

# Women's Health and Relationships Project in Ethiopia.



ABDUL LATIF JAMEEL  
Poverty Action Lab



TRANSLATING RESEARCH INTO ACTION



Collaborative Study by  
The School of Public Health, Addis Ababa University;  
The Ethiopian Public Health Association  
and  
The Abdul Latif Jameel Poverty Action Lab

## Men's Questionnaire የወንዶች መጠየቅ

Addis Ababa, Ethiopia  
Nov 2014

**Eligibility of study subject**

1. A man in the age between 18-49 years
2. Currently living in a marriage or cohabiting with a woman
3. Residing in the selected village for at least 6 months



## A. Background Info/Education/Community Participation/SES

A1.	In what day, month and year were you born? If he does not know his date of birth – write 01/01/year	<input type="text"/> / <input type="text"/> / <input type="text"/> Day      month      Year
A2.	How old were you at your last birthday?	<input type="text"/> Years
A3.	Are you able to read?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No >>>>> <b>SKIP TO A8</b>
A4.	Have you ever attended school?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No >>> <b>SKIP to A7</b>
A5.	What is the highest level of school you attended- primary, secondary or higher?	1. <input type="checkbox"/> Primary (grade 1-8) 2. <input type="checkbox"/> Secondary (grade 9-12) 3. <input type="checkbox"/> Higher (>=13)
A6.	What is the highest class/form/year you completed at that level?	<input type="text"/>
A7.	How often do you read a newspaper or magazine?	1. <input type="checkbox"/> Almost every day 2. <input type="checkbox"/> At least once a week 3. <input type="checkbox"/> Less than once a week 4. <input type="checkbox"/> Not at all
A8.	How often do you listen to the radio almost every day?	1. <input type="checkbox"/> Almost every day 2. <input type="checkbox"/> At least once a week 3. <input type="checkbox"/> Less than once a week 4. <input type="checkbox"/> Not at all
A9.	How often do you watch television?	1. <input type="checkbox"/> Almost every day 2. <input type="checkbox"/> At least once a week 3. <input type="checkbox"/> Less than once a week 4. <input type="checkbox"/> Not at all
A10.	What is your religion?	1. <input type="checkbox"/> Muslim 2. <input type="checkbox"/> Orthodox 3. <input type="checkbox"/> Protestant 4. <input type="checkbox"/> Catholic 5. <input type="checkbox"/> Other _____
A11.	How many years have you lived in this village?	<input type="text"/> year <input type="text"/> Month
A12.	How was your marriage ceremony conducted?	1. <input type="checkbox"/> Municipality Wedding 2. <input type="checkbox"/> Religious ceremony 3. <input type="checkbox"/> By elderly people 4. <input type="checkbox"/> Cohabiting (non-certified)
A13.	How many wives do you have?	<input type="text"/> wives
A14.	If currently married or cohabiting, how long have you been living with your spouse or sexual partner? You may answer in months or years, but not both.	<input type="text"/> months <input type="text"/> Years
A15.	How many times have you been married (civil, religious, common, customary law marriage)?	<input type="text"/> times <b>IF 00 SKIP TO A18</b>

A16.	How old were you when you first got married?	____ Years old
A17.	The building that you sleep in – of what material are the walls made?  <i>(Tick all that apply; to be filled by observation)</i>	1. <input type="checkbox"/> Stone, solid cement 2. <input type="checkbox"/> Fired brick 3. <input type="checkbox"/> Sun-dried bricks 4. <input type="checkbox"/> Mud, cement 5. <input type="checkbox"/> Mud, sticks, reeds 6. <input type="checkbox"/> Other (specify)_____
A18.	What is the roof of this building made of?  <i>(Tick all that apply; to be filled by observation)</i>	1. <input type="checkbox"/> Iron 2. <input type="checkbox"/> Grass or reeds 3. <input type="checkbox"/> Mud, branches 4. <input type="checkbox"/> Mud, cement 5. <input type="checkbox"/> Other (specify)_____
A19.	What is the floor of your house made of?  <i>(Tick all that apply; to be filled by observation)</i>	1. <input type="checkbox"/> Cement 2. <input type="checkbox"/> Mud 3. <input type="checkbox"/> Cow dung/soil 4. <input type="checkbox"/> Other (specify) _____
A20.	Do you own a latrine?	1. <input type="checkbox"/> Yes, outdoor pit latrine, shared 2. <input type="checkbox"/> Yes, outdoor pit latrine, private 3. <input type="checkbox"/> Yes, indoor latrine 4. <input type="checkbox"/> Yes, outdoor pit latrine and indoor latrine 5. <input type="checkbox"/> No, neither type of latrine >>> <b>skip to A22</b>
A21.	If you have a latrine at home, do you use the latrine nearly always, for long call only, or rarely?	1. <input type="checkbox"/> Use it always 2. <input type="checkbox"/> Use it for long call only 3. <input type="checkbox"/> Use it rarely
A22.	Does your household have:  a. Electricity? b. Watch/clock? c. A radio? d. A television? e. A mobile phone? f. An ox? g. A cow? h. A table? i. A chair? j. A bed? k. A cotton/sponge/spring mattress?	a. 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No b. 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No c. 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No d. 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No e. 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No f. 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No g. 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No h. 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No i. 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No j. 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No k. 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
A23.	If one walked at an average pace, approximately how many minutes would it take to walk from your home to the nearest place where you can catch a bus?	____ minutes



B15.	What was your average daily wage? If in kind paid, change to a monetary	_____ _____ _____ Birr
B16.	Who usually decides how the money you earn will be used: mainly you, mainly your wife/ partner or you and your wife/partner jointly?	1. <input type="checkbox"/> Respondent 2. <input type="checkbox"/> Wife/partner 3. <input type="checkbox"/> Respondent and wife/ partner jointly 4. <input type="checkbox"/> Other_____
B17.	Would you say that the money that you earn is more than what your wife/partner earns, less than what she earns or about the same?	1. <input type="checkbox"/> More than her 2. <input type="checkbox"/> Less than her 3. <input type="checkbox"/> About the same 4. <input type="checkbox"/> wife/partner doesn't bring in money 5. <input type="checkbox"/> Don't know
B18.	Who usually decides how your wife's/ partner's earnings will be used: you, your wife/partner, or you and your wife/partner jointly?	1. <input type="checkbox"/> Respondent 2. <input type="checkbox"/> wife/ partner 3. <input type="checkbox"/> Respondent and wife/partner jointly 4. <input type="checkbox"/> Other_____
B19.	How many times per week or per day you participate in a traditional coffee ceremony? If answered per week, enter 00 on the day If answered per day, enter 00 on the weeks	_____ _____  per day      _____ _____  per week
B20.	Who usually participates in the coffee ceremony with you? Tick all that apply	1. <input type="checkbox"/> wife/partner 2. <input type="checkbox"/> Family members 3. <input type="checkbox"/> Neighbors 4. <input type="checkbox"/> Village leader 5. <input type="checkbox"/> Religious leader 6. <input type="checkbox"/> Friends 7. <input type="checkbox"/> Other_____
B21.	What do you discuss with others during a coffee ceremony? Tick all that apply	1. <input type="checkbox"/> Family or personal issues 2. <input type="checkbox"/> Issues related to your community 3. <input type="checkbox"/> National or political news 4. <input type="checkbox"/> Health challenges 5. <input type="checkbox"/> Problems with farming or cattle 6. <input type="checkbox"/> Other
B22.	Who usually prepares the coffee during the traditional coffee ceremony?	1. <input type="checkbox"/> Men 2. <input type="checkbox"/> Women
B23.	Have you ever prepared the coffee during the traditional coffee ceremony?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
B24.	Would you be happy to participate in a coffee ceremony if a man prepared the coffee?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No>>>>> <b>SKIP TO B26</b>
B25.	If happy, Why?	1. <input type="checkbox"/> Men and women are equal. 2. <input type="checkbox"/> Both men and women can participate fully in the coffee ceremony. 3. <input type="checkbox"/> I enjoy participating without having to make coffee. 4. <input type="checkbox"/> Other: _____
B26.	Why not?	1. <input type="checkbox"/> This is not customary 2. <input type="checkbox"/> It is better if women prepare the coffee

	ceremony. 3. [ ] Men should not perform women's role in a coffee ceremony. 4. [ ] Other: _____
--	--

B27. Now if you permit me, I will ask some more questions about your relationship with your wife. In the last twelve months, did you ever:	Yes	No	If Yes, how often?		
			Often	Sometimes	Rarely
a) Expect that your wife ask permission to purchase large items?	1	2	1	2	3
b) Expect that your wife ask permission to purchase small items?	1	2	1	2	3
c) Taken her earnings or savings from her against your will?	1	2	1	2	3
d) Refuse to give her money for household expenses, even when you had money for other things?	1	2	1	2	3
e) Require that she give up or refuse a job for money outside the home because you did not want your wife to work?	1	2	1	2	3
f) Make important financial decisions without talking to your wife about them?	1	2	1	2	3
g) Decide how she could spend money	1	2	1	2	3
h) Demand to know how she spent money?	1	2	1	2	3
i) Hide money from her?	1	2	1	2	3
j) Spent money she needed for rent, food or clothes on things for yourself?	1	2	1	2	3
k) Take things from her that were hers?	1	2	1	2	3



	l) Threaten to not give her money or take it away from her	1	2	1	2	3
	m) Given her little money or reduced her spacing when you were angry?	1	2	1	2	3
	n) Stopped giving her money for food?	1	2	1	2	3
	o) Taken away or used her belongings against her will?	1	2	1	2	3

B28.	How often do you drink alcohol?  1. Every day or nearly every day 2. Once or twice a week 3. 1-3 times a month 4. Occasionally, less than once a month 5. Never	1. <input type="checkbox"/> Every day or nearly every day 2. <input type="checkbox"/> Once or twice a week 3. <input type="checkbox"/> 1-3 times in a month 4. <input type="checkbox"/> Very Rarely 5. <input type="checkbox"/> Never >>>> <b>SKIP TO B31</b>
B29.	In the past 12 months how often have you drunk?	1. <input type="checkbox"/> Most days 2. <input type="checkbox"/> Weekly 3. <input type="checkbox"/> Once a month 4. <input type="checkbox"/> Very Rarely 5. <input type="checkbox"/> Never drinks >>> Skip to <b>B31</b>
B30.	In the past 12 months, have you experienced any of the following problems, related to your drinking?  a. Money problems b. Health problems c. Conflict with family or friends d. Problems with authorities (police etc)  e. Any other problems (specify)	a. 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No b. 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No c. 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No d. 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No e. Other(Specify)_____
B31.	How often do you chew khat?  1. Every day or nearly every day 2. Once or twice a week 3. 1-3 times a month 4. Occasionally, less than once a month 5. Never 6. Don't Know	1. <input type="checkbox"/> Every day or nearly every day 2. <input type="checkbox"/> Once or twice a week 3. <input type="checkbox"/> 1-3 times in a month 4. <input type="checkbox"/> Less than once a month 5. <input type="checkbox"/> Never >>> Skip to <b>C1</b> 6. <input type="checkbox"/> Don't know
B32.	In the past 12 months, have you experienced any of the following problems, related to your khat chewing?  a. Money problems b. Health problems c. Conflict with family or friends	a. 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No b. 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No c. 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No

	d. Problems with authorities (police etc)	d. 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
	e. Any other problems (specify)	e. Other(Specify)_____

### C. Fatherhood

We know some of those were difficult questions to answer. Thank you for doing so, your answers are really important. The next questions are about you and the children you may have fathered or adopted or children who may live with you even if they are not legally or biologically yours.

C1.	How many biological children do you have? If no child enter 00	<input type="text"/> If no child, skip to C6
C2.	How old is your youngest biological child? If the child died, fill near the age he/ she died 99	<input type="text"/> Years <input type="text"/> months (if age below 1 year, enter on months) <input type="text"/> days (if age below 1 month, enter on days)
C3.	How old is your eldest biological child? If the child died, fill near the age he/ she died 99	<input type="text"/> Years <input type="text"/> months (if age below 1 year, enter on months) <input type="text"/> days (if age below 1 month, enter on days)
C4.	Were you present at the birth of your last child?	1. <input type="checkbox"/> Yes>>>>> Skip to C7 2. <input type="checkbox"/> No
C5.	Did you choose not to be present at the birth or did you want to be present but were prevented from doing so for some reason?	1. <input type="checkbox"/> Wanted to be present 2. <input type="checkbox"/> Didn't want to be present
C6.	Did you accompany the mother of your child to any prenatal visits during the last pregnancy?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No 3. <input type="checkbox"/> She didn't have prenatal visits 4. <input type="checkbox"/> She has never been pregnant

## F. Gender and Domestic Violence

*Enumerator: Now, I am going to read you a list of statements. For each statement, I would like you to first tell me if you agree with this statement yourself, and next tell me if you think a majority (more than half) of your friends and family agree with this statement. For example, I could read the statement "It is beneficial for all children to attend primary school." First, you would say "Yes" if you agree with this statement yourself. Next, if you believe that the majority of your friends and families also agree, you would say "Yes" again.*

		(a) Do you agree with this statement?	(b) Do your friends and family agree with this statement?
F1.	A man should have the final word on decisions in his home.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
F2.	A woman should obey her husband in all things.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
F3.	It must be the man who provides for the family.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
F4.	The husband should decide what major household items to buy	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
F5.	If a wife does something wrong her husband has the right to punish her.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
F6.	A woman should be able to choose her own friends even if her husband disapproves	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
F7.	A woman should be able to get help from a skilled birth attendant when she needs it, even without her husband's approval.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
F8.	A husband and wife should make decisions together about health care for themselves.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
F9.	A husband and wife should make decisions together about health care for their children.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
F10.	Village assemblies and local development committee members should be mainly men because women don't have a voice in village matters.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No

	<b>Continues</b>	(a) Do you agree with this statement?	(b) Do your friends and family agree with this statement?
F11.	A man needs other women, even if things with his wife are fine.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
F12.	You don't talk about sex, you just do it.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
F13.	Women who carry condoms on them are easy.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
F14.	Men need sex more than women do.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
F15.	Men are always ready to have sex.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
F16.	A woman should not initiate sex.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
F17.	It is the man who decides what type of sex to have.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
F18.	A man should be outraged if his wife asks him to use a condom.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
F19.	A woman can suggest using condoms just like a man can.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
F20.	A married woman should not refuse to have sex if her husband wants to.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
F21.	It is a woman's responsibility to avoid getting pregnant.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
F22.	A couple should decide together if they want to have children.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
F23.	If a man gets a woman pregnant, the child is the responsibility of both.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
F24.	A woman who has sex before she marries does not deserve respect.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
F25.	Only when a woman has a child is she a real woman.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
F26.	A real man produces a male child.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
F27.	Parents should be happy if their daughter is going to be married at any age – even if she is younger than 18 years old.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
F28.	Women are sometimes to blame for violence against them.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No

	<b>Continues</b>	(a) Do you agree with this statement?	(b) Do your friends and family agree with this statement?
F29.	Women should not tolerate violence just in order to keep her family together.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
F30.	No one outside the couple should intervene if a husband beats up his wife.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
F31.	There are times a woman deserves to be beaten.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
F32.	A woman who intervenes when a husband is beating his wife is meddling.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No

*FO: Now, some people may believe that a man has a good reason to hit his wife in certain situations. I am going to read you a list of situations. For each one, please tell me if you believe that a man has a good reason to hit his wife in this situation. Please also tell me if you think most of your friends and families agree that a man would have a good reason to hit his wife in this situation.*

		(a) Do you agree a man would have a good reason to hit his wife in this situation?	(b) Would your friends and family agree a man has a good reason to hit his wife in this situation?
F33.	She disobeys him.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
F34.	She answers back to him.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
F35.	She disrespects his relatives.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
F36.	He suspects that she is unfaithful.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
F37.	He finds out that she has been unfaithful.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
F38.	She spends her time gossiping with neighbors.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
F39.	She neglects taking care of the children.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
F40.	She does not complete her household work to his satisfaction.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
F41.	She accuses him of infidelity.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
F42.	She tells his secrets to others in the community.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
F43.	He is angry with her.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
F44.	She burns the food.	1. <input type="checkbox"/> Yes	1. <input type="checkbox"/> Yes

		2. [ ] No	2. [ ] No
F45.	She goes out without telling him.	1. [ ] Yes 2. [ ] No	1. [ ] Yes 2. [ ] No

*FO: Now I would like to ask for your opinion on some other important aspects of a woman's life. I know some of these questions are very personal. However, your answers are crucial for helping to understand the condition of women in Ethiopia. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else will know that you were asked these questions.*

F46.	Do you think violence against women is a major problem in your village?	1. [ ] YES 2. [ ] NO 3. [ ] Don't Know
F47.	Out of 10 women living in your village, how many do you think are experiencing any type of physical violence from their husbands?	<input type="text"/> women
F48.	Out of 10 women living in your village, how many do you think are experiencing any type of sexual violence from their husbands?	<input type="text"/> women
F49.	What are some of the consequences of violence against women? Tick all that are mentioned. <b>(Do not read options)</b>	1. [ ] Psychological outcomes 2. [ ] Physical injuries 3. [ ] Sexual and reproductive health problems 4. [ ] Suicide or death 5. [ ] Health or psychological risks for children 6. [ ] HIV/ AIDS or STD transmission 7. [ ] Other (specify) _____ 8. [ ] Don't know
F50.	How does violence against women increase their vulnerability to HIV/AIDS? Tick all that are mentioned. <b>(Do not read options)</b>	1. [ ] Limits ability to negotiate safe sex 2. [ ] Violent men may engage in risky sexual behaviors and put their spouses at risk 3. [ ] Limits access to information and treatment 4. [ ] Increases risk of transmission to infants 5. [ ] other specify _____
F51.	If a woman in your village was experiencing violence from her husband, who could she go to for help? <b>(Do not read options)</b>	1. [ ] Female relative/friend 2. [ ] Male relative 3. [ ] Police officer 4. [ ] Health worker 5. [ ] Religious leader 6. [ ] Community leader 7. [ ] Neighbor 8. [ ] Other: _____

F52.	<p>What would you do if you saw a male friend use physical or sexual violence against a woman?</p> <p>Tick all that are mentioned. <b>(Do not read options)</b></p>	<ol style="list-style-type: none"> <li>1. <input type="checkbox"/> Intervene during the episode</li> <li>2. <input type="checkbox"/> Speak to him after the episode</li> <li>3. <input type="checkbox"/> Avoid/shun him</li> <li>4. <input type="checkbox"/> Call the police</li> <li>5. <input type="checkbox"/> Do nothing, as it is their problem</li> <li>6. <input type="checkbox"/> Mobilize neighbors or friends</li> <li>7. <input type="checkbox"/> Contact village elders</li> <li>8. <input type="checkbox"/> Other</li> </ol>
F53.	<p>What would you do if you saw physical or sexual violence being carried out by a stranger (man) against a woman?</p> <p>Tick all that are mentioned. <b>(Do not read options)</b></p>	<ol style="list-style-type: none"> <li>1. <input type="checkbox"/> Intervene during the episode</li> <li>2. <input type="checkbox"/> Speak to him after the episode</li> <li>3. <input type="checkbox"/> Avoid/shun him</li> <li>4. <input type="checkbox"/> Call the police</li> <li>5. <input type="checkbox"/> Do nothing, as it is their problem</li> <li>6. <input type="checkbox"/> Mobilize neighbors or friends</li> <li>7. <input type="checkbox"/> Contact village elders</li> <li>8. <input type="checkbox"/> Other</li> </ol>
F54.	<p>I am going to read some statements about violence against women. For each statement, please state whether you agree or disagree.</p> <p>a) If a man does not give his wife money for household necessities, even though he spends money on things for himself, it is an example of violence against women.</p> <p>b) If a man forbids his wife from seeing his parents and other family members, or friends, it is not an example of violence against women.</p> <p>c) If a man slaps, pushes, shoves, kicks or drags a woman, including his wife, it is not an example of violence against women.</p> <p>d) If a man threatens to hit a woman, but does not actually hit her, it is an example of violence against women.</p> <p>e) If a man forces a woman he does not know to have sex, it is an example of violence against women.</p> <p>f) If a man forces his wife to have sex, it is not an example of violence against women.</p> <p>g) If a man shouts at his wife in public and embarrasses her, it is an example of violence against women.</p>	<p>a) 1. <input type="checkbox"/> Agree                      2. <input type="checkbox"/> Disagree</p> <p>b) 1. <input type="checkbox"/> Agree                      2. <input type="checkbox"/> Disagree</p> <p>c) 1. <input type="checkbox"/> Agree                      2. <input type="checkbox"/> Disagree</p> <p>d) 1. <input type="checkbox"/> Agree                      2. <input type="checkbox"/> Disagree</p> <p>e) 1. <input type="checkbox"/> Agree                      2. <input type="checkbox"/> Disagree</p> <p>f) 1. <input type="checkbox"/> Agree                      2. <input type="checkbox"/> Disagree</p> <p>g) 1. <input type="checkbox"/> Agree                      2. <input type="checkbox"/> Disagree</p>

F55.	<b>When two people marry or live together, they usually share both good and bad moments. I would now like to ask you some questions about your current and past relationships and how you treat your wife. If anyone interrupts us I will change the topic of conversation. I would again like to assure you that your answers will be kept secret, and that you do not have to answer any questions that you do not want to. May I continue?</b>		
F56.	<p>In general, do you and your wife/partner discuss the following topics together:</p> <p>a) Things that have happened to you in the day</p> <p>b) Things that happened to her during the day</p> <p>c) Your worries or feelings</p> <p>d) Her worries or feelings</p>		<p>a) 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No</p> <p>b) 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No</p> <p>c) 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No</p> <p>d) 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No</p>
F57.	<p>In your relationship with your wife/partner, how often would you say that you quarreled? Would you say rarely, sometimes or often?</p>	<p>1. <input type="checkbox"/> Often</p> <p>2. <input type="checkbox"/> Sometimes</p> <p>3. <input type="checkbox"/> Rarely (none)</p>	
F58.	<p>Now, I'd like to ask you some questions about how you interact with your wife. In the <b>last twelve months</b>, did you ever:</p> <p>a) Belittle or humiliate her in front of other people?</p> <p>b) Insult or make her feel bad about yourself?</p> <p>c) Do things to scare or intimidate her on purpose (eg by the way you looked at her, by yelling and smashing things)?</p> <p>d) Threaten to hurt her or someone she cares about?</p>	<p>If No Skip to Next</p> <p>1 Yes</p> <p>2 No</p>	<p><b>If YES</b>, How often did this happen <b>in the last 12 months</b>: often, only sometimes or rarely</p> <p>1. <input type="checkbox"/> Often</p> <p>2. <input type="checkbox"/> Sometimes</p> <p>3. <input type="checkbox"/> Rarely</p> <p>aa) 1. <input type="checkbox"/> Often 2. <input type="checkbox"/> Sometimes 3. <input type="checkbox"/> Rarely</p> <p>bb) 1. <input type="checkbox"/> Often 2. <input type="checkbox"/> Sometimes 3. <input type="checkbox"/> Rarely</p> <p>cc) 1. <input type="checkbox"/> Often 2. <input type="checkbox"/> Sometimes 3. <input type="checkbox"/> Rarely</p> <p>dd) 1. <input type="checkbox"/> Often 2. <input type="checkbox"/> Sometimes 3. <input type="checkbox"/> Rarely</p>



F59.	Have you ever done any of the following things to your wife	A. <b>If Yes, continue with</b>  <b>B. If NO, skip to next item.</b>	B. Has this happened in the past 12 months?  <b>(If YES ask C only. If NO ask D only.)</b>	C. <b>In the past 12 months</b> would you say this has happened 1 many time 2.few times 3 once,? <b>(After answering C, skip D)</b>	D. <b>Before the past 12 months</b> would you say that this happened 1 many time 2.few times 3 once,?
	a) Slapped you or thrown something at her that could hurt her?	a) 1. [ ] Yes 2. [ ] No	a) 1. [ ] Yes 2. [ ] No	a) 1. [ ] 2. [ ] 3. [ ]	a) 1. [ ] 2. [ ] 3. [ ]
	b) Pushed her or shoved her?	b) 1. [ ] Yes 2. [ ] No	b) 1. [ ] Yes 2. [ ] No	b) 1. [ ] 2. [ ] 3. [ ]	b) 1. [ ] 2. [ ] 3. [ ]
	c) Hit her with your fist or something that could hurt her?	c) 1. [ ] Yes 2. [ ] No	c) 1. [ ] Yes 2. [ ] No	c) 1. [ ] 2. [ ] 3. [ ]	c) 1. [ ] 2. [ ] 3. [ ]
	d) Kicked her, dragged her or beaten her up?	d) 1. [ ] Yes 2. [ ] No	d) 1. [ ] Yes 2. [ ] No	d) 1. [ ] 2. [ ] 3. [ ]	d) 1. [ ] 2. [ ] 3. [ ]
	e) Choked or burnt her on purpose?	e) 1. [ ] Yes 2. [ ] No	e) 1. [ ] Yes 2. [ ] No	e) 1. [ ] 2. [ ] 3. [ ]	e) 1. [ ] 2. [ ] 3. [ ]
	f) Threatened to use or actually used a gun, knife or other weapon against her?	f) 1. [ ] Yes 2. [ ] No	f) 1. [ ] Yes 2. [ ] No	f) 1. [ ] 2. [ ] 3. [ ]	f) 1. [ ] 2. [ ] 3. [ ]
	g) Physically force her to have sexual intercourse with you even when she did not want to?	g) 1. [ ] Yes 2. [ ] No	g) 1. [ ] Yes 2. [ ] No	g) 1. [ ] 2. [ ] 3. [ ]	g) 1. [ ] 2. [ ] 3. [ ]
	h) Force her to perform sexual acts she did not want to?	h) 1. [ ] Yes 2. [ ] No	h) 1. [ ] Yes 2. [ ] No	h) 1. [ ] 2. [ ] 3. [ ]	h) 1. [ ] 2. [ ] 3. [ ]
	i) Did your wife ever have sexual intercourse with you because she was intimidated by you or afraid you would hurt her?	i) 1. [ ] Yes 2. [ ] No	i) 1. [ ] Yes 2. [ ] No	i) 1. [ ] 2. [ ] 3. [ ]	i) 1. [ ] 2. [ ] 3. [ ]
	<b>Note:</b> <b>If the respondent reports no violence &gt;&gt;&gt;&gt;&gt;&gt;&gt;&gt;&gt;SKIP TO F61</b>				

F60.	<p>Are there any particular situations that tend to lead to violence? <b>Do not read options.</b></p> <p>Probe: Any other situation?</p> <p>MARK ALL MENTIONED</p>	<ol style="list-style-type: none"> <li>1. [ ] No particular reason</li> <li>2. [ ] When you are drunk</li> <li>3. [ ] Money problems</li> <li>4. [ ] Difficulties at your work</li> <li>5. [ ] When you are unemployed</li> <li>6. [ ] No food at home</li> <li>7. [ ] Problems with his or her family</li> <li>8. [ ] She is pregnant</li> <li>9. [ ] He is jealous of her</li> <li>10. [ ] She refuses sex</li> <li>11. [ ] She is disobedient</li> <li>12. [ ] Other: _____</li> </ol>
F61.	<p>These next questions are about your childhood and your family. These questions will ask you about your life when you were growing up and the relationship you had with your parents or the people who cared for you.</p>	
F62.	<p>When you were growing up, would you say that your biological mother was never at home, rarely at home or often at home?</p> <p><b>Childhood is time between the age of 00 to 15 years</b></p>	<ol style="list-style-type: none"> <li>1. [ ] Often at home</li> <li>2. [ ] Rarely at home</li> <li>3. [ ] Never at home</li> </ol>
F63.	<p>When you were growing up, would you say that your biological father was never at home, rarely at home or often at home?</p>	<ol style="list-style-type: none"> <li>1. [ ] Often at home</li> <li>2. [ ] Rarely at home</li> <li>3. [ ] Never at home</li> </ol>
F64.	<p>Apart from your biological father, were there other important male figures in your life when you were growing up?</p>	<ol style="list-style-type: none"> <li>1. [ ] Yes</li> <li>2. [ ] No</li> </ol>
F65.	<p>Who had the final word in your household about decisions involving you and your brothers and sisters (their schooling, their activities)? Would you say your mother, father or both equally?</p>	<ol style="list-style-type: none"> <li>1. [ ] Mother</li> <li>2. [ ] Father</li> <li>3. [ ] Both equally</li> <li>4. [ ] Other</li> </ol> <p>_____</p>
F66.	<p>Who had the final word about decisions involving how your family spent money on food and clothing? Would you say your mother, father or both equally?</p>	<ol style="list-style-type: none"> <li>1. [ ] Mother</li> <li>2. [ ] Father</li> <li>3. [ ] Both equally</li> <li>4. [ ] Other</li> </ol> <p>_____</p>
F67.	<p>Who had the final word about decisions involving how your family spent money on large investments such as buying a car, a house or a household appliance? Would you say your mother, father or both equally?</p>	<ol style="list-style-type: none"> <li>1. [ ] Mother</li> <li>2. [ ] Father</li> <li>3. [ ] Both equally</li> <li>4. [ ] Other</li> </ol> <p>_____</p>

This section will ask you about your knowledge of some laws and policies in your country.

F68.	According to the law, is a husband who forces his wife to have sex against her will committing a criminal act (That is, the husband can be fined or put in jail)?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No 3. <input type="checkbox"/> Don't know
F69.	Are there any laws in your country about violence against women?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No 3. <input type="checkbox"/> Don't know
F70.	Have you ever heard of any campaigns or activities in your community or workplace that talk about preventing violence against women?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No 3. <input type="checkbox"/> Don't know
F71.	Have you ever seen an advertisement or public service announcement on television about violence against women?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No 3. <input type="checkbox"/> Don't know
F72.	Have you ever participated in an activity (group session, rally, etc.) in your community or workplace on violence against women?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No 3. <input type="checkbox"/> Don't know

### **F73 Anonymous picture technique**

I would now like to give you a card with photos. On this card are two pictures, but no other message. The first picture is of a happy face, the second is of a sad face.

No matter what you have already told me!! I would like you to put a mark next to the sad picture if your husband has ever committed any act of physical or sexual violence against you. Please put a mark next to the happy face if this has never happened to you.

Once you have marked the card, please fold it over and put it in an envelope and then on this bag, along with many other women's responses from this village. This will ensure that I do not know your answer.

GIVE RESPONDENT CARD AND PEN. DO NOT LOOK AT RESPONSE. ONCE CARD IS FOLDED, ASK REPENDENT TO PUT IT IN AN ENVELOPE AND INTO A BAG THAT ALSO CONTAINS OTHER COMPLETED CARDS. DO NOT RECORD DETAILS OF QUESTIONNAIRE IDENTIFICATION ON CARD.



G7.	Can you tell me all the ways you know of that people can protect themselves from HIV?  <b><i>Tick all that are mentioned.</i></b>	1. <input type="checkbox"/> Abstinence 2. <input type="checkbox"/> Being faithful 3. <input type="checkbox"/> Using condoms 4. <input type="checkbox"/> Using condoms correctly and consistently 5. <input type="checkbox"/> Going for VCT before engaging in sex 6. <input type="checkbox"/> Not sharing sharp objects 7. <input type="checkbox"/> Avoiding drugs/alcohol/anything which hampers judgment 8. <input type="checkbox"/> Avoiding bad company 9. <input type="checkbox"/> Avoiding prostitution 10. <input type="checkbox"/> Avoiding walking alone at night 11. <input type="checkbox"/> Avoiding contact between bloody wounds and skin 12. <input type="checkbox"/> Avoiding circumcision with unsafe tools 13. <input type="checkbox"/> Avoiding wife-inheritance 14. <input type="checkbox"/> Avoiding sugar daddies/mummies 15. <input type="checkbox"/> Avoiding multiple sexual partners 16. <input type="checkbox"/> Voluntary Male circumcision 17. <input type="checkbox"/> Other (specify _____) 18. <input type="checkbox"/> Don't know/ Don't remember
G8.	Do you think that a healthy-looking person can have HIV?	1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO 3. <input type="checkbox"/> Don't Know
G9.	Can a pregnant woman infected with HIV transmit the virus to her baby?	1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO 3. <input type="checkbox"/> Don't Know
G10.	Can a mother infected with HIV transmit the virus to her newborn baby through breastfeeding?	1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO 3. <input type="checkbox"/> Don't Know
G11.	Can a person get the HIV virus by sharing a meal with someone who is infected?	1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO 3. <input type="checkbox"/> Don't Know
G12.	Can people protect themselves from getting the HIV virus by avoiding mosquito bites?	1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO 3. <input type="checkbox"/> Don't Know

**b) Attitudes about HIV/AIDS**

G13.	Do you personally know anyone who has HIV/AIDS or who died from AIDS?	1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO 3. <input type="checkbox"/> Don't Know
G14.	If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?	1. <input type="checkbox"/> YES, remain a secret 2. <input type="checkbox"/> NO 3. <input type="checkbox"/> Don't Know/not sure/depends
G15.	If a member of your family got infected with the AIDS virus, would you be willing to care for her or him in your own household?	1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO 3. <input type="checkbox"/> Don't Know/not sure/depends



FO: The objective of the next section is to find out your opinions about HIV/AIDS. I will read a statement. Please tell me if you strongly agree/agree/neither agree nor disagree/ disagree or strongly disagree with each statement.

Statements		Answer					
		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know
G26.	Using condoms reduces sexual pleasure.	1	2	3	4	5	0
G27.	It is embarrassing to buy or ask for condoms.	1	2	3	4	5	
G28.	Using a condom is a sign of not trusting your partner.	1	2	3	4	5	
G29.	Men need to have more than one sexual partner, often at the same time.	1	2	3	4	5	
G30.	HIV/AIDS is a punishment for bad behavior.	1	2	3	4	5	
G31.	It is women prostitutes that spread HIV in our community.	1	2	3	4	5	
G32.	It is promiscuous men that spread HIV in our community.	1	2	3	4	5	

**c) Behavior Questions**

FO: Now I am going to ask you some more questions. These ones will be about some topics that may seem embarrassing. Again, this is totally confidential and I won't share this information with anyone else.

G33.	How old were you when you had sexual intercourse for the first time?	_ _  years
G34.	In your <b>lifetime</b> , how many sexual partners have you had? Adding the current spouse	_ _  partners
G35.	In the <b>last 6 months</b> , how many sexual partners have you had? Adding the current spouse	_ _  partners
G36.	Have you <b>ever</b> used a condom?	1. [ ] YES 2. [ ] NO >>>>>>> skip to <b>question G40</b>
G37.	Did you use a condom <b>last time you had sex</b> ?	1. [ ] YES 2. [ ] NO >>>>>>> skip to <b>question</b>

		<b>G39</b> 3. <input type="checkbox"/> Not sure >>>> skip to <b>question G39</b>
G38.	What were the reasons you used a condom? <i>(tick all that are mentioned)</i>	1. <input type="checkbox"/> Own concern to prevent pregnancy 2. <input type="checkbox"/> Own concern to prevent STI/HIV 3. <input type="checkbox"/> Partner insisted/ Partner's choice 4. <input type="checkbox"/> Other (specify)_____ <p><b>If any of the above answered &gt;&gt;&gt; skip to G40</b></p>
G39.	What were the reasons you did not use a condom? <i>(tick all that are mentioned)</i>	1. <input type="checkbox"/> Condoms are uncomfortable 2. <input type="checkbox"/> Embarrassing to use condoms 3. <input type="checkbox"/> Unable to get condoms 4. <input type="checkbox"/> Had sex with a partner who was not a sex worker 5. <input type="checkbox"/> Had sex with my regular partner 6. <input type="checkbox"/> Partner did not want 7. <input type="checkbox"/> Other (specify)_____
G40.	Would you like to use a condom next time/the first time you have sex?	1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO 3. <input type="checkbox"/> I Don't Know
G41.	Who will make the decision about whether to use a condom?	1. <input type="checkbox"/> Self 2. <input type="checkbox"/> Partner 3. <input type="checkbox"/> Both 4. <input type="checkbox"/> Not sure
G42.	How confident are you that you could convince your partner to use a condom if you wanted to use one?	1. <input type="checkbox"/> Not at all confident 2. <input type="checkbox"/> Somewhat confident 3. <input type="checkbox"/> Confident 4. <input type="checkbox"/> Very confident
G43.	What would you do if your partner refused or declined to use a condom?	1. <input type="checkbox"/> Have sex without condom 2. <input type="checkbox"/> Talk it over and use condom 3. <input type="checkbox"/> Talk it over and not use condom 4. <input type="checkbox"/> Would not have sex 5. <input type="checkbox"/> Other_____ 6. <input type="checkbox"/> Don't Know
G44.	Have you ever discussed HIV risk behaviors with your partner?	1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO
G45.	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO 3. <input type="checkbox"/> Don't Know
G46.	Sometimes men experience a bad smelling abnormal genital discharge. During the last 12 months, have you had a bad smelling abnormal genital discharge?	1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO 3. <input type="checkbox"/> Don't Know



G47.	Sometimes men have a genital sore or ulcer. During the past 12 months, have you had a genital sore or ulcer?	1. [ ] YES 2. [ ] NO 3. [ ] Don't Know
	<i>Enumerator Check: Did the respondent answer yes to question either G46, G47, OR D48?</i>	<b>If NO &gt;&gt;&gt;&gt;&gt;&gt;&gt;End questionnaire</b>
G48.	The last time you had (PROBLEM FROM G46, G47, OR D48) did you seek any kind of advice or treatment?	1. [ ] YES 2. [ ] NO 3. [ ] Don't Know
G49.	Where did you go?	1. [ ] Community health worker 2. [ ] Health post 3. [ ] Primary health center 4. [ ] Government hospital 5. [ ] Private hospital 6. [ ] Private drug store 7. [ ] Other (specify) _____

# The End

## Note:

### Before leaving the participant

- Check for consistency and completeness of each question
- Provide greetings and thank him.