those whose income did not decrease), while those whose household income increased were nearly twice as likely to say they feel more safe since the onset of COVID-19 (25, compared to 9% of those whose income did not increase), suggesting that socioeconomic status could have a strong association with safety for women in Paraguay.

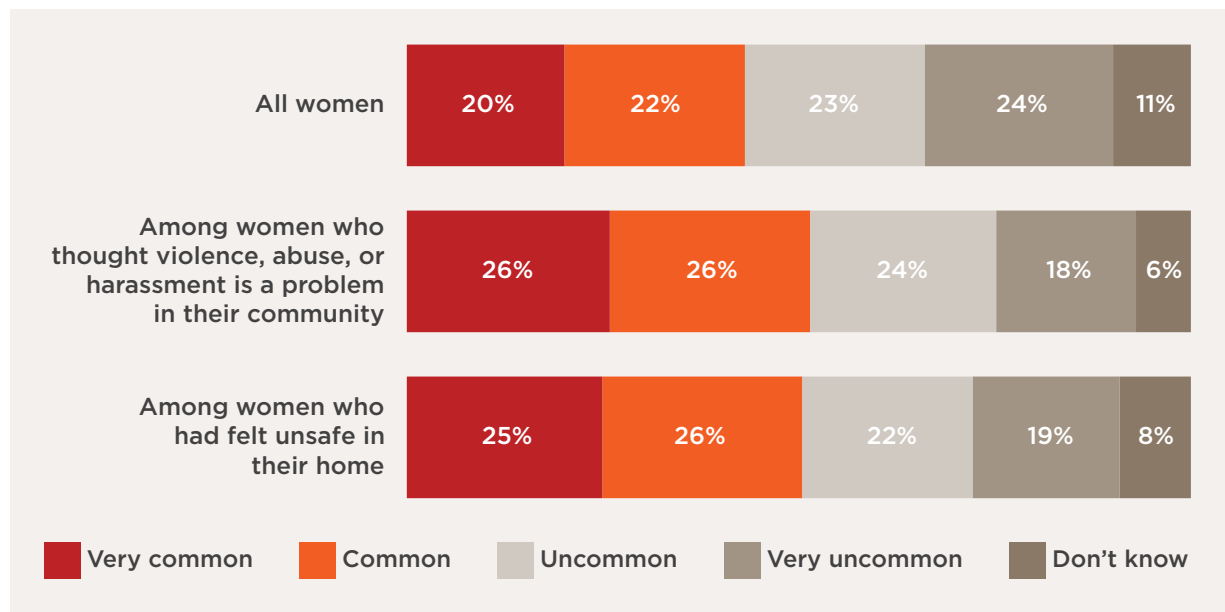
4. PERCEPTIONS OF VIOLENCE AGAINST WOMEN

4.1. Women’s perceived safety inside the home

When considering the broader community, 42% of women said they think that the experience of verbal or physical abuse at the hands of

a partner is common for women. Out of women who perceived violence, abuse or harassment to be a problem in their community, this number increases to 52%. Over half of women (54%) thought partner abuse has gotten worse since the start of the pandemic.

FIGURE 7
Perceptions of partner abuse, by perceptions of safety

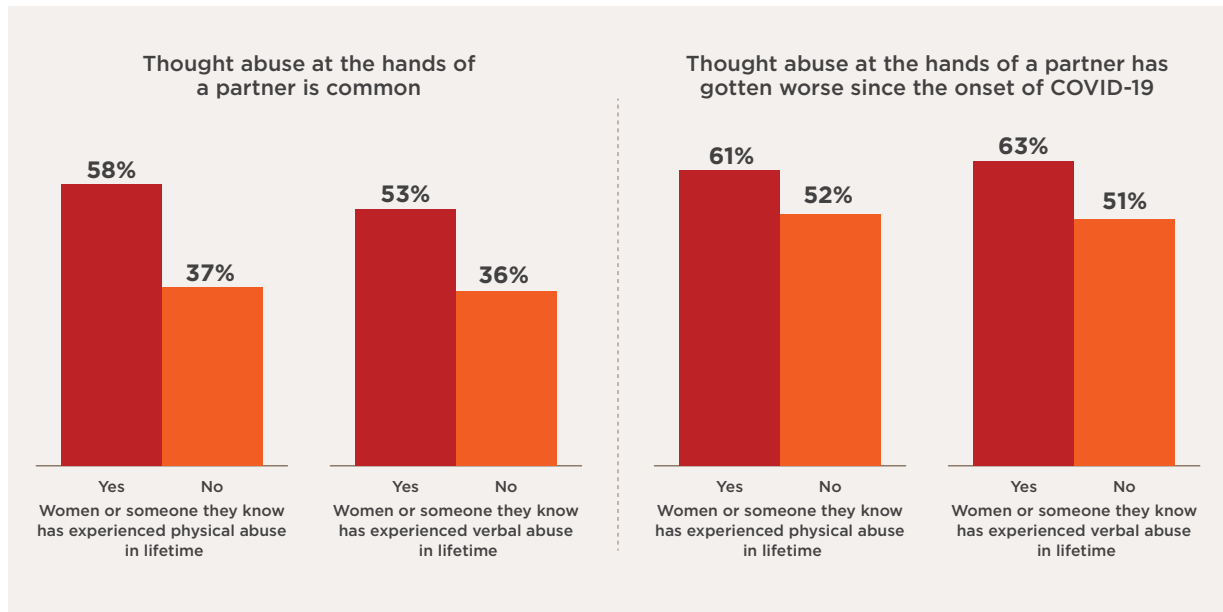


Single women were more likely than women living with a partner to believe that partner abuse was common for women in their communities (46, compared to 40%), as were women who were either employed (47%) or a student (53%) compared to those who were unemployed (35%) or full-time caregivers (39%). Women who said that they or another woman

they know had experienced at least one type of VAW in their lifetime and exclusively since the onset of COVID-19, but particularly physical violence or verbal abuse, were also more likely to say partner abuse was common and that it had gotten worse since the onset of COVID-19.

FIGURE 8

Perceptions of partner violence, by experience or knowledge of VAW in lifetime



Similar to the 76% of women who believed that women experiencing of violence outside the home would seek help, 71% said they believe that women would seek out help if they experienced verbal or physical abuse at the hands of a partner. Women who lived in rural communities were significantly more likely than women in urban communities to expect that a woman experiencing partner abuse would seek help (78, compared to 69%), as were women who were full-time caregivers compared to those who were employed or unemployed women (79, compared to 64 and 61%, respectively), and those who lived with children (73, compared to 66% of those who did not). Additionally, women who had knowledge or experience of any type of VAW in their lifetime were less likely to expect that women experiencing partner abuse to seek help (67, compared to 73% of women who did not).

Women expected that someone experiencing this would seek help primarily from the family (37%), while 23% expected women to seek help first from police and 21% primarily from wom-

en's shelters, centres or NGOs. Young women aged 18–29 were those most likely to seek support primarily from police (31, compared to 21% among all other age groups), while women aged 60 and older were those most likely to go first to religious (14, compared to 2% among all other age groups) or community leaders (3, compared to less than 1% among all other age groups). Women living with children were less likely to seek help first from family (34, compared to 44% of women living without children) and more likely to primarily seek help from women's shelters, centres or NGOs (24, compared to 16%).

Generally, about half of women in Paraguay said that services to support women were available to their community, with 51% saying women had access to basic needs, 46% to medical support, 43% to mental health support, but only 20% citing available access to financial support. Women with higher education levels were more likely to say that services for women were available, and those who had felt unsafe in their own homes were less likely.

4.2. Perceptions of violence against women in the community

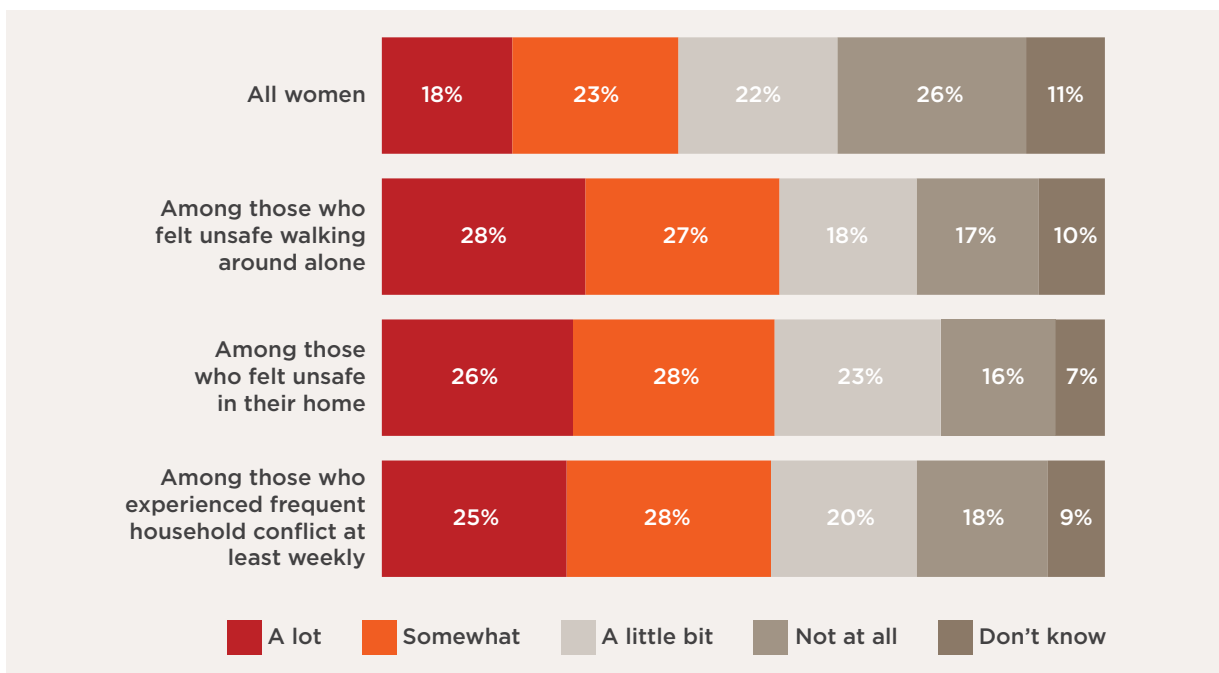
When asked about physical harm, abuse, and harassment in their community, 41% of women said they believe it is at least somewhat of a problem, and an additional 22% said it is a little bit of a problem.

Physical harm, abuse, and harassment in the community was significantly more likely to be perceived as at least somewhat of a problem by women who were residing in urban locations (42%), compared to women in rural communities, who mostly perceived it as only “a little bit” or “not at all” of a problem (56%). Women who participated in income generating activities, as well as those that said they were single were the most likely groups overall to consider violence, abuse, or harassment of women to be a problem at all in their community (66 and 67%,

respectively), as were women who experienced a decrease in income in the past year (74%), suggesting linkages between the COVID-19’s impacts on socioeconomics and VAW.

Women were more likely to perceive violence, abuse, and harassment of women as a problem in their community if they themselves had experienced safety issues. Women who said that they or another woman they know had experienced any type of VAW in their lifetime were more likely to consider violence, abuse or the harassment of women to be a problem in their community (70, compared to 57% among women who did not), as were women who felt unsafe walking alone, unsafe at home, or that experienced frequent conflict in their households. These findings may offer evidence that women include their own personal experiences when reporting on how common VAW is in the community.

FIGURE 9
Extent to which physical harm, abuse or harassment is a problem in the community



Nearly one third of women (30%) said physical harm, abuse, and harassment of women has increased in their community since the start of the COVID-19 pandemic. Women who thought

VAW is a problem in their community were three times more likely to believe VAW had increased since the onset of COVID-19 (39 compared to 13% among those that did not think

VAW was a problem in their community), as were women who felt unsafe walking alone whether it was during the day or at night (41 compared to 17%, of those who always felt safe), and women who felt safe in their homes (37 compared to 27% of those that did not). Women who said that they or another woman they know had experienced at least one type of VAW in their lifetime were also more likely to report an increase (35, compared to 25%).

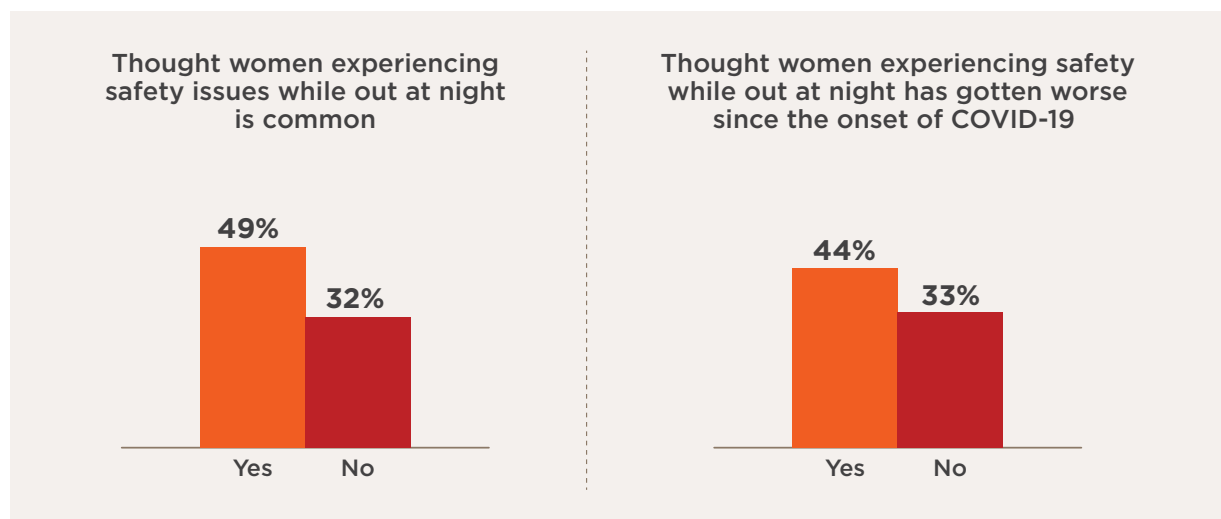
4.3. Women’s perceived safety in public spaces

4 in 10 women (41%) said they believe it is common for women to experience harassment and safety issues in public spaces at night,

significantly lower than the 62% of women who said that they have felt unsafe in public spaces at night themselves.

Women who had personally felt unsafe when alone in public spaces were more likely to believe it is common for women to experience harassment and safety issues (54%) than women who felt safe (29%). Women who have either experienced or know of a woman who has experienced VAW are more likely to think that women experiencing safety issues at night is common, and that these issues have gotten worse since the onset of COVID-19 than women who have not experienced or know someone who has experienced VAW.

FIGURE 10
Percentage of women who felt unsafe, by experience or knowledge of VAW in lifetime



Three quarters of women (76%) expected that women experiencing harassment or abuse in public spaces would seek help. Women expected that someone experiencing this would seek help primarily from the police (39%), lower than the 63% of women who said that legal support, help in reporting incidents, or dealing with police was available to women in their community. The second most common primary source of support was family (29%). Women who lived in urban areas were more likely than women in rural communities to believe women would primarily utilize women’s centers

(6 compared to 2%, respectively) or a helpline (3 compared to 1%, respectively), and said women’s groups/NGOs/CSOs at a lower rate than women in rural communities (5 compared to 8%, respectively). This may be the result of a difference in accessibility of resources and the availability of information between urban and rural communities.

Despite the increased sense of anxiety and fear outside of the household, women were still engaging in public. Nearly three-quarters of women (73%) said that they left their

house by themselves at least once a week, with over one third (38%) leaving their house alone. However, over 1 in 10 women (11%) reported that they never left the house alone in the past month. Additionally, over one third of women (36%) reported that the COVID-19 pandemic has limited their interactions with

friends and social groups. Women who experienced or know someone who experienced verbal abuse were more likely to report that the pandemic had limited their social interactions than those who did not (40 compared to 34%, respectively).

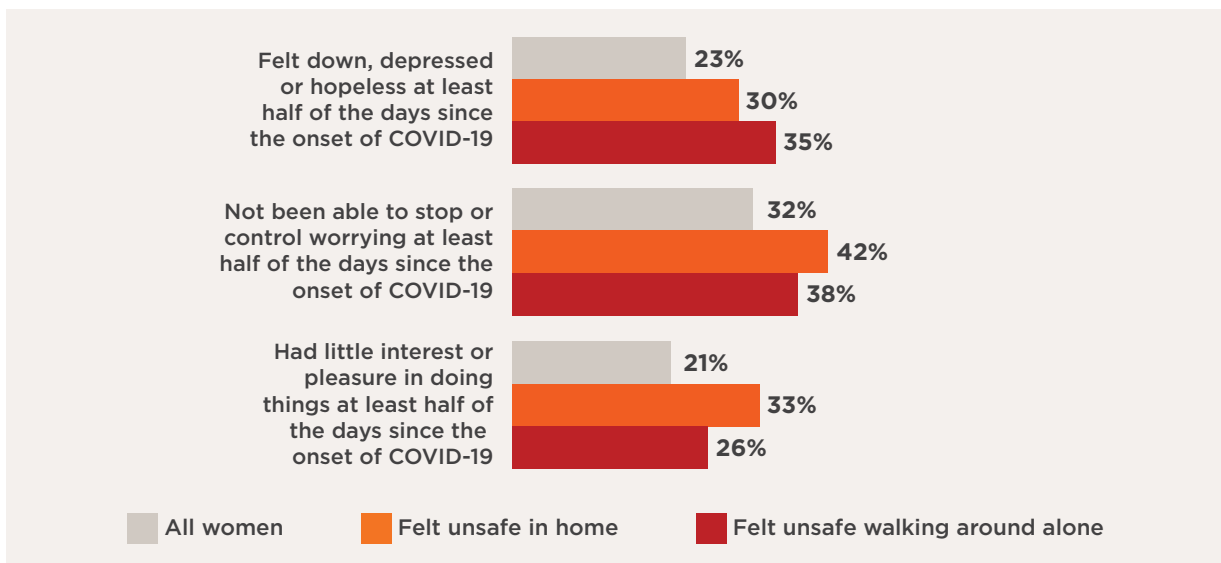
5. IMPACTS OF VIOLENCE AGAINST WOMEN

This study indicates strong relationships between measures of VAW and changes in women’s behaviours and their feelings of mental and emotional well-being. Impressions and experiences of safety (or lack thereof) may be a major factor impacting women’s perception of problems in their life and their ability to handle them, as well as their mental and emotional well-being.

Women who had experienced or know someone who has experienced at least one form of VAW were significantly more likely to report feeling symptoms of anxiety and depression at least half of the days since the onset of

COVID-19 (28% on average across all three measures, compared to 22% among women who did not have experience or knowledge of VAW) particularly if they had experience or knowledge of VAW exclusively since the onset of the COVID-19 pandemic (33% on average across all three measures). Women who said they had felt unsafe, whether it was in public spaces or particularly in their home, were also more likely to report issues with mental health. Women who said they felt symptoms of anxiety and depression nearly every day were also more likely to be severely food insecure compared to women who did not.

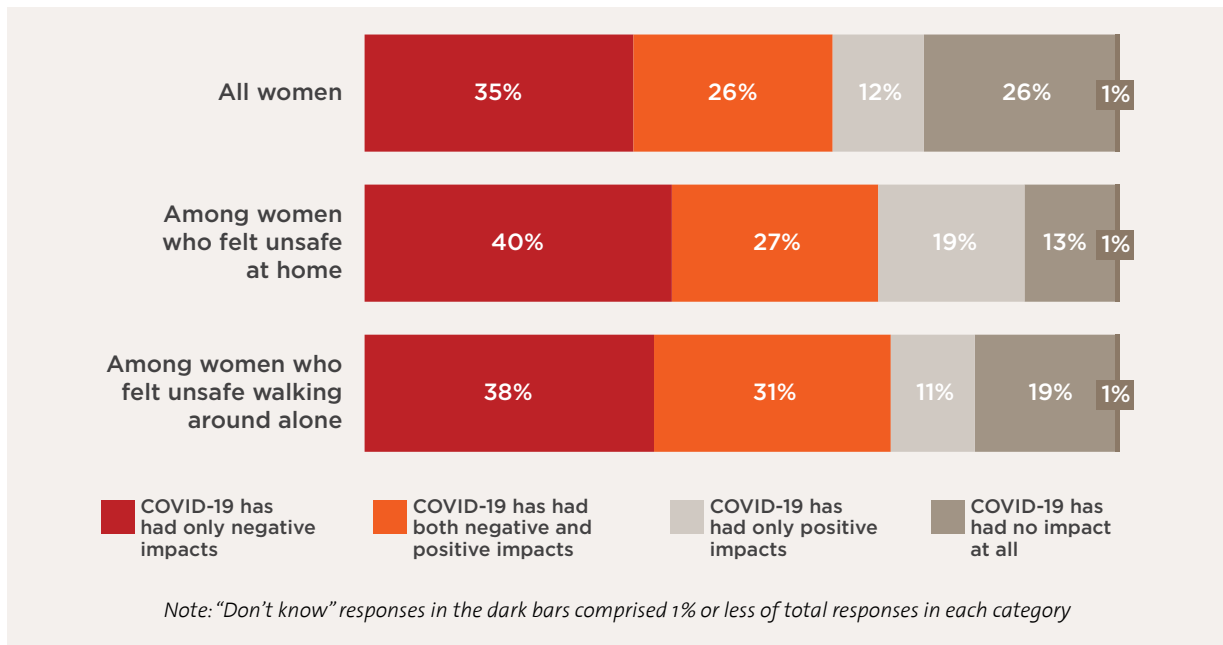
FIGURE 11
Measures of mental health, by feelings of safety



The majority of women (61%) said that the COVID-19 pandemic has had at least some negative impacts on their mental and emotional well-being, and over a third (35%) said that it has had exclusively negative impacts. Women who reported experiencing safety issues, whether they were in the home or in public

spaces, also said that the COVID-19 pandemic had an exclusively negative impact on their lives at significantly higher rates when compared to women who had not experienced safety issues. This suggests that the negative impacts of COVID-19 are felt the most by women who are already vulnerable.

FIGURE 12
Impacts of the COVID-19 pandemic on mental health, by feelings of safety



Living with a disability also appears to exacerbate other negative impacts of VAW for women. Women with disabilities experienced more frequent symptoms of depression and anxiety (meaning they experienced these more than half the days since COVID-19) than women without disabilities, including not being able to stop or control worrying (43, compared to 29%, respectively), feeling down, depressed or hopeless (37 compared to 20%, respectively), and having little interest or pleasure in doing things (34 compared to 18%, respectively). Women living with disabilities also said that

the COVID-19 pandemic had exclusively negative impacts at higher rates than those without disabilities (43, compared to 34%).

The impacts of violence against women in public and private spaces was also observed when analysing women's socialization and movement patterns. Although the majority of women reported that they have continued to leave the house and socialize, women who felt unsafe in their homes were significantly more likely to report never leaving their home on their own (15%) than women who felt safe (10%).

6. RECOMMENDATIONS

The impacts of COVID-19 on VAW in Paraguay are significant. Women in Paraguay encounter violence in public and in private spaces, at the hands of strangers and by those closest to them. With around 28% of women likely experiencing food insecurity at the time of the study and 70% saying they had lost income, the majority (63%) due to the COVID-19 pandemic, external stressors that can increase the risk of VAW are on the rise. In addition to COVID-19 negatively impacting finances, women's experience of safety in both public and private spaces has also been negatively impacted by the pandemic.

This study establishes that a notable proportion of women in Paraguay believe that violence is common for women in their community, with over half of women reporting that they or someone they know has experienced a form of VAW. As a result of the intersectionality of VAW, policy and programmatic interventions required tailoring to the factors driving different experiences of violence. Not only does the type of response that is best-suited to address VAW vary based on the specific experiences of women, but the resources they seek out vary as well. This work stresses the importance of partnering with the existing infrastructure that supports women in vulnerable situations to empower communities with the full suite of resources they may need to support women. Considering this, the research supports three recommendations:

1. Interventions that are meant to address VAW should consider how policy interventions in other areas may alleviate some of the root causes of VAW, including through fully integrating VAW measures in post-COVID-19 recovery plans as an opportunity to build back better.

VAW is pervasive in Paraguay and requires a comprehensive policy review across various

areas. Women consider it common to experience VAW in both public and private spaces and note that this has only gotten worse since the onset of the COVID-19 pandemic. An issue this universal requires a response that is equally comprehensive and is mainstreamed into all ongoing programming and policies, particularly those that are currently being developed and implemented as a response to the COVID-19 pandemic. Not only is gender mainstreaming required, but planning should also go further to understand the potential downstream impacts that interventions may have on women's experience of violence and of safety. For instance, women who experienced income change or food insecurity are more likely to have felt unsafe within and outside of their homes, especially since the start of the COVID-19 pandemic. Therefore, policy interventions that address economic vulnerability could play a significant role in alleviating a major factor associated with VAW. If the initiatives to address the economic and social impacts of COVID-19 are not connected to programming to end VAW, women experiencing multiple forms of vulnerability and discrimination risk being left even further behind.

2. Enhance the response and provision of essential services by authorities and civil society, and improve trust in order to increase reporting and bolster women's confidence and feelings of safety.

While the majority of women in Paraguay did expect that women experiencing violence, whether it was in private or public spaces, would seek help, many believed that the primary source of assistance would be the woman's family, rather than formal institutions or authorities. This not only means that VAW is likely underreported to authorities, but also that survivors of VAW are not getting the support they need. Similarly, access and aware-

ness of support for women within communities is low – around half of women said that most services to support women were available – suggesting that resources may not be accessible for all women. Therefore, careful placement of services should be considered where women can feel comfortable seeking support without fear of repercussions. Programmes designed to allow women to regularly and safely communicate with individuals outside of their household, whether in person, by phone or by other means, can serve as a powerful tool for providing vulnerable women with increased safety and support. There is an opportunity to invest further in these institutions, in making them more accessible and increasing awareness about them within communities, as a means of creating more secure situations for women experiencing violence.

3. Support further research that examines the underlying social norms, gender roles and behavioural drivers regarding help-seeking behaviours.

Paraguay's social and gender norms can complicate the understanding of the prevalence of VAW. While this study provides insightful information about the current state of VAW in Paraguay, further research would create greater understanding of the nuances underlying

the data, which could not be easily captured due to methodological and situational barriers for this survey. These types of follow-up studies are particularly effective when conducted after a quantitative survey, as specific areas emerge from the survey work that challenge our thinking or would benefit from further investigation. Qualitative approaches could help to reveal the social and gender norms that underlie VAW for both women and men. Further, listening to the voices of women would help to identify their expectations of women, the reasons why women do or do not seek help from formal channels even when they are aware of these channels, and provide insights about the stigma associated with experiencing and reporting VAW. This type of work may also illuminate how perceptions converge or differ between those who perceive VAW to be a problem in their communities and those who report personal experiences or knowledge of VAW. Such research can provide a deeper understanding the “how” and “why” of help-seeking behaviours in response to VAW. The knowledge gained through this research can help address the negative externalities that women can sometimes face as a result of well-intended programmatic and policy interventions.

7. METHODOLOGY

The survey was fielded via Computer-Assisted Telephone Interviewing using random-digit dialing to mobile numbers between 17 August–29 September 2021. The total number of completed interviews was 1,210. During the survey period, COVID-19 rates were steadily decreasing with vaccination rates increasing.⁶ The country was not in a state of lockdown at that time, but was undergoing recommended school closures and stay-at-home procedures, had some workplace closures, and border quarantining and screening.

The sample was drawn via random-digit dialing among the population of mobile phone numbers, so the sample population is limited to women aged 18 or over with mobile phone access. Women over age 60 were also specifically targeted with an existing database to ensure adequate coverage of this age group. However, the percentages for each age group from this survey match the percentages for each age group from Paraguay's Census data.⁷

Age group	Percentage of adult women based on Census data	Percentage of adult women from sample data
18–29	32%	31%
30–39	23%	23%
40–49	17%	17%
50–59	13%	13%
60+	16%	16%

6 <https://graphics.reuters.com/world-coronavirus-tracker-and-maps/countries-and-territories/paraguay/>

7 <https://www.ine.gov.py/default.php?publicacion=2>

DEFINITIONS

Community: A term referencing the geographic area in which the respondent lives.

Food insecurity: This study used the Food and Agriculture Organization (FAO)'s formulation to measure food insecurity, with an eight-statement battery. These data can be used to establish estimates of the proportion of the sample who were moderately or severely food insecure, which can also be disaggregated by other variables of interest through the use of the FAO Food Insecurity Experience Scale (FIES) module. Any references in the report to prevalence of moderate or severe food insecurity represent estimates of the prevalence and should be interpreted as such.

Partnered: A term referring to women who were married or living/cohabiting with a partner.

Violence against women: Any act of gender-based violence that results in, or was likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.

Felt unsafe walking alone: Refers to women who indicated that they felt “not very safe” or “not safe at all” walking alone outside during the day (at question Co2) or during the night (at question Co3).

Experienced or knew someone who had experienced VAW: Refers to women who indicated that they, or another woman they knew, had experienced any form of VAW. “Since COVID-19” is added to indicate women who indicated that these incidents had only been occurring since the start of the pandemic.

Experienced frequent conflict: Refers to respondents who indicated that they experienced conflict or arguments in their homes at least once a week during the last six months (at question C19).

Experienced infrequent conflict: Refers to respondents who indicated that they experienced conflict or arguments in their homes “once or twice” or “never” during the last six months (at question C19).

Violence, abuse and harassment are a problem the community: Refers to respondents who indicated that physical harm, abuse or harassment of women is “a lot”, “somewhat”, or “a little bit” of a problem where they live (at question Co7).

Violence, abuse and harassment are not a problem the community: Refers to respondents who indicated that physical harm, abuse or harassment of women is “not at all” a problem where they live (at question Co7).

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