

Women's Health and Relationships Project in Ethiopia.



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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.

Women's Questionnaire

Addis Ababa, Ethiopia

QUESTIONS ABOUT THE HOUSEHOLD

QUESTIONS & FILTERS		CODING CATEGORIES			
1.	If you don't mind, I would like to ask you a few questions about your household. What is the main source of drinking water for your household?	TAP/PIPED WATER IN RESIDENCE	01		
		OUTSIDE TAP (PIPED WATER).....	02		
		PUBLIC TAP	03		
		WELL WATER, WITHIN RESIDENCE	04		
		OUTSIDE / PUBLIC WELL	05		
		SPRING WATER	06		
		RIVER / STREAM / POND / LAKE / DAM	08		
		RAINWATER	09		
		TANKER / TRUCK / WATER VENDOR.....	10		
		OTHER:	96		
		DON'T KNOW/DON'T REMEMBER	98		
		REFUSED/NO ANSWER.....	99		
2.	What are the main materials used in the roof? RECORD OBSERVATION	ROOF FROM NATURAL MATERIALS	1		
		RUDIMENTARY ROOF	2		
		TILED OR CONCRETE ROOF.....	3		
		CORRUGATED IRON	4		
		OTHER:	6		
		DON'T KNOW/DON'T REMEMBER	8		
		REFUSED/NO ANSWER.....	9		
3.	Does your household have:		YES	NO	DK
	a) Electricity	a) ELECTRICITY	1	2	8
	b) A radio	b) RADIO	1	2	8
	c) A television	c) TELEVISION	1	2	8
	d) A telephone	d) TELEPHONE	1	2	8
	e) A refrigerator	e) REFRIGERATOR	1	2	8
4.	Do people in your household own any land?	YES	1		
		NO.....	2		
		DON'T KNOW/DON'T REMEMBER	8		
		REFUSED/NO ANSWER.....	9		
5.	How many rooms in your household are used for sleeping?	NUMBER OF ROOMS	[]		
		DON'T KNOW/DON'T REMEMBER	8		
		REFUSED/NO ANSWER.....	9		
6.	Are you member of a social banking system called "Ekub"	YES	1		
		NO.....	2		
7.	Are you member of a social support system called "edir"	YES	1		
		NO.....	2		
8.	If you got something that made you happy, who would come to participate your happiness	Most of Kebele members	1		
		Most of your neighbors.....	2		
		Some of your neighbors.....	3		
		No one will participate.....	4		
9.	If you sustained a heavy problem (eg death of a family member), who would participate to support you	Most of Kebele members	1		
		Most of your neighbors.....	2		
		Some of your neighbors.....	3		
		No one will participate.....	4		
10.	In the last week, lack of money, is there a person in a family who sustained hunger per a day?	YES	1		
		NO.....	2		
11.	Based on your perception, how do you rank your economically with your neighbors	Higher	1		
		Moderate	2		
		Lower.....	3		

A. Background Info/Education/Community Participation/SES

A1.	What is your relationship to the head of the household?	1. <input type="checkbox"/> Head 2. <input type="checkbox"/> Wife 3. <input type="checkbox"/> Co-wife
A2.	In what day, month and year were you born?	___ / ___ / ___ Day Month Year
A3.	How old were you at your last birthday?	___ Years
A4.	Including you, how many wives does your husband have?	___ wives

B. Gender and Domestic Violence

FO: Now I would like to ask you questions about 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.

B1.	Do you think violence against women is a major problem in your village?	1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO 3. <input type="checkbox"/> Don't Know
B2.	Out of 10 women living in your village, how many do you think are experiencing any type of physical violence from their husbands?	___ women If unsure, enter "99"
B3.	Out of 10 women living in your village, how many do you think are experiencing any type of sexual violence from their husbands?	___ women If unsure, enter "99"
B4.	What are some of the consequences of violence against women? Tick all that are mentioned. (Do not read options)	1. <input type="checkbox"/> Psychological outcomes 2. <input type="checkbox"/> Physical injuries 3. <input type="checkbox"/> Sexual and reproductive health problems 4. <input type="checkbox"/> Suicide or death 5. <input type="checkbox"/> Health or psychological risks for children 6. <input type="checkbox"/> HIV or STI 7. <input type="checkbox"/> Other (Specify) 8. <input type="checkbox"/> Don't Know
B5.	How does rape expose women to HIV/AIDS? Tick all that are mentioned. (Do not read options)	1. <input type="checkbox"/> When couples don't openly discuss 2. <input type="checkbox"/> Lack of couples trust to one another 3. <input type="checkbox"/> Not willing to get advice and treatment 4. <input type="checkbox"/> Other (Specify) _____
B6.	If a woman in your village was experiencing violence from her husband, who could she go to for help? Tick all that are mentioned. (Do not read options)	1. <input type="checkbox"/> Female relative/friend 2. <input type="checkbox"/> Male relative 3. <input type="checkbox"/> Police officer 4. <input type="checkbox"/> Health worker 5. <input type="checkbox"/> Religious leader 6. <input type="checkbox"/> Community leader 7. <input type="checkbox"/> Neighbor 8. <input type="checkbox"/> Other: _____

B7.	<p>If a woman in your village told you that she was experiencing violence from her husband, what would you do?</p> <p>Tick all that are mentioned. (Do not read options)</p>	<ol style="list-style-type: none"> 1. <input type="checkbox"/> Discuss the problem of violence with her 2. <input type="checkbox"/> Encourage her to visit a health facility for treatment 3. <input type="checkbox"/> Encourage her to report violence to a police officer 4. <input type="checkbox"/> Encourage her to discuss this problem with traditional / religious leaders 5. <input type="checkbox"/> Inform your husband about your conversation 6. <input type="checkbox"/> Inform other women in the village about your conversation 7. <input type="checkbox"/> Speak to the woman's husband or family about the problem of violence. 8. <input type="checkbox"/> Nothing, since we should not interfere in other people's private lives. 9. <input type="checkbox"/> Tell her that violence is common/normal and she should accept it. 10. <input type="checkbox"/> Discourage her from telling other people 11. <input type="checkbox"/> Advise her to resolve conflict elicited with her husband 12. <input type="checkbox"/> Other
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<p>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 your husband/partner treats you. 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?</p>		
B8.	<p>I am going to read some statements about violence against women. For each statement, please state whether you agree or disagree.</p> <ol style="list-style-type: none"> 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. 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. c) If a man slaps, pushes, shoves, kicks or drags a woman, including his wife, it is not an example of violence against women. d) If a man threatens to hit a woman, but does not actually hit her, it is an example of violence against women. e) If a man forces a woman he does not know to have sex, it is an example of violence against women. f) If a man forces his wife to have sex, it is not an example of violence against women. 	<ol style="list-style-type: none"> a) 1. <input type="checkbox"/> Agree 2. <input type="checkbox"/> Disagree b) 1. <input type="checkbox"/> Agree 2. <input type="checkbox"/> Disagree c) 1. <input type="checkbox"/> Agree 2. <input type="checkbox"/> Disagree d) 1. <input type="checkbox"/> Agree 2. <input type="checkbox"/> Disagree e) 1. <input type="checkbox"/> Agree 2. <input type="checkbox"/> Disagree f) 1. <input type="checkbox"/> Agree 2. <input type="checkbox"/> Disagree

	g) If a man shouts at his wife in public and embarrasses her, it is an example of violence against women.	g) 1. <input type="checkbox"/> Agree 2. <input type="checkbox"/> Disagree				
B9.	In the last 12 months of your relationship with your husband/partner, how often would you say that you quarreled? Would you say rarely, sometimes or often?	1. <input type="checkbox"/> Rarely 2. <input type="checkbox"/> Sometimes 3. <input type="checkbox"/> Often				
B10.	In the last 12 months, how are disagreements with your partner generally resolved? Tick all that are mentioned. (Do not read options)	1. <input type="checkbox"/> Through discussion 2. <input type="checkbox"/> By doing what I want 3. <input type="checkbox"/> By doing what my husband/partner wants 4. <input type="checkbox"/> Though intervention from other family members 5. <input type="checkbox"/> Through insults/force 6. <input type="checkbox"/> There was no conflict 7. <input type="checkbox"/> Other (specify)				
B11.	I am now going to ask you about some situations that are true for many women. Thinking about your current husband/partner, would you say in the last 12 months he:					
	a) Tries to keep you from seeing your friends?	a) 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No				
	b) Tries to restrict contact with your family of birth?	b) 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No				
	c) Insists on knowing where you are at all times?	c) 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No				
	d) Ignores you and treats you indifferently?	d) 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No				
	e) Gets angry if you talked to other men?	e) 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No				
	f) Is often suspicious that you are unfaithful?	f) 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No				
	g) Expects you to ask his permission before leaving home?	g) 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No				
	h) Expects you to ask his permission before seeking health care for yourself?	h) 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No				
	i) Prevent you from expressing your opinion in public?	i) 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No				
B12.	Now, I'd like to ask you some questions about how your husband interacts with you. In the last twelve months , did your husband ever:	If YES, How often did this happen in the last 12 months: often, only sometimes or rarely				
	a) Insulted you or made you feel bad about yourself?	a) 1. Yes	2. No	aa) 1. Often	2. Sometimes	3. Rarely
	b) Belittled or humiliated you in front of other people?	b) 1. Yes	2. No	bb) 1. Often	2. Sometimes	3. Rarely
	c) Do things to scare or intimidate you on purpose (eg by the way he looked at you, by yelling and smashing things)?	c) 1. Yes	2. No	cc) 1. Often	2. Sometimes	3. Rarely

	d) Threatened to hurt you or someone you care about?	d) 1. Yes	2. No	dd) 1. Often	2. Sometimes	3. Rarely
B13.	In the last 12 months, has your husband done any of the following things to you?	If NO, skip to next item		Would you say this has happened?		
	a) Slapped you or thrown something at you that could hurt you?	a) 1. Yes	2. No	aa) 1. many times	2. few times	3. once
	b) Pushed you or shoved you?	b) 1. Yes	2. No	bb) 1. many times	2. few times	3. once
	c) Hit you with his fist or something that could hurt you?	c) 1. Yes	2. No	cc) 1. many times	2. few times	3. once
	d) Kicked you, dragged you or beaten you up?	d) 1. Yes	2. No	dd) 1. many times	2. few times	3. once
	e) Choked or burnt you on purpose?	e) 1. Yes	2. No	ee) 1. many times	2. few times	3. once
	f) Threatened to use or actually used a gun, knife or other weapon against you?	f) 1. Yes	2. No	ff) 1. many times	2. few times	3. once
	g) Physically force you to have sexual intercourse with him even when you did not want to?	g) 1. Yes	2. No	gg) 1. many times	2. few times	3. once
	h) Force you to perform sexual acts you did not want to?	h) 1. Yes	2. No	hh) 1. many times	2. few times	3. once
	i) Did you ever have sexual intercourse because you were intimidated by him or afraid he would hurt you?	i) 1. Yes	2. No	ii) 1. many times	2. few times	3. once
B14.	Did your husband ever beat or assault you while you were pregnant?				1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO	
B15.	As the result of actions by your husband, have you suffered any of the following in the last twelve months?					
	a) Cuts, bruises or aches?			1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No	
	b) Burns?			1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No	
	c) Deep wounds, broken bones, broken teeth or any other serious injury			1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No	
	d) Loss of consciousness or passing out?			1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No	
	e) Other			e) _____		
If no responses (or non-responses) are indicated for the above questions B12-B15, proceed to B24.						
B16.	In the past twelve months, were you ever treated badly enough by your husband that you needed health care (even if you didn't receive it)?				1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO	

B17.	Have you ever disclosed to anyone that your husband mistreats you?	1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO >>>> SKIP TO B24
B18.	When did you first disclose this information? <i>If more than once, record the date of the first disclosure.</i>	____ months ____ years
B19.	Who did you disclose this mistreatment to in the last 12 months? [Check all that apply]	1. Friends 2. Parents 3. aunt/uncle 4. Friend to husband 5. Children 6. Neighbors 7. Police 8. Health officer 9. Priest 10. Counselors 11. Non-government organization 12. Authorities 13. Elders 14. Other _____
B20.	Did anyone try to help you in the last 12 months? If yes, who helped you? MARK ALL MENTIONED PROBE: Anyone else?	1. <input type="checkbox"/> Village elders 2. <input type="checkbox"/> Friends 3. <input type="checkbox"/> Parents 4. <input type="checkbox"/> Uncle or aunt 5. <input type="checkbox"/> Husband/partner's family 6. <input type="checkbox"/> Children 7. <input type="checkbox"/> Neighbors 8. <input type="checkbox"/> Police 9. <input type="checkbox"/> Doctor/Health worker 10. <input type="checkbox"/> Priest 11. <input type="checkbox"/> Counselor/religious leader 12. <input type="checkbox"/> NGO/Women's organization 13. <input type="checkbox"/> Local leader 14. <input type="checkbox"/> Other _____ 15. <input type="checkbox"/> No one
B21.	Did you ever go to any of the following for help in the last 12 months? READ EACH ONE, AND MARK ALL MENTIONED	1. <input type="checkbox"/> Police 2. <input type="checkbox"/> Hospital/health center 3. <input type="checkbox"/> Social services 4. <input type="checkbox"/> Legal Services 5. <input type="checkbox"/> Legal advice center 6. <input type="checkbox"/> Court 7. <input type="checkbox"/> Shelter 8. <input type="checkbox"/> Local Leader 9. <input type="checkbox"/> Women's organization 10. <input type="checkbox"/> Priest/religious leader 11. <input type="checkbox"/> Elsewhere: _____ 12. <input type="checkbox"/> No where [SKIP TO B24]
B22.	In the last 12 months, did you ever leave, even if only overnight because of the violence? If yes, how many times?	____ times 00 If never left home If 00 is entered, SKIP TO B24
B23.	Where did you go last time? Mark only one.	1. <input type="checkbox"/> Her relatives 2. <input type="checkbox"/> His relatives 3. <input type="checkbox"/> Her friends/neighbors

B35.	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"/> I don't know
B36.	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"/> I don't know
B37.	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"/> I don't know
<p>NOTE TO ENUMERATOR: For the next two questions – respondents should only be asked ONE question depending on their respondent ID number.</p> <p>Emphasize that we don't want to know WHICH SPECIFIC statements are true but rather HOW MANY statements are true. It might be helpful for the respondent to count the true statements on their fingers behind their back to keep it a secret.</p> <p>If the last digit of the respondent ID number is odd, then read questions B38 ONLY.</p> <p>If the last digit of the respondent ID number is even, then read question B39 ONLY.</p>		
B38.	<p>HOW MANY of the following statements truthfully describe your life in the last twelve months? Please do not tell me which statements are true, just HOW MANY.</p> <ol style="list-style-type: none"> 1. I have been to Addis. 2. My brother visited my home. 3. I listened to the radio almost every day. 4. I watched a football match. 	<input type="text"/> statements
B39.	<p>HOW MANY of the following statements truthfully describe your life in the last twelve months? Please do not tell me which statements are true, just HOW MANY.</p> <ol style="list-style-type: none"> 1. I have been to Addis. 2. My brother visited my home. 3. I listened to the radio almost every day. 4. I watched a football match. 5. I experienced physical violence such as hitting, slapping, pushing or threats of violence from my husband. 	<input type="text"/> statements

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?
B40.	A man should have the final word on decisions in his home.	1. <input type="checkbox"/> Agree 2. <input type="checkbox"/> Partially agree 3. <input type="checkbox"/> Do not agree	1. <input type="checkbox"/> Agree 2. <input type="checkbox"/> Partially agree

			3. <input type="checkbox"/> Do not agree 4. <input type="checkbox"/> Don't know
B41.	A woman should obey her husband in all things.	1. <input type="checkbox"/> Agree 2. <input type="checkbox"/> Partially agree 3. <input type="checkbox"/> Do not agree	1. <input type="checkbox"/> Agree 2. <input type="checkbox"/> Partially agree 3. <input type="checkbox"/> Do not agree 4. <input type="checkbox"/> Don't know
B42.	It is alright for a man to beat his wife if she is unfaithful.	1. <input type="checkbox"/> Agree 2. <input type="checkbox"/> Partially agree 3. <input type="checkbox"/> Do not agree	1. <input type="checkbox"/> Agree 2. <input type="checkbox"/> Partially agree 3. <input type="checkbox"/> Do not agree 4. <input type="checkbox"/> Don't know
B43.	A man can hit his wife if she won't have sex with him.	1. <input type="checkbox"/> Agree 2. <input type="checkbox"/> Partially agree 3. <input type="checkbox"/> Do not agree	1. <input type="checkbox"/> Agree 2. <input type="checkbox"/> Partially agree 3. <input type="checkbox"/> Do not agree 4. <input type="checkbox"/> Don't know
B44.	A woman should not initiate sex.	1. <input type="checkbox"/> Agree 2. <input type="checkbox"/> Partially agree 3. <input type="checkbox"/> Do not agree	
B45.	A man should be outraged if his wife asks him to use a condom.	1. <input type="checkbox"/> Agree 2. <input type="checkbox"/> Partially agree 3. <input type="checkbox"/> Do not agree	
B46.	It is a woman's responsibility to avoid getting pregnant.	1. <input type="checkbox"/> Agree 2. <input type="checkbox"/> Partially agree 3. <input type="checkbox"/> Do not agree	
B47.	A woman who has sex before she marries does not deserve respect.	1. <input type="checkbox"/> Agree 2. <input type="checkbox"/> Partially agree 3. <input type="checkbox"/> Do not agree	
B48.	Women should tolerate violence just in order to keep her family together.	1. <input type="checkbox"/> Agree 2. <input type="checkbox"/> Partially agree 3. <input type="checkbox"/> Do not agree	
B49.	There are times a woman deserves to be beaten.	1. <input type="checkbox"/> Agree 2. <input type="checkbox"/> Partially agree 3. <input type="checkbox"/> Do not agree	
B50.	A man using violence against his wife is a private matter that shouldn't be discussed outside the couple.	1. <input type="checkbox"/> Agree 2. <input type="checkbox"/> Partially agree 3. <input type="checkbox"/> Do not agree	
B51.	A man using violence against his wife is a private matter that shouldn't be discussed outside the couple.	1. <input type="checkbox"/> Agree 2. <input type="checkbox"/> Partially agree 3. <input type="checkbox"/> Do not agree	
B52.	It disgusts me when I see a man acting like a woman.	1. <input type="checkbox"/> Agree 2. <input type="checkbox"/> Partially agree 3. <input type="checkbox"/> Do not agree	

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.

	<i>Good reason for a husband to beat his wife</i>	(a) Do you agree a man would have a good reason to hit his wife in this situation?
B53.	She answers back to him.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
B54.	She neglects taking care of the children.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
B55.	She burns the food.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
B56.	She goes out without telling him.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
B57.	She refuses to have sex with him.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No

C. HIV/AIDS Knowledge, Attitudes, and Perceptions

(a) Knowledge about HIV/AIDS

C1.	<p>Please mention all of the ways you believe a person can get infected with HIV/AIDS.</p> <p><i>Do NOT read the list, tick off all that are mentioned.</i></p>	<ol style="list-style-type: none"> 1. <input type="checkbox"/> Sexual intercourse 2. <input type="checkbox"/> Sharing needles (drug use) 3. <input type="checkbox"/> Unclean medical equipment 4. <input type="checkbox"/> Blood transfusions 5. <input type="checkbox"/> During pregnancy 6. <input type="checkbox"/> During birth 7. <input type="checkbox"/> Through breast milk 8. <input type="checkbox"/> Mosquito/insect bites 9. <input type="checkbox"/> Contact with blood of infected person 10. <input type="checkbox"/> Contact with infected person's toothbrush 11. <input type="checkbox"/> Casual contact with infected person (i.e. sharing food, cup, glass, handshake, hugging, clothes) 12. <input type="checkbox"/> Other (specify) _____ 13. <input type="checkbox"/> Has not heard about HIV/AIDS 14. <input type="checkbox"/> Don't know/Don't remember
C2.	<p>Can you tell me all the ways you know of that people can protect themselves from HIV?</p> <p><i>Tick all that are mentioned.</i></p>	<ol style="list-style-type: none"> 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

C3.	Can people reduce their chance of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners?	1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO 3. <input type="checkbox"/> Don't Know
C4.	Can people get the AIDS virus from mosquito bites?	1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO 3. <input type="checkbox"/> Don't Know
C5.	Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO 3. <input type="checkbox"/> Don't Know
C6.	Can people get the AIDS virus because of witchcraft, God's curse, or other supernatural means?	1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO
C7.	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

(b) Attitudes about HIV/AIDS

C8.	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
C9.	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
C10.	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that the person had the AIDS virus?	1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO 3. <input type="checkbox"/> Don't Know
C11.	In your opinion, if a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school?	1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO 3. <input type="checkbox"/> Don't Know
C12.	I don't want to know the results, but have you ever had a blood test for HIV?	1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO

C13.	In your lifetime , how many sexual partners have you had? Including the current spouse	_ _ partners
C14.	Have you ever used a condom?	1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO >>>>>>>> skip to question C16
C15.	Did you use a condom last time you had sex ?	1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO >>>>> skip to question C18 3. <input type="checkbox"/> Not sure >>>> skip to question C19
C16.	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

C17.	How confident are you that you know how to correctly use a condom?	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
C18.	In the last 12 months, have you ever discussed HIV risk behaviors with your partner?	1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO
C19.	In the last 12 months, have you ever discussed sex with your partner?	1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO

D. Program questions

D1.	Do you remember the program “Unite for a Better Life,” a series of discussions and coffee ceremonies held in this community in 2015? If no- probe to make sure they don’t remember the program “Unite for Life is a program that brought people together in the community to discuss healthy relationships and gender issues”	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No >>>>> SKIP TO E1
D2.	How many of these discussions did you attend?	<input type="text"/> Sessions If it is 00, then go to D5
D3.	If attended less than 14 sessions, why did you not attend any/ more sessions?	1. <input type="checkbox"/> Subject matter not interesting 2. <input type="checkbox"/> Time not available (had other commitment) 3. <input type="checkbox"/> Did not feel comfortable discussing those topics 4. <input type="checkbox"/> Feared the disapproval of spouse 5. <input type="checkbox"/> Feared the disapproval of other members of the community 6. <input type="checkbox"/> Was not invited/selected for participation 7. <input type="checkbox"/> Did not feel comfortable with the facilitator 8. <input type="checkbox"/> Other
D4.	Did you attend the discussions alone or with your spouse?	1. <input type="checkbox"/> Always Alone 2. <input type="checkbox"/> Always with my spouse 3. <input type="checkbox"/> Sometimes with my spouse
D5.	How many sessions did your spouse attend?	<input type="text"/> Sessions
<p>Enumerator: Check question D2 and copy response here:</p> <p># of sessions attended by the respondent <input type="text"/> Sessions IF = 0 then SKIP TO D16</p>		
D6.	If you did attend these discussions, would you say you remember most of what was discussed, some of what was discussed, only a little, or nothing at all?	1. <input type="checkbox"/> Most or nearly all of what was discussed 2. <input type="checkbox"/> Some of what was discussed 3. <input type="checkbox"/> Little of what was discussed 4. <input type="checkbox"/> Nothing at all
D7.	What was the most important information you discussed in these sessions?	_____

D18.	Which specific information did they share with you?	<hr/> <hr/>
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E. Spouse's information and work status; Respondent's relative socioeconomic status

E1.	How old was your husband/partner on his last birthday?	_ _ Years
E2.	In the last 12 months, what has been your husband's average monthly income?	_ _ _ _ Birr
E3.	Have you ever worked or done any activities for income?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No >>>>> SKIP TO E7
E4.	In the last 12 months what was your average daily wage? If in Kind change to a monetary equivalent	_ _ _ _ Birr
E5.	Who usually decides how the money you earn will be used: mainly you, mainly your husband/partner or you and your husband/partner jointly?	1. <input type="checkbox"/> Respondent 2. <input type="checkbox"/> Husband/partner 3. <input type="checkbox"/> Respondent and husband/partner jointly 4. <input type="checkbox"/> Other _____
E6.	Would you say that the money that you earn is more than what your husband/partner earns, less than what he earns or about the same?	1. <input type="checkbox"/> More than him 2. <input type="checkbox"/> Less than him 3. <input type="checkbox"/> About the same 4. <input type="checkbox"/> Husband/partner doesn't bring in money [Skip to E8] 5. <input type="checkbox"/> Don't know
E7.	Who usually decides how your husband's/partner's earnings will be used: you, your husband/partner, or you and your husband/partner jointly?	1. <input type="checkbox"/> Respondent 2. <input type="checkbox"/> Husband/partner 3. <input type="checkbox"/> Respondent and husband/partner jointly 4. <input type="checkbox"/> Other _____
E8.	How many times per day or week do you participate in a traditional coffee ceremony? If displayed in days, put 00 on the per-week If displayed in weeks, put 00 on the per day	_ _ per day _ _ per week

E9.	Who usually participates in the coffee ceremony with you? Tick all that apply.	1. <input type="checkbox"/> Husband/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_____
E10.	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_____
E11.	Who usually prepares the coffee during the traditional coffee ceremony?	1. <input type="checkbox"/> Men 2. <input type="checkbox"/> Women 3. <input type="checkbox"/> Both men and women
E12.	Has your husband ever prepared the coffee during the traditional coffee ceremony?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No

E13.	Now if you permit me, I will ask some more questions about your relationship with your husband. In the last twelve months, did your husband ever:	Yes	No	If yes, how often?		
				Often	Someti mes	Rarely
	a) Expect that you ask permission to purchase large items?	1	2	1	2	3
	b) Expect that you ask permission to purchase small items?	1	2	1	2	3
	c) Take your earnings or savings from you against your will?	1	2	1	2	3
	d) Spent money you needed for rent, food or clothes on things for him?	1	2	1	2	3
	e) Threaten to not give you money or take it away from you?	1	2	1	2	3
E14.	Who in your family usually has the final say in how you spend money on the following things?	Your self	Spouse	Yourself and spouse Jointly	Someone else	You and someone else jointly
	a. Food and clothing	1	2	3	4	5
	b. Large investments such as buying a car, or a house, or a household appliance	1	2	3	4	5

	c. Regarding spending time with family friends or relatives	1	2	3	4	5	
E15.	In the last 12 months, how did you and your partner divide the following tasks: (Not applicable is coded as 0).	I do everything	Usually me	Shared equally or done together	Usually partner	Partner does everything	Someone else
	a) Washing clothes	1	2	3	4	5	6
	b) Repairing house	1	2	3	4	5	6
	c) Buying food	1	2	3	4	5	6
	d) Cleaning the house	1	2	3	4	5	6
	e) Preparing the food	1	2	3	4	5	6
	f) Daily care of the children	1	2	3	4	5	6

E16.	Are you satisfied with this division of tasks?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
E17.	Do you think your partner is satisfied with this division?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No

E18.	How often does your husband/partner drink alcohol?	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"/> Rarely 5. <input type="checkbox"/> Never drinks >>>>>>> Skip to E21
E19.	In the past 12 months how often have you seen your husband/partner drunk? Would you say most days, weekly, once a month, less than once a month or never?	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
E20.	In the past 12 months, have you experienced any of the following problems, related to your husband/partner's 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)_____
E21.	How often does your husband/partner chew khat? 1. Every day or nearly every day 2. Once or twice a week 3. 1-3 times a month	1. <input type="checkbox"/> Every day or nearly every day 2. <input type="checkbox"/> Once or twice a week

	<p>4. Occasionally, less than once a month</p> <p>5. Never</p>	<p>3. <input type="checkbox"/> 1-3 times in a month</p> <p>4. <input type="checkbox"/> Very Rarely</p> <p>5. <input type="checkbox"/> Never >>>>>>> Skip to E23</p>
E22.	<p>In the past 12 months, have you experienced any of the following problems, related to your husband/partner's khat chewing?</p> <p>a. Money problems</p> <p>b. Health problems</p> <p>c. Conflict with family or friends</p> <p>d. Problems with authorities (police etc)</p> <p>e. Any other problems (specify)</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> <p>e. Other(Specify)_____</p>
E23.	<p>How many biological children do you have?</p> <p>If no child enter 00</p> <p>Enter 99 if child is dead</p>	<p>____ If no child>>>>>>>skip to F1</p>
E24.	<p>How old is your youngest biological child?</p> <p>If the child died, fill near the age he/ she died 99</p>	<p>____ Years</p> <p>____ months (if age < 1 year, enter months)</p> <p>____ days (if age <1 month, enter days)</p>
E25.	<p>How old is your eldest biological child?</p> <p>If the child died, fill near the age he/ she died 99</p>	<p>____ Years</p> <p>____ months (if age <1 year, enter months)</p> <p>____ days (if age <1 month, enter days)</p>
E26.	<p>When you were pregnant with your youngest child, how many times did your partner accompany you to an antenatal care (ANC) visit?</p>	<p>____ ANC visits</p> <p>if he did not accompany to any visits enter 00 and SKIP TO E28</p>
E27.	<p>During the last antenatal care visit that your partner attended, did he:</p>	<p>1. <input type="checkbox"/> Drop you off at the entrance or wait for you outside</p> <p>2. <input type="checkbox"/> Wait in the facility, but not participate in the ANC visit</p> <p>3. <input type="checkbox"/> Join you for at least part of the visit with the health provider</p> <p>4. <input type="checkbox"/> Don't know / Don't remember</p>
E28.	<p>Where was your partner during the birth of your last child?</p>	<p>1. <input type="checkbox"/> He was in the delivery room with me</p> <p>2. <input type="checkbox"/> He was at the health facility/delivery location but not in the room with me</p> <p>3. <input type="checkbox"/> He was not at the health facility/ delivery location</p> <p>4. <input type="checkbox"/> Don't know / Don't remember</p>

F. Patient Health Questionnaire

Over the last 2 weeks, how often have you been bothered by any of the following problems?		Answer			
		Not at all	Several Days	More than half the days	Nearly every day
F1.	Little interest or pleasure in doing things	0	1	2	3
F2.	Feeling down, depressed or hopeless	0	1	2	3
F3.	Trouble falling or staying asleep, or sleeping too much	0	1	2	3
F4.	Feeling tired or having little energy	0	1	2	3
F5.	Poor appetite or overeating	0	1	2	3
F6.	Feeling bad about yourself- or that you are a failure or have let yourself or your family down	0	1	2	3
F7.	Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
F8.	Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
F9.	Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3
		Not difficult at all	Some what difficult	Very difficult	Extremely difficult
F10.	If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	0	1	2	3

Comments:

G0. 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 violence such as hitting, slapping, pushing or threats of violence or sexual violence against you **in the last 12 months**. 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. Your response will remain completely anonymous and there is no way for anyone to know what your answer is. Your confidentiality will be protected, so please feel free to share the honestly without fear.

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.

The End

Note:

Before leaving the participant

- **Check for consistency and completeness of each question**
- **Provide the referral and community resource after informing her**
- **Provide greetings and thank her.**