

Principal Investigator: Naved Ruchira Tabassum, Azim Safia

International Centre for Diarrhoeal Disease Research, Bangladesh

FOR OFFICE USE ONLY

Protocol No: 2000-001

Date:

RESEARCH PROTOCOL 2000-001	RRC Approval: Yes/ No ERC Approval: Yes/No	Date: 26/1/2000 Date:
1. Title of Project (Do not exceed 60 characters including spaces and punctuation) → Women's Health and Domestic Violence		
2a. Name of the Principal Investigator(s) (Last, Middle, First). Ruchira Tabassum Naved Safia Azim	2b. Position / Title Gender & reproductive health Specialist, ICDDR,B Executive Committee Member, Naripokkho	2c. Qualifications Ph.D MSc
3. Name of the Division/ Branch / Programme of ICDDR,B under which the study will be carried out. Social and Behavioural Sciences Programme (SBSP), PHSD, ICDDR,B, GPO Box 128, Dhaka 1000		
4. Contact Address of the Principal Investigator 4a. Office Location: SBSP, PHSD, ICDDR,B GPO Box 128, Dhaka 1000 covenor@naripkho.prodeshta.net.	4b. Fax No: +88 02 885060 4c. E-mail: ruchira@icddr.org 4d. Phone / Ext: 870021, 871751-60 Ext: 2238	
Naripokkho, 91/N, Rd 7A, Dhanmondi RA, Dhaka 1209 fsiddiqi@bangla.net		
5. Use of Human Subjects	5a. Use of Live Animal	5b. If Yes, Specify Animal Species
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
6. Dates of Proposed Period of Support (Day, Month, Year - DD/MM/YY) March 1, 2000 - February 27, 2002		7. Cost Required for the Budget Period: 7a. Direct Cost (\$) 208,333 7b. Total Cost (\$) 250,000.

8. Approval of the Project by the Division Director of the Applicant

The above-mentioned project has been discussed and reviewed at the Division level as well by the external reviewers.

The protocol has been revised according to the reviewer's comments and is approved.

 LARS AKE PERSSON

21 DEC 1999

Name of the Division Director

Signature

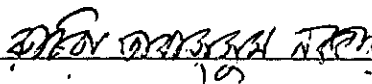
Date of Approval

Principal Investigator: Naved Ruchira Tabassum, Azim Safia

9. Certification by the Principal Investigator

I certify that the statements herein are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of this application.

10. Signature of PI



Date: 21.12.99.

Principal Investigator: Naved Ruchira Tabassum, Azim Safia

Table of Contents

	Page Numbers
Face Page.....	1
Project Summary.....	4
Description of the Research Project	5
Specific Aims	5
Background of the Project Including Preliminary Observations.....	6
Research Design and Methods.....	11
Facilities Available.....	19
Ethical Assurance for Protection of Human Rights.....	20
Literature Cited.....	24
Dissemination and Use of Findings.....	26
Collaborative arrangement.....	27
Biography of the investigators.....	28
Detailed Budget	37
Budget Justifications	39
Appendix	40

Check here if appendix is included

Principal Investigator: Naved Ruchira Tabassum, Azim Safia

PROJECT SUMMARY: Describe in concise terms, the hypothesis, objectives, and the relevant background of the project. Describe concisely the experimental design and research methods for achieving the objectives. This description will serve as a succinct and precise and accurate description of the proposed research is required. This summary must be understandable and interpretable when removed from the main application. (TYPE TEXT WITHIN THE SPACE PROVIDED).

Principal Investigator: Ruchira Tabassum Naved, Safia Azim

Project Name: ~~Women's Health and Domestic Violence~~

Total Budget: US \$329624.27 Expected Beginning Date: March 1, 2000
2002

Ending Date: February 27,

Despite the fact that sporadic studies as well as reports by media indicate that domestic violence against women DVAW is a serious public health problem in Bangladesh reliable estimates of magnitude of DVAW, its precipitating factors and consequences on women's health is absent in Bangladesh. This has facilitated a reluctance among policy makers to address this issue under the pretext that it touches upon a highly personal and sensitive aspect of family life which continues to be viewed by many as 'off limits' for intervention. The paucity of information on the determinants and precipitating factors for domestic violence have similarly impeded the formulation of sound and effective programs to address this issue, especially in the area of prevention. Similarly, limited understanding of the linkages between domestic violence and women's physical and mental health problems has resulted in missed opportunities in terms of more effectively and directly addressing this issue within existing health and especially reproductive health programs (Koenig et al. 1999). In this scenario, the present population-based study seeks to: 1) Obtain reliable estimates of the prevalence of DVAW in urban and rural Bangladesh; 2) Document the health consequences of DVAW; 3) Identify and compare risk and protective factors for DVAW, within and between settings; 4) Explore and compare the coping strategies used by women experiencing domestic violence.

The study will employ both qualitative and quantitative research methods. A cross-sectional survey of 3000 women aged 15-49 will be undertaken. These quantitative data will be supplemented by qualitative research involving men and women and conducted prior to the survey. These data will be used to help guide the study development, describe the context within which the quantitative findings will be interpreted, identify modifications to the research methods, and identify ways in which the research can be used nationally for advocacy and to help inform intervention development.

The study will be implemented by a multi-disciplinary research team representing epidemiologists, psychologists, statisticians, economists and women's organizations working to address violence against women. The researchers have experience in quantitative and qualitative research, and conducting research on sensitive issues.

The study is planned to be coordinated with WHO's multi-country project on women's health and domestic violence.

KEY PERSONNEL (List names of all investigators including PI and their respective specialties)

Name	Professional Discipline/ Specialty	Role in the Project
1. Naved Tabassum Ruchira	Economics / Gender and reproductive health	PI
2. Azim Safia	Psychology / Women's activist	PI
3. Bhuya Abbas	Demographer / Statistician	Co-PI
4. Persson Åke Lars	Epidemiologist	Co-PI

Specific Aims:

Describe the specific aims of the proposed study. State the specific parameters, biological functions/ rates/ processes that will be assessed by specific methods (**TYPE WITHIN LIMITS**).

The population-based study will:

- Obtain reliable estimates of the prevalence of violence against women separately in urban and rural Bangladesh.
- Document the health consequences of domestic violence against women in both the areas.
- Identify and compare risk and protective factors for domestic violence against women, within and between settings.
- Explore and compare the coping strategies used by women experiencing domestic violence in urban and rural areas.

Background of the Project including Preliminary Observations

Describe the relevant background of the proposed study. Discuss the previous related works on the subject by citing specific references. Describe logically how the present hypothesis is supported by the relevant background observations including any preliminary results that may be available. Critically analyze available knowledge in the field of the proposed study and discuss the questions and gaps in the knowledge that need to be fulfilled to achieve the proposed goals. Provide scientific validity of the hypothesis on the basis of background information. If there is no sufficient information on the subject, indicate the need to develop new knowledge. Also include the **significance and rationale** of the proposed work by specifically discussing how these accomplishments will bring benefit to human health in relation to biomedical, social, and environmental perspectives. **(DO NOT EXCEED 5 PAGES, USE CONTINUATION SHEETS).**

Violence against women is a worldwide problem, crossing cultural, geographic, religious, social and economic boundaries. In the last decade it has become recognized as an important issue on the international arena, most recently at the UN World Conference on Human Rights (1993), the International Conference on Population and Development (1994) and the Fourth World Conference on Women in Beijing (1994). In Bangladesh, the situation is aggravated by the existence and functioning of patriarchal system, which ensures women's absolute socioeconomic dependence on men and makes them vulnerable to violence.

Despite the fact that sporadic studies as well as reports by media indicate that DVAW is a serious public health problem in Bangladesh reliable estimates of magnitude of DVAW, its precipitating factors and consequences on women's health is absent in Bangladesh. This has facilitated a reluctance among policy makers to address this issue under the pretext that it touches upon a highly personal and sensitive aspect of family life which continues to be viewed by many as 'off limits' for intervention. The paucity of information on the determinants and precipitating factors for domestic violence have similarly impeded the formulation of sound and effective programs to address this issue, especially in the area of prevention. Similarly, limited understanding of the linkages between domestic violence and women's physical and mental health problems has resulted in missed opportunities in terms of more effectively and directly addressing this issue within existing health and especially reproductive health programs (Koenig et al. 1999).

Studies conducted indicate that the most common type of violence against women is domestic violence. Among the most prevalent are those forms of violence perpetrated against women by intimate partners and ex-partners, including the physical, psychological and sexual abuse of women (Heise et al. 1994). Evidence from Bangladesh also shows high levels of partner abuse. Thus, a survey of 1305 reproductive aged women in rural Bangladesh reports that 47% of the women have been ever beaten by their husbands (Schuler et al. 1996). Based on ethnographic data collected by these researchers note that this may be an underestimation. A study conducted in another rural area in Bangladesh finds that verbal abuse is very common and 85% of currently-married women reported to have experienced this (Steele et al. 1998). In this study 32% of the respondents reported being physically abused by their husbands. The study on 500 currently-married women by BRAC shows that 22% of the respondents were physically assaulted by their husbands and 28% experienced mental torture. According to the study findings of Ahmed et al currently married women of reproductive age (15-44) have substantially higher risk of violent death than never-married, widowed and divorced women of the same age group.

Accurately estimating the prevalence of different forms of violence against women in families is difficult. Violence is a highly sensitive area that touches on fundamental issues of power, gender and sexuality. As violence is commonly perpetrated by a woman's partner, often within her home, it is often considered as 'private', lying out of the realm of public debate or exploration. Such factors have, until recently, helped result in violence against women remaining largely hidden and undocumented, particularly in developing country settings.

Some progress has been made in recent years, and a number of instruments have been developed, predominantly for use in industrialized countries, to quantify the extent, severity and frequency of different forms of interpersonal violence. Commonly, the subject of violence is introduced in the context of conflict resolution (Straus et al. 1996),

Principal Investigator: Naved Ruchira Tabassum. Azim Safia

injuries, crime, or family or health problems. Since the interpretation of what acts constitute 'violence' will differ between individuals and communities, these tools often explore the extent to which individuals report experiencing specific, clearly defined acts of violence (such as punching, kicking or hitting) over a fixed span of time. For example, one widely used instrument - the conflict tactics scale (CTS) - has been used since 1972 to document the extent to which individuals report physical and psychological attacks between partners in a marital, cohabiting or dating relationship (Straus et al. 1996). Increasingly too, there are modules on violence against women that are being used in large scale demographic and health surveys (MACRO International, 1998, Jewkes 1997).

~~In Bangladesh, studies indicate that between 22% and 47% of women report experiencing some form of physical violence by their partners (Schuler et al. 1996; Hadi 1997; Steete et al. 1998). The estimates of the extent of violence in different studies are not directly comparable. This is because of differing definitions of DVAW, differing reference periods, study populations and differences in wording of questions. Estimates from different countries are also not comparable for similar reasons. This planned is part of a multi-country effort, coordinated by WHO, that provides an opportunity to develop tools and study methodology that are appropriate for use in a number of countries, and to produce results that can provide the basis for international analysis and comparison.~~

Physical, mental and reproductive health consequences

Violence against women has wide-ranging physical, mental and reproductive health consequences. Although national data are scarce some community based and small-scale studies indicate that violence against women is an important cause of morbidity and mortality. As shown below, the physical and mental health consequences are numerous, with fatal and non-fatal outcomes (Heise et al. 1994).

Physical violence by intimate male partners often causes serious bodily injury. Abuse-related injuries include bruises, cuts, black eyes, burns, concussion and broken bones. They also include injuries from knives and other objects, as well as permanent injuries such as physical disfigurement from burns, bites or the use of weapons. Women who are physically abused often also have a host of less-defined somatic complaints, including chronic headaches, abdominal and pelvic pains, and muscle aches.

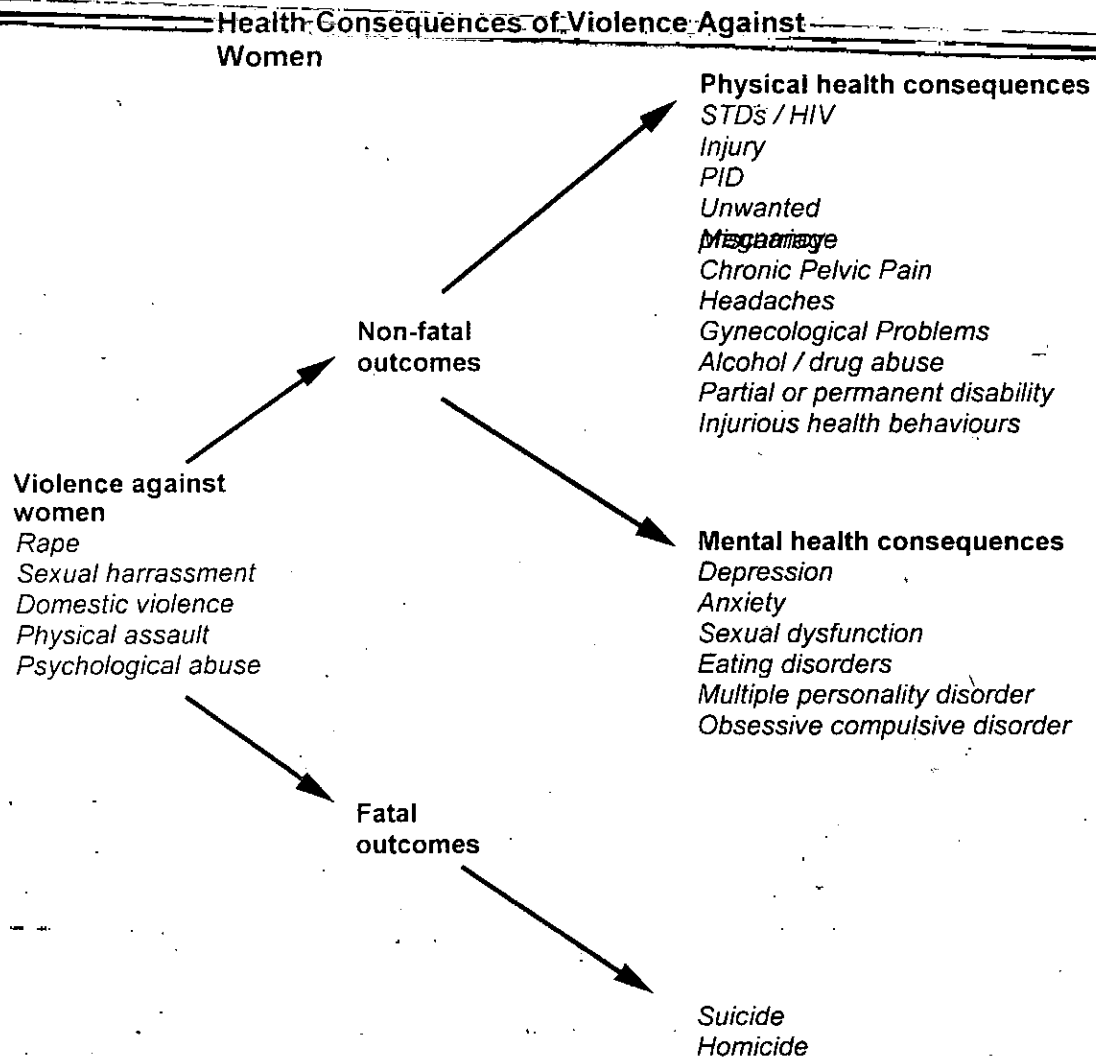
The mental health consequences associated with violence against women include fear, anxiety, fatigue, depression and post-traumatic stress disorder. Sleeping and eating disturbances are also common long-term reactions. Links have also been found between physical abuse and higher rates of psychiatric treatment, attempted suicide, and alcohol dependence (Plichta 1992).

Violence against women also has important reproductive health consequences (Heise et al 1994, Njovana and Watts, 1996). The threat of, and actual violence is used by many men to maintain control over women's reproduction and sexuality. Women may be vulnerable to violence if they are perceived to question or not be adequately fulfilling their reproductive role within marriage, during conflicts associated with pregnancy or childbirth, or due to suspected infidelity. Violence may also have a direct impact on a woman's reproductive and sexual health. Several studies in industrialized countries have documented women's increased vulnerability to violence during pregnancy, with blows commonly being directed to a woman's abdomen. Moreover, physical abuse has been found to be associated with delayed entry into prenatal care. Clearly, such violence can have a large impact on the child's subsequent health: studies in the US indicate that women battered during pregnancy run twice the risk of miscarriage, and have four times the risk of having a low birth weight baby than women who are not beaten.

Sexual assault causes physical and psychological damage, and has serious sexual and reproductive health consequences. Survivors of rape face the real risk of contracting a sexually transmitted disease, including HIV. The risk of unwanted pregnancy is also substantial. In countries where legal termination services are inaccessible or expensive, many women are faced with the choice of either having to bear the rapist's child, or to illegally abort. Rape survivors may exhibit a variety of trauma-induced symptoms including nightmares, depression, inability to concentrate, sleep and eating disorders, and feelings of anger, humiliation and self-blame. It is also associated with

Principal Investigator: Naved Ruchira Tabassum, Azim Safia

severe sexual problems and mental health disorders, including severe depression, obsessive compulsive disorder and post-traumatic stress disorder (Heise et al 1994).



Finally, violence against women in families may be fatal. Data from a range of countries demonstrates that the majority of women murdered are killed by present or former partners (Heise et al 1994). In addition, women may commit suicide as a last resort to escape a violent situation. In 1993, World Bank reported that intentional injury during pregnancy motivated by dowry disputes or shame over a rape or a pregnancy outside of wedlock, caused 6% of all maternal deaths in Bangladesh between 1976 and 1986 (World Bank 1993). Another study found that severe beating, usually by husbands accounts for 49% of household deaths in Bangladesh (Paltiel 1987).

Other consequences of abuse

Research from industrialized countries suggests that violence against women has far reaching consequences. Violence does not only solely affect women's health and wellbeing, but also may limit their participation in society, and have an important impact on their children (Heise et al 1994). A woman experiencing abuse may

Principal Investigator: Naved Ruchira Tabassum, Azim Safia

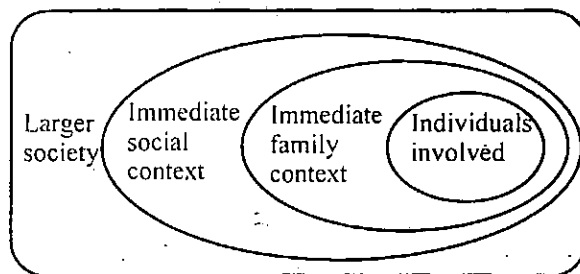
have to sell assets to pay for things that her husband refuses to buy, to gain access to health and other services, or to support her family. Her work may be disrupted both through injury, and as a result of interference at her workplace by her abusive partner. In addition, she and her children may be forced to leave her home at times when there is severe violence. The power and control that her partner imposes, in combination with injuries that she receives, may also prevent her from completing even basic household functions - such as cooking or collecting water, and reduce the time that she can allocate to different activities. Commonly also in abusive relationships, a woman may not be allowed to see her family and friends, or to participate fully in religious, development or community activities.

Children may be affected in many ways. For pregnant women, both the stress associated with abuse, and the experience of violence during pregnancy may result in miscarriage, or lead to the birth of a low-birth weight or injured child. For women whose autonomy is severely restricted, it may be extremely difficult to provide for their children's basic needs, such as accessing child healthcare services. Children growing up in violent households are also likely to face many difficulties, including living in fear of violence occurring, possibly witnessing their mother being abused, and being injured if they intervene. There is also evidence that domestic violence has a negative impact on children's development and performance in school, and that many children in violent relationships run away from home.

Risk and protective factors

It is likely that a range of factors, acting at different levels, help to facilitate violence and support its perpetuation. Theoretical models of risk and protective factors for family violence identify characteristics of the larger society, the immediate social context, the immediate family context and finally the personal history and characteristics of the individuals involved (Belsky 1980, Heise 1996) (see below).

Risk and Protective Factors For Violence Against Women



Broader cultural values and beliefs identified as possibly contributing to violence in families include factors such as masculinity linked to dominance or toughness, male entitlement and ownership of women, and approval of the physical chastisement of women.

Factors within the immediate social context include community characteristics, such as the low social status of women, high levels of societal tolerance of domestic violence against women, a lack of supportive services, and high levels of unemployment, crime and male on male violence. Possible protective factors within the immediate social context may include community characteristics such as that women are involved in groups or support each other, can own land and mobilize resources; or are able to maintain custody of their children upon separation.

Within the immediate family context, factors that may contribute to violence include male dominance in the family, male control of wealth, marital conflict, and isolation of the woman in the family. Possible male personal history risk factors include witnessing parental violence as a child, the ownership of weapons, the extreme use of alcohol or other substances, loss of status, and delinquent peer associations. Although the role of alcohol as a risk factor for violence is commonly highlighted, the relationship between domestic violence and alcohol use is controversial. While there is substantial evidence linking alcohol usage and a range of forms of violence, there is

Principal Investigator: Naved Ruchira Tabassum, Azim Safia

no evidence showing that alcohol directly produces violent or abusive behavior. Indeed, it may well be that both alcohol use and violence are behaviors adopted in response to other difficulties (Gondolf 1995). It has also been argued that some men use alcohol or drugs as an excuse for violence, or as a mechanism to gain sufficient courage to be violent to their partner.

The ecological model highlights that it is a combination of factors, acting at different levels, which may increase the likelihood that violence occurs in one family, and not another. At present many analyses focus on assessing the role of individual risk factors. Greater insights into the situations and contexts in which violence does and does not occur could be obtained through a multi-variate and multi-level analysis of possible combinations of factors acting at different levels (as in O'Campo et al 1997, Sampson et al 1997, Koenig et al 1999).

Although domestic violence against women is pervasive, there is some evidence that there is substantial variation in the levels of violence occurring even within a country (Counts et al 1992, Levinson 1989). Thus, analyses comparing settings where there are high and low prevalence of domestic violence against women provide an opportunity to identify potential individual and community factors that are associated with the occurrence of domestic violence against women. Comparative analysis could also be used to test whether there are identifiable factors within the immediate and larger community that could possibly be reduced through community prevention activities. Clearly, if potentially modifiable risk factors can be identified, it would have important implications for the development of preventive interventions internationally.

Coping and retaliation

Women experiencing violence may utilize a range of strategies to try to minimize the extent of violence or injury, to obtain support, or to end the violence. These include retaliation, leaving the relationship, seeking help from friends or relatives, or turning to the police, the health sector, and other support services. It is also likely that there are services or people from whom women would like to be able to obtain support. Information on the actions taken and the respondent's perceptions concerning whether this had helped could be used to advise other women experiencing violence. Information on informal and formal sources of support could be used to identify where to possibly direct additional training focusing on ways to support women experiencing abuse.

Despite the fact that sporadic studies as well as reports by media indicate that DVAW is a serious public health problem in Bangladesh reliable estimates of magnitude of DVAW, its precipitating factors and consequences on women's health is absent in Bangladesh. This has facilitated a reluctance among policy makers to address this issue under the pretext that it touches upon a highly personal and sensitive aspect of family life which continues to be viewed by many as 'off limits' for intervention. The paucity of information on the determinants and precipitating factors for domestic violence have similarly impeded the formulation of sound and effective programs to address this issue, especially in the area of prevention. Similarly, limited understanding of the linkages between domestic violence and women's physical and mental health problems has resulted in missed opportunities in terms of more effectively and directly addressing this issue within existing health and especially reproductive health programs (Koenig et al. 1999).

Research Design and Methods

Describe in detail the methods and procedures that will be used to accomplish the objectives and specific aims of the project. Discuss the alternative methods that are available and justify the use of the method proposed in the study. Justify the scientific validity of the methodological approach (biomedical, social, or environmental) as an investigation tool to achieve the specific aims. Discuss the limitations and difficulties of the proposed procedures and sufficiently justify the use of them. Discuss the ethical issues related to biomedical and social research for employing special procedures, such as invasive procedures in sick children, use of isotopes or any other hazardous materials, or social questionnaires relating to individual privacy. Point out safety procedures to be observed for protection of individuals during any situations or materials that may be injurious to human health. The methodology section should be sufficiently descriptive to allow the reviewers to make valid and unambiguous assessment of the project. (DO NOT EXCEED TEN PAGES, USE CONTINUATION SHEETS).

WORKING DEFINITIONS

Domestic violence against women and girls is defined in the Declaration on the Elimination of Violence Against Women as an act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, including battering, sexual abuse of female children in the household, dowry related violence, marital rape, female genital mutilation and other traditional practices harmful to women.

For the purposes of the study, a series of separate definitions are given for the different forms of violence that will be considered in the survey:

Domestic violence against women

Any act or omission by a family member (most often a current or former husband or partner), regardless of the physical location where the act takes place, which negatively effects the well-being, physical or psychological integrity, freedom or right to full development of a woman.

Physical violence

Physical violence is the intentional use of physical force with the potential for causing death, injury or harm. Physical violence includes, but is not limited to: scratching, pushing, shoving, throwing, grabbing, biting, choking, shaking, poking, hair pulling, slapping, punching, hitting, burning, the use of restraints or one's body size or strength against another person, and the use of a weapon (gun, knife or object).

Severe physical violence

Physical violence that is likely to lead to external or internal injuries.

Abusive sexual contact

Abusive sexual contact is any act in which one person in a power relationship uses force, coercion or psychological intimidation to force another to carry out a sexual act against her or his will, or participate in unwanted sexual relations from which the offender obtains gratification. Abusive sexual contact occurs in a variety of situations, including within marriage, on dates, at work and school, and in families (i.e. incest). Other manifestations include undesired touching, oral, anal or vaginal penetration with the penis or objects, and obligatory exposure to pornographic material.

Forced sex

Forced sex will be taken to be where one person has used force, coercion or psychological intimidation to force another to engage in a sex act against her or his will, whether or not the act is completed.

Sex act

Sex act is defined as contact between the penis and vulva, or the penis and the anus involving penetration, however slight; contact between the mouth and the penis, vulva or anus; or penetration of the anal or genital opening of another person by a hand, finger or other object.

Psychological violence

Psychological violence is any act or omission that damages the self-esteem, identity or development of the individual. It includes, but is not limited to, humiliation, threatening loss of custody of the children, forced isolation from family or friends, threatening to harm the individual or someone they care about, repeated yelling or degradation, inducing fear through intimidating words or gestures, controlling behavior, and the destruction of possessions.

A cross-sectional survey of women will be used to obtain detailed information of the prevalence and frequency of different forms of domestic violence against women, identify risk and protective factors at the household and community level, document the health consequences of violence, and explore the strategies used by women in violent relationships to end or minimize violence. This quantitative information will be supplemented by qualitative research involving men and women.

Prior to the survey, a formative stage of research will be used to help guide the study development, describe the context within which the quantitative findings will be interpreted, identify modifications to the research methods, and identify ways in which the research can be used nationally for advocacy and to help inform intervention development.

Research team

The study will be implemented by a research team, consisting of researchers coming from different disciplines and backgrounds e.g., epidemiology, psychology, statistics, economics and women's organisation working to address violence against women. The researchers will have experience in quantitative and qualitative research, and conducting research on sensitive issues. The research team is particularly strong because of collaboration between ICDDR,B and Naripokkho. While ICDDR,B is a reputable research organization Naripokkho is a women's activist group whose strength lies in its many activities, in combating violence against women. Since its inception in 1983 the organisation has been active in the field of publicly protesting and mobilising against violence against women through its writings and public protests in both urban and rural areas. Participation in rallies, encouraging artists to protest violence, observation of special days (The International Women's Day on March 8, The Day to Protest Violence against Women on November 25, Bangladesh's Liberation Day on December 16), leadership in shaping and forming ideas regarding VAW, and actively steering the movement for women's equality and freedom are some of the activities prioritised in Naripokkho's agenda. The organisation's redefinition of the issue of VAW as a political manifestation of inequality has formed public opinion which is becoming more pro-women. The organisation works closely with a survivors of acid assaults and sex workers who have been evicted from brothels. Its activism aims to include, rather than seclude, individual survivors and their families.

Informal networks with journalists, doctors, lawyers, judges, government organisations, non-government organisations, as well as others in the women's movement has placed Naripokkho in a position whereby it can effectively inform public opinion on VAW. The organisation is providing leadership to DOORBAR, a network with a membership of 242 grassroots level women's organisations located all over the country. It works closely with NGOs providing health care, legal aid and shelters to women. The organisation has given inputs in the formulation of the Government's Multi-sectoral Project to Combat Violence against Women and thereby has strong connections with relevant ministries involved in the institutional redress of violence against women. The organisation has connections with the Acid Survivors Foundation, UNICEF's project for a Women Friendly Hospital, Uikā and Durjoy (associations of sex workers).

Principal Investigator: Naved Ruchira Tabassum, Azim Safia

Naripokkho has undertaken a project to monitor institutional involvement (hospitals, courts and police stations) in the provision of support to survivors of violence. This project focuses primarily on the quality of institutional services provided in urban Dhaka. However the project has also taken interns and trainees from other organisations as well as members of DOORBAR in order to train them in monitoring techniques and processes in mobilising against violence in their own areas.

Moreover, Naripokkho has research experience with violence against women. It is currently completing its ~~analysis of the findings from institutional records and the household survey conducted in Dhaka city to look at the incidence and prevalence of violence against women.~~

Consultative committee

A consultative committee will be established to support the implementation of the study and ensure the dissemination of the results. Where possible, existing multi-sectoral committees on violence against women will be used, ensuring that representatives from relevant divisions within the Ministry of Health are included. Members of the research teams will regularly meet with this group to discuss emerging issues.

FORMATIVE RESEARCH

Aims of formative research

The formative research will be used to help guide the development of the survey tool and research methods. The formative research will be used to:

- Identify the range of forms of violence commonly occurring;

- Gain insights into men and women's perceptions about what behaviors in what circumstances are abusive in different contexts;

- Identify terms and expressions that are commonly used to discuss different forms of violence against women;

- Document perceptions about the consequences of family violence to women, the family, children and society as a whole;

- Explore what strategies are used by women in violent relationships to end violence or to reduce its consequences;

- Identify issues and potential forms of analysis of importance locally to include in the survey;

- Identify possible sources of support for women experiencing abuse identified during the survey.

The formative stage will be limited to three months data collection, and one-month preliminary analysis. The analysis will focus on assessing the implications of the findings for the quantitative study.

Background information (1 week)

Existing information on violence against women in families and contextual information concerning potential risk and protective factors for violence, will be compiled. This will include information on:

- common perceptions of the main problems facing men and women;

- the forms of violence occurring and possible factors affecting the patterns of abuse occurring;

- laws relating to assault, rape, statutory rape, attempted rape, sexual abuse, child sexual abuse, domestic violence;

Principal Investigator: Naved Ruchira Tabassum, Azim Safia

laws relating to status of women and their rights within marriage, upon separation and divorce, including child custody upon separation / divorce and maintenance;

laws relating to abortion / menstrual regulation and contraceptive use;

laws concerning female ownership of assets, inheritance or property.

In preparation for the quantitative survey, the availability of the following will also be assessed:

~~background information about the proposed study locations and possible sampling frames that could be used in the cross-sectional survey;~~

demographic and health surveys already conducted and the sampling frames used;

details of locally validated mental health screening tools;

economic information on the unit costs to the health sector for the provision of different forms of health services.

Key informant interviews (1 weeks)

Large gaps in information will be filled using informal discussions with key individuals. The process can also be used to publicize and build support for the study, and to help plan particular aspects of the study, such as:

possible sources of help for women identified during the survey;

key issues to explore during the survey;

possibilities to feed the survey findings into ongoing educational, training and advocacy activities.

Potential informants include representatives from NGOs focusing on violence against women, women's health, women's rights and legal literacy, and women's education and development. Other important sources of information may include women's activists, community and religious leaders, policy makers, health workers, family planning workers, the police, lawyers, journalists and teachers.

In-depth semi-structured interviews with survivors of violence (6 weeks)

In-depth semi-structured interviews will be held with about thirty women who are known to have experienced abuse from their partners. Participants will be recruited from different support services, and through the use of snowball techniques using as many entry points as possible. Interviews will be conducted with women from both urban and rural areas, from different socio-economic groups, and of different ages.

Each interview will seek to explore the following areas:

Socio-demographic information about each woman and her partner;

General information about the relationship (where met the man, dating relationship, reasons for marriage, expectations, problems, conflicts);

Details about the onset of violence, its duration, and how it has changed over time;

Information about where she has sought help and its outcomes, including how she was treated by others;

Details of how the violence she has experienced has effected factors such as: her feelings about herself, her children, her work, her social interactions and her ability to support her family;

Advice that she would give other women in the same situation.

Principal Investigator: Naved Ruchira Tabassum, Azim Safia

The structure of the interview reflects the forms of information that will be collected during the cross-sectional survey. As such, the semi-structured interviews will be used to gain a better understanding of how women describe their experiences of domestic violence, the ways in which they have responded, how such violence has influenced their lives, and how women experiencing violence feel that the situation could be improved. The narratives obtained will be used to help inform the relevant modules within the questionnaires. The information will also be used to help inform the interpretation of the quantitative research findings, and to supplement the quantitative figures obtained.

~~In practice, during the cross-sectional survey, interviews will be conducted with women from a range of~~ backgrounds, and with very varied histories of abuse. For this reason, rather than focus exclusively on women who are known to have experienced severe forms of violence, the semi-structured interviews will include women who have experienced different levels of severity of violence, and who are at different stages of ending the abuse. It is likely that there may be substantial differences in the narratives given by women who self-identify as being abused and those who do not; between women with different perceptions about the acceptability of violence; between women who have left abusive relationships and those who have not; and between women who have experienced different levels of severity of abuse. By documenting a range of testimonies, it will be possible to use the findings to explore issues such as how to ask about forms of abuse that are commonly perceived as being mild or acceptable.

When conducting these interviews, careful attention will be made to a number of ethical concerns detailed below. This includes recognizing that the interviews may be distressing, and ensuring that adequate follow-up support is provided. Care will also be made to ensure that strict confidentiality is maintained, and that the respondent cannot be identified in follow-up dissemination activities. Any tapes made will be erased once transcripts have been made. Each interview will aim to end on a positive note, identifying the respondent's strengths and abilities.

Focus group discussions (3 weeks)

A limited number of focus group discussions will be held with men and women drawn from different age, socio-economic and regional backgrounds. Participants will not be recruited on the basis of their exposure to or knowledge of violence against women, and the focus groups will not seek to obtain testimonies from those who have experienced violence. Instead, the discussions will be used to explore men's and women's attitudes and beliefs concerning domestic violence against women. The focus group discussions will be used to obtain a better understanding of common perceptions about (and the language used to describe) the following:

- The main problems faced by women and men;

- Male and female roles and images;

- Perceptions of the contexts in which violence occurs, and its perceived causes;

- Situations where different acts of violence are acceptable or unacceptable;

- Situations where it is appropriate for family members, neighbors or friends to intervene;

- The consequences of domestic violence for women, their families and the community;

- Whether domestic violence is common in the area and why;

- Perceptions concerning whether domestic violence is an important health issue, as an issue of concern for men, a family issue etc.

The focus group discussions may adopt the following two strategies: 1) an open-ended story or condition will be presented and the participants will be asked to finish the story, or 2) a story with 3 different ends will be presented and the participants will discuss which is the most common and why. At appropriate moments, the facilitator will probe to elucidate discussion, and to introduce a new element or twist in the story that may change people's reactions. This approach is expected to be useful to promote open and realistic discussion about sensitive topics, including violence against women in families. In particular, it is expected to be a good way to reduce the extent to which participants give normative responses.

Principal Investigator: Naved Ruchira Tabassum, Azim Safia

The stories to be used with different groups will be developed using the narratives from the semi-structured interviews with survivors of violence.

Each focus-group will involve between 6 and 8 people. All focus group discussions will be single sex. All involvement in the study will be voluntary. Participants will be provided with refreshments and reimbursement for their travel and related expenses. For ethical reasons, other forms of remuneration will not be provided.

~~A facilitator, assisted by an assistant facilitator, observer, will run each focus group. Female field-staff will run the~~ focus-group discussions with women. Male field-staff will run the men's focus groups. Both the facilitator and assistant facilitator will be knowledgeable about issues relating to violence against women, and able to communicate and build rapport with the groups involved. The sessions will be taped. The assistant will also take detailed transcripts during each session. All tapes will be destroyed once anonymous transcripts have been made. Standard qualitative analysis techniques will be used to analyse the responses. Although a number of questions will be prepared for discussion, the facilitator will allow the group to explore issues of concern to them. For this reason, it is likely that each group's discussion will develop in different ways, focusing on different issues and concerns.

The information collected will be used to gain broad insights into the extent to which domestic violence against women is seen as a common issue; the degree to which different forms of domestic violence are perceived as being acceptable; and whether domestic violence is a concern for both men and women. More specifically, the responses will be used to help develop possible ways to present the different forms of violence that will be documented in the quantitative survey (such as by severity or acceptability), and to help inform the development of modules within the questionnaire that explore gender roles, possible risk factors for abuse, and the consequences of abuse to women and their children.

Assessment of implications for survey aims and methods (6 weeks)

A brief report will be prepared describing the implications of the findings for the quantitative research. This will summarize the main findings, and discuss their implications for the cross-sectional survey design and questionnaire content. It is likely that a number of issues will also be identified that will need to be explored in more depth during the pre-test and pilot phases of the study.

QUANTITATIVE DATA COLLECTION

Study population

The quantitative component of the study will consist of a cross-sectional household survey of women aged 15 - 49 in urban and rural areas in the study locations. The age range 15 - 49 is commonly used in Demographic and Health Surveys, and broadly represents women of reproductive age (MACRO International, 1996).

Although many women over 49 also will have experienced family violence, older women may experience substantially different patterns of abuse. As this may be difficult to capture in one survey, and since the numbers over 49 interviewed will not be substantial, it is felt that it would be more appropriate to explore this issue in a separate research exercise.

Rather than focus on women who are currently married, or who have ever been married, the sample will include women who may not have had a relationship, women in short-term or dating relationships, and women who are separated or divorced. Although the focus of the survey is violence by intimate partners, the survey will also document the extent to which at different stages in their lives, women have been physically or sexually abused by different perpetrators.

Principal Investigator: Naved Ruchira Tabassum, Azim Safia

The study will not incorporate a quantitative survey of men. This decision was based upon the following two considerations:

1) For safety reasons, it will not be possible to interview the male partners of female respondents. Thus, it would not be possible to use interviews with men to compare men and women's responses, or to document individual male factors associated with violence against their partners.

2) Experience from other surveys suggests that it is often very difficult and time-consuming to access men (Williams, pers. comm). Indeed, it has been estimated that three times the resources are required to locate and ~~interview a random selection of men in the community than women.~~

Given the numbers required to obtain estimates of sufficient power, and given the level of additional resources that this would require, it was decided that men would solely be included in the qualitative component of the study. It was recognized however, that this is an important omission, and that this is an area that needs to be explored in future research.

Study location

The survey will not aim to obtain national prevalence figures. Rather than investing resources in compiling nationally representative prevalence figures, it is felt that greater insights into both the health consequences of abuse and potential risk and protective factors for violence, can be obtained if instead more in-depth research is conducted in a smaller number of locations. Furthermore, even where there may be sufficient resources to do this, logistically it may be difficult to provide adequate support to cases of abuse identified on a large scale.

For these reasons, it is proposed that the study is conducted in:

- (1) Dhaka city
- (2) Some rural areas.

The following criteria will be used to help identify an appropriate rural area:

Availability or the possibility to establish support services for women experiencing violence identified during the survey.

Location broadly representative of the rural areas of the country as a whole, in so far as it includes the range of communities, races, and religions found in general in rural Bangladesh.

The population is not already marginalised, and is not already perceived as being likely to have high levels of domestic violence.

Sampling strategy

A multi-stage sampling scheme will be used with clusters (a village or a defined area within a town or city) being the primary sampling unit (Bennett et al 1996). A 2-stage procedure may be used to select clusters, in which districts are first selected, and then clusters are selected from within the chosen districts. Stratification by low, medium and high socio-economic status will be used to ensure that the sample is representative with respect to these. Between 40 and 60 clusters will be selected from the two areas.

Within each cluster, households will be enumerated and mapped after carefully defining the household on the basis sharing the same stove. Households will be randomly or systematically selected within clusters. The cluster will be selected randomly regardless of size and a fixed proportion of households selected in each cluster.

The age and initials of all females in a selected household will be recorded on a household form. From this, women eligible for interview will be identified. For safety reasons, only one woman in each household will be interviewed. In situations where there is more than one eligible respondent, one woman will be randomly selected from the list for interview by the research team. Where the woman selected is not available, the interviewer will

Principal Investigator: Naved Ruchira Tabassum, Azim Safia

make an appointment to return to conduct the interview. Two additional visits will be made before the woman is considered lost to follow-up.

Sample size

Sample size calculations suggest that an obtained sample size of 3000 women consisting of 1,500 in the capital city and 1,500 in rural areas should be adequate to meet the study objectives. Therefore numbers eligible for inclusion will have to be increased by up to 20% to take into account loss to follow-up and refusals. ~~If the non-response is found to be too high (e.g. more than 20%), then the sampling strategy will need to be reconsidered. If~~ the non-response rate cannot be kept sufficiently low, it may not be considered worthwhile to proceed to the main phase of the study.

Using this sampling regime (3,000 women selected from 50 clusters) it would be possible to obtain the following:

Estimates of the prevalence of a particular form of abuse within $\pm 9\%$ in the capital city and province separately, with 95% confidence.

For a health problem (e.g. depression) affecting 10% of women who are not abused, the study would have sufficient power to detect a three-fold increase in abused women subject to the risk factor (assuming that the prevalence of violence is approximately 10%).

If the prevalence of a risk factor (e.g. husband drinking) is 10%, the study would have sufficient power to detect a three-fold increase in abuse for women subject to the risk factor (assuming that 10% of women not subject to the risk factor are abused).

Non-response

In all surveys it is important to minimize the degree of non-response. For this study, the issue of non-response is of particular concern, as the absence of or a refusal by an individual may be related to a history of abuse. For this reason, details of the levels of non-response will be monitored by cluster, with follow-up procedures being implemented in locations with high levels of non-response. In addition, in two clusters per stratum, resources will be devoted to tracing all non-responders (both women who are temporarily away and refusals). In each case, information will be sought to try to identify why the person did not participate in the survey, and to assess whether there may be any degree of bias (such as lower prevalence of abuse) resulting from the incomplete data.

Principal Investigator: Naved Ruchira Tabassum, Azim Safia

Facilities Available

Describe the availability of physical facilities at the place where the study will be carried out. For clinical and laboratory-based studies, indicate the provision of hospital and other types of patient's care facilities and adequate laboratory support. Point out the laboratory facilities and major equipment that will be required for the study. For field studies, describe the field area including its size, population, and means of communications. (TYPE WITHIN THE PROVIDED SPACE).

ICDDR,B has an office in Dhaka city which will be extensively used in terms of infrastructure and trained staff. Naripokkho's experience in counseling and ICDDR,B hospital and its medical staff could also be used as a backup resource if necessary. The reputation of ICDDR,B will help in establishing contact in the field. Naripokkho's strong links with other women's organizations would be helpful in seeking backup support to women and to feed research findings into activities of those organizations.

Ethical Assurance for Protection of Human Rights

Describe in the space provided the justifications for conducting this research in human subjects. If the study needs observations on sick individuals, provide sufficient reasons for using them. Indicate how subject's rights are protected and if there is any benefit or risk to each subject of the study.

It is often felt that violence against women is too sensitive a topic to be explored in a household survey, and that through feelings of shame, self-blame or fear of further violence, women will not disclose their experiences. However, community based research on violence against women has already been conducted in Asia, Africa, the Middle East, Latin America, Europe and North America, and a number of instruments have been developed to quantify the extent, severity and frequency of different forms of interpersonal violence. Since the interpretation of what acts constitute "violence" will differ between individuals and communities, these tools commonly explore the extent to which individuals report experiencing specific, clearly defined acts of violence (such as punching, kicking or hitting) over a fixed span of time. The experience from these studies shows that research on violence against women in families can be conducted with full respect of ethical and safety considerations. It also shows that when interviewed in a sensitive and non-judgmental manner in an appropriate setting, many women will discuss their experiences of violence. Indeed, rather than being a barrier, there is some data to suggest that many women find participation beneficial (Health and Development Policy Project, 1996).

There are number of ethical considerations that need to be made when conducting research on violence against women in families. Based on their collective experience, the International Research Network on Violence Against Women (IRNVAW) stipulate the prime importance of confidentiality and safety; the need to ensure that the research does not cause the participant to undergo further harm (including not causing the participant further traumatisation); the importance of ensuring that the participant is informed of available sources of help; and the need for the interviewers to respect the interviewee's decisions and choices. The methods that will be used to address these issues are discussed below. The CIOMS International Guidelines for Ethical Review of Epidemiological Studies (1991) are being adhered to in the development of this.

Individual consent

At the start of all interviews, participants will be informed orally of the purpose and nature of the study, and its expected benefits. Because of the low levels of literacy in general the interviewer will request the verbal consent of the participant to conduct the interview. The interviewer will then record on the questionnaire that the consent procedure has been administered, and note whether permission to conduct the interview has been granted.

As part of the consent procedure, the participant will be informed that the data collected will be held in strict confidence. To ensure that the participant is aware that the survey includes questions on highly personal and sensitive topics, the interviewer will forewarn the participant that some of the topics are difficult to talk about.

The respondent will be free to terminate the interview at any point, and to skip any questions that she does not wish to respond to.

Voluntary participation

Participation in the study will be on a voluntary basis. No inducements will be made. As a token sign of appreciation, refreshments and an information sheet on local support services will be offered to all study participants. Where appropriate, incurred expenses (such as for transport or child-care provision) will be reimbursed.

Confidentiality

Much of the information provided by the participants will be extremely personal. The dynamic of a violent relationship is such that the act of revealing the painful details of abuse to someone outside the family nucleus

Principal Investigator: Naved Ruchira Tabassum, Azim Safia

could provoke another violent episode. For these reasons, confidentiality of the information collected during the survey and from in-depth interviews with survivors of violence is of fundamental importance.

A number of mechanisms will be used to protect the confidentiality of the information collected:

- All interviewers will receive strict instructions about the importance of maintaining confidentiality. No interviewer will conduct an interview in their own community.

~~□ No names will be written on the questionnaires. Instead, households will be identified using a unique code.~~
The identifiers linking the questionnaire with the household location will be kept separately from the questionnaires. Upon completion of the survey, these identifiers will be destroyed. In all further analysis, the codes will be used to distinguish questionnaires.

- Where tapes are made of in-depth interviews with survivors of violence, these will be kept in a locked file, and erased following transcription. Again, no record of the name of the woman interviewed will be kept.

- Particular care will be taken during the presentation of the research findings that the information presented is sufficiently aggregated to ensure that no one community or individual can be identified. Where case-study findings are presented, sufficient detail will be changed to ensure that the source of the information cannot be identified.

Physical safety of informants and researchers

The physical safety of interviewees and interviewers from potential retaliatory violence by the abuser is of prime importance. If the focus of the survey becomes widely known - either within the household or among the wider community - the topic of the interview may become known to a perpetrator of family violence. For women experiencing family violence, the mere act of participating in a study may provoke the abuser to rationalize an assault on her. This may place the respondent or the interview team at risk of violence, either before, during or after the interview. For this reason, the following measures will be adopted to ensure that the research topic does not become widely known:

- To enable the respondent to explain the study to others safely, the survey will be framed as a survey of women's health and life experiences, and will be introduced at the local and household level in this manner.

- Interviews will only be conducted in a private setting. Only very young children (under 2) will be permitted to be present. Where necessary, locations outside the household where the interview can be conducted in private will be identified.

- The participant will be free to reschedule (or relocate) the interview to a time (or place) that may be more safe or convenient for her.

- Interviewers will be trained to terminate or change the subject of discussion if an interview is interrupted by anyone. To enable interviewers to quickly change the topic of discussion, at the end of the questionnaire a short set of 'dummy' questions about women's health will be included. During the interview, the interviewer will forewarn the respondent that she will terminate or change the topic of conversation if the interview is interrupted, and will be able to skip to these questions at any point if needed. To ensure that interviewers gain experience about how to handle interrupted interviews, their training will include a number of role-play exercises simulating different situations that they may encounter.

Do no harm and respect women's decisions and choices

Violence against women in families is a sensitive and stigmatized issue, and women may fear being blamed for the violence that they report. For this reason, particular care will be taken to ensure that all questions about violence and its consequences are asked sensitively, in a supportive and non-judgmental manner.

Principal Investigator: Naved Ruchira Tabassum. Azim Safia

As noted above, there is some evidence that many women find being provided with the opportunity to talk about their experiences of violence beneficial. Nevertheless, the participant may recall frightening, humiliating or extremely painful experiences, which may cause a strong negative reaction. Interviewers will be trained to be aware of the effects that the questions may have on the informant and, if necessary, will terminate the interview if the effect seems too negative.

~~Care has been taken when designing the questionnaire to try to carefully and sensitively introduce and enquire about women's experiences of violence. For example, at the start of the section exploring women's experiences of violence, the introduction highlights the sensitivity of the topic of discussion. Then, before direct questions concerning women's experiences of violence are asked, an additional phrase is used to introduce the issue of domestic violence in a way that acknowledges its widespread occurrence, and which aims to enable respondents to be able to disclose violence without feeling that they will be blamed or judged.~~

Each interview will aim to end in a positive manner (Parker and Ulrich, 1986), which provides the participant with a positive outlook and reinforces her coping strategies. The questionnaire includes two scripted conclusions for the interview – one for women who have disclosed experiencing violence, and another for women who have not disclosed violence. The former stresses the importance of the information that she has provided, comments on the respondents strengths, highlights the unacceptability of her experiences, and provides her with information about available services.

In-depth training will be provided to the researchers and field-workers. The training will not only discuss survey techniques, but also how to respond, and if necessary, provide support to women reporting experiencing violence. Interviewers will be trained to assist if asked, but to not try to force any woman into an intervention for which she is not ready.

Child abuse

The survey will not explicitly explore whether children in the household have been abused or not. The research teams will have to take steps during the interview to warn respondents that the study is not exploring areas related to the abuse of others in the family, and warn the respondent of the consequences of disclosing abuse of any child.

Mechanisms to attend to researchers' and field-workers' needs

The high prevalence of violence against women worldwide means that, almost without exception, one or more research staff will have been a direct target, or have familial experiences of violence. While this may improve the interviewers' skills and empathy, the process of being involved in the study (either as an interviewer, supervisor, data entry clerk or statistician) may awaken images, emotions, internal confusion and conflict. These reactions may affect their ability to work, may have a negative impact on their health, and may create tension in the home. Even where a researcher or field-worker has not herself experienced violence, listening to stories of violence and abuse, not unlike research in fields such as death and dying, may be draining and even overwhelming.

A number of mechanisms will be adopted to attend to the needs of researchers and field-workers. During the training process these issues will be openly presented, and participants will be given the option of withdrawing from the project without prejudice. During the research regular debriefing meetings will be scheduled to enable the research team to discuss what they are hearing, their feelings about the situation, and how it is affecting them. These meetings will aim to reduce the stress of the fieldwork, and avert any negative consequences. Counseling services will be offered to the research team member if necessary.

Despite these measures, some field-workers may need to be given less emotionally taxing tasks, be given a break from the study or to withdraw from the research altogether. To account for these possibilities, sufficient numbers of field-workers will be recruited to allow for a 10% attrition rate of interviewers over the study. Even where field-workers do have to withdraw from the research, they will be paid in line with other field-workers to ensure that they do not loose out financially because of their difficulties.

Harmful publicity

The survey findings will be disseminated in a scientifically rigorous manner. Care will be taken to highlight the extent to which violence against women is cross-cutting, existing in all communities and socio-economic groups. Particular attention will be paid to ensuring that the findings are not used as a means to describe one setting or group as being "worse" than another.

Provision of crisis intervention

Prior to conducting the research, the research team will liaise with potential providers of support, including existing government health, legal, social service and educational resources in the community, and less formal providers of support (including community representative, religious leaders, traditional healers and women's organizations). Discussions will be held with each agency to identify the forms of support that each is able to provide.

Based on the information collected, each research team will develop procedures for handling cases of abuse. The planned activities, and the rationale for the decisions made will be reviewed. The procedures will be included in the study report. Each research team will also produce a resource-list of agencies and individuals who can provide support both during and after the survey. This will be offered to all respondents, irrespective of whether they have disclosed experiencing violence or not. The card will give information on how to contact these groups, and describe the forms of services that each provides. For safety reasons, the card will not explicitly mention violence against women, and will either be sufficiently small to enable it to be hidden easily, or include contact details for a broad range of health and support services.

In addition, in the study area the identified potential service providers will be trained up in counseling by an expert team from the Clinical Psychology Department of Dhaka University. During the data collection period this team will be available in the study areas. It will provide technical support to the local service providers even after the survey. A chain of referrals will also be developed involving not only counselors and physicians but organizations providing legal aid to survivors of domestic violence.

Findings fed into ongoing advocacy, policy making and intervention activities

A range of activities, utilizing the formal and informal media within the country, will be used to disseminate the study findings locally and nationally, and to explore possible follow-on activities. Where possible, the findings will be fed into ongoing advocacy, policy development and intervention activity on violence against women - such as the internationally recognized "sixteen days of action against violence against women".

Principal Investigator: Naved Ruchira Tabassum, Azim Safia

Literature Cited

Identify all cited references to published literature in the text by number in parentheses. List all cited references sequentially as they appear in the text. For unpublished references, provide complete information in the text and do not include them in the list of Literature Cited. There is no page limit for this section, however exercise judgment in assessing the "standard" length.

~~Koenig et al. Individual and community-level determinants of domestic violence in rural Bangladesh. Paper presented at the 1999 Population Association of America Meetings, New York, March 25-28, 1999.~~

Schuler S, Hashemi S, Riley P, Akhter S. Credit programs, patriarchy and men's violence against women in rural Bangladesh. *Social Science and Medicine* 1996;43(12): 1729-42.

Steele F, Amin S, Naved RT. 1998. The impact of an integrated micro-credit program on women's empowerment and fertility behavior in rural Bangladesh. Working Paper No. 115. Population Council, New York, 1998.

Strauss MA, Gelles RJ, Steinmetz SK. Societal change in family violence from 1975 to 1985 as revealed by two national surveys. *Journal of Marriage & Family*. 1986; 48:465.

Jeweles R. et al. South African women's health problems survey – English, 1997.

Hadi A. Household violence against women in rural Bangladesh. Watch Report No. 27. Research and Evaluation Division, BRAC, Dhaka, 1997.

Ahmed KM, Barua MK, Jeron KVG, Razzaque A. Risk factors of death due to violence among women of reproductive age in rural Bangladesh. Paper presented at The Sixth Annual Scientific Conference, International Centre for Diarrhoeal Disease Research, Dhaka, March 8-9, 1997.

Heise LL. Gender-based violence and women's reproductive health. *Int. J. Gynecology & Obstetrics*. 1994; 46: 221-9.

Plichta SB et al. The effects of woman abuse on health care utilization and health status: A literature review. *Women's Health Issues* 1992; 2(3): 154-61.

Paltiel FL. Women and mental health: a post-Nairobi perspective. *World Health Statistics Quarterly*, 1987; 40:233-66.

Belsky J. Child maltreatment: An ecological integration. *American Psychologist* 1980; 35:320-35.

Heise LL. Health workers: Potential allies in battle against women's abuse in developing countries. *J. of Am. Med. Women's Assoc.* 1996 May-Jul; 51(3):120-2.

Gondolf FW. Alcohol abuse, wife assault, and power needs. *Social Service Review*, June 274-84, 1995.

O'Campo P, Xue A, Wang MC, Caughy M. Neighbourhood risk factors for low birthweight in Baltimore: a multilevel analysis. *AJPH* 87(7): 1113-8, 1997.

Simpson B. On gifts, payments and disputes: divorce and changing family structure in contemporary Britain. *J of Royal Anthropological Institute* 1997 Dec; 3(4): 731-45.

Principal Investigator: Naved Ruchira Tabassum. Azim Safia

Counts D A. All men do it: Wife beating in Kaliai, Papua Guinea. In: Sanctions and Sanctuary: Cultural Perspectives on the Beating of Wives. Boulder: Westview Press, 1992.

Levinson D. Violence in cross-cultural perspective. Newbury Park: Sage publications 1989.

Principal Investigator: Naved Ruchira Tabassum, Azim Safia

Dissemination and Use of Findings

Describe explicitly the plans for disseminating the accomplished results. Describe what type of publication is anticipated: working papers, internal (institutional) publication, international publications, international conferences and agencies, workshops etc. Mention if the project is linked to the Government of Bangladesh through a training programme.

~~A range of activities, utilizing the formal and informal media within Bangladesh, will be used to disseminate the~~ study findings locally and nationally, and to explore possible follow-on activities. These dissemination activities will be coordinated by the research team, drawing upon the experience and resources made available by its consultative group. The findings will be fed into ongoing advocacy and intervention activity of the collaborating women's organization working on violence against women.

Principal Investigator: Naved Ruchira Tabassum. Azim Safia

Collaborative Arrangements

Describe briefly if this study involves any scientific, administrative, fiscal, or programmatic arrangement with other national or international organizations or individuals. Indicate the nature and extent of collaboration and include a letter of agreement between the applicant or his/her organization and the collaborating organization. (DO NOT EXCEED ONE PAGE).

This is a collaborative study to be undertaken jointly by ICDDR,B and Naripokkho. Roles and responsibilities of the organisations are described below.

Roles and responsibilities of ICDDR,B alone:

- (1) ICDDR,B will take the role of administering the project as a whole. The study will mainly be located at ICDDR,B and the principal investigator from Naripokkho will move her office to its premises.

Joint responsibilities:

- (1) Both organisations will be responsible for ensuring the spirit of a joint collaboration in the overall conduction and co-ordination of the research.
- (2) Both organisations will be responsible for adapting the questionnaire and the research in the context of Bangladesh.
- (3) Both organisations will be responsible for the plan of action and design of the research.
- (4) Co-ordination and participation in qualitative research: interviews with key informants, focus group discussions and case studies will be conducted and analysed collaboratively.
- (5) Survey data collection and data analysis will be conducted jointly.
- (6) Reports will be drafted jointly.
- (7) Both organisations will take responsibility for producing materials for dissemination (papers, booklets, Brochures, posters).
- (8) Both organisations will disseminate study findings both nationally and internationally through workshops, seminars and papers.

Naripokkho's sole responsibilities:

- (1) Training of interviewers on gender issues and violence against women will be primarily Naripokkho's responsibility. Initially an intensive training for ten days will be held which will be followed by a couple of half day discussions or workshops with all project staff.
- (2) Naripokkho will also be responsible for the provision of counselling services both for women survivors of violence as well as field researchers and others involved in the project.
- (3) Naripokkho will be responsible for arranging meetings with the consultative groups.
- (4) Naripokkho will shoulder the primary responsibility for feeding the study findings into ongoing activities and programs and for policy advocacy.

Principal Investigator: Naved Ruchira Tabassum. Azim Safia

Biography of the Investigator

Give biographical data in the following table for key personnel including Principle Investigators. Use a photocopy of this page for each investigator.

Name	Position	Date of Birth
Ruchira Tabassum Naved	Gender and reproductive health specialist	10-01-1960

Academic Qualification (Begin with baccalaureate or other professional education)

Institution and location	Degree	Year	Field of study
Peoples' Friendship University, Moscow	M.S.	1985	Economics
Peoples' Friendship University, Moscow	Ph. D.	1989	Economics

Research and Professional Experience

Concluding with the present position, list in chronological order, previous positions held, experience, and honours. Indicate current membership on any professional societies or public committees. List in chronological order, the titles, all authors and complete references to all publications during the past three years and to representative earlier publications pertinent to this application. (DO NOT EXCEED TWO PAGES. USE CONTINUOUS SHEETS).

Project Manager/Research Assistant

International Food Policy Research Institute (IFPRI), Dhaka, Bangladesh, December 1989 - July 1993

Senior National Fellow

Population Council, Dhaka, Bangladesh, June 1996 - May 1998

Consultant

International Food Policy Research Institute (IFPRI), October 1996 - October 1998

Research Chief,

Save the Children/USA, Bangladesh Field Office, August 1993 – August 1998

Consultant,

Food and Agricultural Organization of the United Nation, September 1998 – December 1998

Consultant,

International Centre for Diarrhoeal Diseases Research, Bangladesh:
Centre for Health and Population Research, January 1999 – March 1999

Gender & Reproductive Health Specialist,

International Centre for Diarrhoeal Diseases Research, Bangladesh: Centre for Health and Population Research
June 1999 – Present

Amin S., Diamond I., Naved R. T., Newby M. 1998. *Transition to Adulthood of Female Garment-factory Workers in Bangladesh*. Studies in Family Planning 29 (2): 185-200.

Newby M., Amin S., Diamond I., Naved R. T. 1998. *Survey Experience among Women in Bangladesh*. American Behavioral Scientist, 42(2): 252-275.

Principal Investigator: Naved Ruchira Tabassum, Azim Safia

Naved R. T. 1998. *Intrahousehold Impact of Transfer of Modern Agricultural Technology: A Gender Perspective*. A forthcoming Discussion Paper. International Food Policy Research Institute.

Naved R. T. 1998. *Impact of Sustainable Micro-Credit Program on Poor Women's Participation*. A forthcoming working paper. Save the Children/USA.

Steele F., Naved R. T., Amin. S. 1998. *The Impact of an Integrated Micro-Credit Program on Women's Empowerment and Fertility Behavior in Rural Bangladesh*. Policy Research Division Working Paper No. 115. New York: Population Council.

Naved R. T. 1998. *Intrahousehold Impact of Transfer of Modern Agricultural Technology on Food Security: A Gender Perspective*. Paper presented at the Technical Consultation Meeting on Intrahousehold Dynamics and Rural Household Food Security, Regional Office for Asia and the Pacific, Food and Agricultural Organization of the United Nations, Bangkok, Thailand. 15-18 September, 1998.

Steele F., Naved R. T. 1998. *The Impact of a Micro-Credit Program on Women's Empowerment and Contraceptive Use in Rural Bangladesh*. A paper presented at the annual meetings of the Population Association of America, Chicago, 2-4 April, 1998.

Amin S. and Naved R. T. 1998. *Reproductive Health Needs of Garment Workers in Bangladesh*. A forthcoming report.

Amin S., Diamond I., Naved R. T., Newby M. 1997. *Transition to Adulthood of Female Factory Workers: Some Evidence from Bangladesh*. Policy Research Division Working Paper No. 102. New York: Population Council.

Kumar S. R., Naved R. T., Bhattarai S. 1997. *Child Care Practices Associated with Positive and Negative Nutritional Outcomes for Children in Bangladesh: A Descriptive Analysis*. Discussion Paper No 24. Washington: International Food Policy Research Institute.

Naved R. T., Newby M., Amin S. 1997. *Female Labor Migration and Its Implications for Marriage and Childbearing in Bangladesh*. A paper presented at the annual meetings of the Population Association of America, Washington DC, 24-25 March 1997 and at Bangladesh Institute for Development Studies, 15 May, Dhaka.

Naved R. T. 1996. *Empowerment of Women: Listening to the Voices of Women*. The Bangladesh Development Studies. Special Issue on Women, Development and Change. 22, 2/3:155-178.

Naved R. T. 1996. *RTI/STD and Risky Sexual Behavior in a "Conservative" Society*. Working paper. Save the Children/USA.

Naved R. T. 1996. *A Tale of Two Villages*. Save the Children/USA. A report prepared for PLAN International.

Naved R. T. 1996. *SC/ASA Credit Program: A Review*. Save the Children/USA.

Naved R. T. 1995. *Listening to Voices of Women: A study of an approach to women's empowerment*. Working paper. Save the Children/USA.

Naved R. T. 1995. *An Appraisal of the Present Condition of Women*. In Participatory Rural Appraisal: A report on women. Dhaka: Save the Children/USA. Pp. 1-27.

Naved R. T. and Adil A. S. 1995. *An Appraisal of Women's Health Problems and the Impact of Save the Children's Health Education Program*. In Participatory Rural Appraisal: A report on women. Dhaka: Save the Children/USA. Pp. 29-50.

Principal Investigator: Naved Ruchira Tabassum, Azim Safia

Naved R. T. 1995. *Grameen Mohilader Bortoman Obostha O Mohila Shonchey Dole Onghogrohoner Pholaphol*. In Ongshogrohonmulak Porjalochona: Mohilabishoyok Ekti Protibedon. Dhaka: Save the Children/USA. Pp. 1-27.

Naved R. T. and Adil A. S. 1995. *Grameen Mohilader Shasthya: Shomoshyaboli Ebong Shathya Shikkha Karjokromer Pholaphol*. In Ongshogrohonmulak Porjalochona: Mohilabishoyok Ekti Protibedon. Dhaka: Save the Children/USA. Pp. 28-49.

~~Naved R. T., Abdullah A. M. and Kar K. 1995. Ongshogrohonmulak Porjalochona Shohavika. (A Manual for PRA Practitioners). Save the Children/USA.~~

Naved R. T. 1995. *Defining Indicators of Empowerment*. A paper presented at SC organized Conference on Women-Child Impact in Nepal.

Principal Investigator: Naved Ruchira Tabassum. Azim Safia

Biography of the Investigator

Give biographical data in the following table for key personnel including Principle Investigators. Use a photocopy of this page for each investigator.

Name	Position	Date of Birth
Safia Azim	Executive Committee member. Naripokkho	16-08-1964

Academic Qualification (Begin with baccalaureate or other professional education)

Institution and location	Degree	Year	Field of study
University of Dhaka	B.Sc.	1989	Psychology
University of Dhaka	M.Sc.	1991	Psychology

Research and Professional Experience

Concluding with the present position, list in chronological order, previous positions held, experience, and honours. Indicate current membership on any professional societies or public committees. List in chronological order, the titles, all authors and complete references to all publications during the past three years and to representative earlier publications pertinent to this application. (DO NOT EXCEED TWO PAGES. USE CONTINUOUS SHEETS).

Assistant Professor, Department of Psychology

University of Dhaka
1998 to date

Lecturer, Department of psychology

University of Dhaka
1993-1998

Member, Executive Committee

Naripokkho
1999

Member

Naripokkho
1993

Azim S. 1997. The issues surrounding child sexual abuse in Bangladesh. *Dhaka University Journal of psychology*;21:53-71

Azim S. 1995. Development of a test of basic skills. *Dhaka University Journal of psychology*;19: 19-31

Principal Investigator: Naved Ruchira Tabassum, Azim Safia

Biography of the Investigator

Give biographical data in the following table for key personnel including Principle Investigators. Use a photocopy of this page for each investigator.

Name	Position	Date of Birth
Abbas Uddin Bhuiya	Social scientist	31-12-1951

Academic Qualification (Begin with baccalaureate or other professional education)

Institution and location	Degree	Year	Field of study
Chittagong University, Chittagong	B.A.	1975	Statistics
Chittagong University, Chittagong	M.A.	1976	Statistics
Australian National University, Canberra	M.A.	1984	Demography
Australian National University, Canberra	Ph.D.	1989	Demography

Research and Professional Experience

Concluding with the present position, list in chronological order, previous positions held, experience, and honours. Indicate current membership on any professional societies or public committees. List in chronological order, the titles, all authors and complete references to all publications during the past three years and to representative earlier publications pertinent to this application. (DO NOT EXCEED TWO PAGES. USE CONTINUOUS SHEETS).

Social Scientist and Head, Social and Behavioural Sciences Programme, Public Health Sciences Division, ICDDR,B at present.

Project Director: Chakaria Community Health Project and BRAC-ICDDR,B joint research project, ICDDR,B at present.

Associate Scientist, Population Science and Extension Division, ICDDR,B (1988-1991).

Co-Investigator, Demographic Surveillance System, Matlab, ICDDR,B (1984-1991).

Research Associate, Community Services Research Working Group, ICDDR,B (1980-1984)

Research Fellow, National Foundation for Research on Human Resource Development (merged with Bangladesh Institute for Development Studies), Dhaka (1978-1979).

Statistician, Investment Corporation of Bangladesh, Dhaka (1976-1976).

Bhuiya A., Chowdhury M., Momen M., Khatun M. Marital disruption in a rural area of Bangladesh: Predisposing factors and consequences on women's lives. Scientific Report No. 85. ICDDR,B, 1999.

Bhuiya A., Aziz A., Chowdhury M. Induced abortion in a rural area of Bangladesh: Process, management, health consequences. Scientific Report No. 86. ICDDR,B, 1999.

Bhuiya A. Reproductive and sexual health problems as perceived by women and men in a rural area of Bangladesh. Scientific Report No. 80. ICDDR,B, 1997.

Bhuiya A., Riabux C. Rethinking community participation: prospects of health initiatives by indigenous self-help organizations. Special Publication No. 65. ICDDR,B, 1997.

Principal Investigator: Naved Ruchira Tabassum, Azim Safia

Bhuiya A. and Chowdhury M. The effect of divorce on child survival in a rural area of Bangladesh. *Population Studies*, 51, 1997.

Bhuiya A., Yasmin F., Begum F., Rob U. Community participation in health, family planning and development programmes: International experiences. Special Publication No. 59. ICDDR,B, 1997.

Bhuiya A. Health knowledge and behaviour in five unions of Chakaria. Special Publication No. 52. ICDDR,B, 1996.

Bhuiya A, Bhuiya I, Chowdhury M. Factors affecting acceptance of immunization in rural Bangladesh. *Health Policy and Planning*, 10, 1995.

Bhuiya A, Chowdhury M. The impact of social and economic development programme on health and well-being: a BRAC-ICDDR,B collaborative project in Matlab. Working Paper No. 1. BRAC-ICDDR,B Joint Research Project, Dhaka, 1995.

Bhuiya A. Streatfield K. Feeding, home remedy practices, and consultation with health care providers during childhood illness in rural Bangladesh, *Journal of Diarrhoeal Disease Research*, 13, 1995.

Bhuiya A. D'Souza S. Socioeconomic and demographic correlates of child health and mortality in Matlab. In Fauveau V. edited *Matlab: Women, Children and Health*. ICDDR,B; Dhaka, 1994.

Chowdhury AMR, Karim FK, Sarkar SK, Cash R, Bhuiya A. The status of ORT in Bangladesh: how widely is it used? *Health Policy and Planning*, 12, 1997.

Ahmed SM, Adams A., Chowdhury AMR, Bhuiya A. Income-earning women from rural Bangladesh: changes in attitude and knowledge. *Empowerment*, 4, 1997.

Khan M.I., Bhuiya A., Chowdhury M. An inventory of the development programmes by Government and non-Government organizations in selected unions of Matlab (excluding BRAC & ICDDR,B). Working Paper No. 17. BRAC-ICDDR,B Joint Research Project, Dhaka, 1997.

Ansary S., Fulton L., Bhuiya A., Chowdhury M. An impact of evaluation of the Meghna-Dhonagoda embankment. In Two studies on the impact of Meghna-Dhonagoda flood control, drainage and irrigation project. Working Paper No. 19. BRAC-ICDDR,B Joint Research Project, Dhaka, 1997.

Jamil K, Bhuiya A., Streatfield K. Chakraborty N. The immunization program: an impressive achievement, but challenges remain. A Kantner et al. Edited *Bangladesh Demographic and Health Survey 1993-94, Extended Analysis*, 1996.

Khan S.R., Chowdhury AMR, Ahmed SM, Bhuiya A. Women's education and employment: Matlab experience. *Asia-Pacific Population Journal*, 11, 1996.

Eppler P., Bhuiya A., Hossain M. A process-oriented approach to the establishment of community-based village health posts. Special Publication No. 54. ICDDR,B. 1996.

Khan M.I., Bhuiya A., Chowdhury M. Cultural construction of health and the institutional measures of change in rural Bangladesh: the cases of the BRAC village organization and the ICDDR,B MCH-FP programmes in the selected villages of Matlab. Working Paper No. 14. BRAC-ICDDR,B Joint Research Project, Dhaka, 1996.

Principal Investigator: Naved Ruchira Tabassum, Azim Safia

Momen M., Bhuiya A., Chowdhury M. Vulnerable of the vulnerables: the situation of divorced, abandoned and widowed women in a rural area of Bangladesh. Working Paper No. 11. BRAC-ICDDR,B Joint Research Project, Dhaka, 1995.

Biography of the Investigator

Give biographical data in the following table for key personnel including Principle Investigators. Use a photocopy of this page for each investigator.

Name	Position	Date of Birth
Lars Åke Persson	Division Director PHSD	23-07-47

Academic Qualification (Begin with baccalaureate or other professional education)

Institution and location	Degree	Year	Field of study
Uppsala University, Sweden	MD	1973	Medicine
Umeå University	Ph.D	1984	Medical Science
Umeå University	Teacher's training course	1989	
Umeå University	Associate professor (docent)	1990	Paediatrics

Research and Professional Experience

Concluding with the present position, list in chronological order, previous positions held, experience, and honours. Indicate current membership on any professional societies or public committees. List in chronological order, the titles, all authors and complete references to all publications during the past three years and to representative earlier publications pertinent to this application. (DO NOT EXCEED TWO PAGES. USE CONTINUOUS SHEETS).

- 1999 Division Director, public Health Sciences Division, ICDDR,B, Dhaka
- 1998 Professor of International Public Health, Umeå University, Sweden
- 1997 Short listed for a professorship in International health at Copenhagen University
- 1993 - 1998 Senior lecturer/researcher in epidemiology with special focus on international health research, Department of Epidemiology and Public Health, Umeå University
- 1994 -1995 Director of studies at the Department of Epidemiology and Public Health, Umeå University
- 1991-1992 Acting professor of epidemiology (6 months)
- 1990-1993 Senior lecturer/researcher in epidemiology, Umeå University and consultant in paediatrics at University Hospital, Umeå
- 1986-1990 Paediatrics (50%) and researcher in epidemiology (50%). Umeå University
- 1985-1986 Paediatrics, Umeå University (1 year)
- 1984-1985 Medical Advisor, the Olof Palme Institute for the Protection of Children's Health and Children's Hospital, Hanoi, Vietnam (14 months)

Principal Investigator: Naved Ruchira Tabassum, Azim Safia

1983-1984 Paediatrics, Umeå University (1 year)

1980-1983 Social Medicine, Umeå University and University Hospital, Umeå (3 years)

1980 Infectious diseases, University Hospital, Umeå (6 months)

1979 Child psychiatry, University Hospital, Umeå (6 months)

1978-1979 Paediatrics, University Hospital, Umeå (1 year)

1976-1978 Medical Officer at Ndolage Hospital, Kagera Region, Tanzania (2 years)

1974-1976 Paediatrics, Örnköldsvik Hospital, Sweden (2 years)

1973-1974 General practice, Kramfors, Bollstabruk, Sweden (9 months)

1970-1975 Surgery, internal medicine, psychiatry (totally 12 months)

Bergström E, Hernell O, Persson LÅ. Insulin resistance syndrome in adolescents. *Metabolism* 1996;45:908-914.

Toan NV, Hoa HT, Trong PV, Höjer B, Persson LÅ, Sundström K. Utilisation of reproductive health services in rural Vietnam - equal chances to plan and protect pregnancies? *J Epidemiol Comm Health* 1996;50:451-455.

Hoa HT, Toan VN, Johansson A, Höjer B, Hoa VT, Persson LÅ. Child spacing and two-child policy in practice in rural Vietnam. *BMJ* 1996;313:1113-6.

Hoa DP, Thanh HT, Hoa VT, Höjer B, Persson LÅ. Maternal factors influencing the occurrence of low birth weight in northern Vietnam. *Ann Trop Pediatr* 1996;16:327-33.

Ibrahim MM, Omar HM, Persson LÅ, Wall S. Child mortality in a collapsing African society. *Bull World Health Organ* 1996;74:547-552.

Zelaya E, Peña R, García J, Berglund S, Persson LÅ, Liljestränd J. Contraceptive patterns among women and men in León, Nicaragua. *Contraception* 1996;54:359-365.

Bergström E, Hernell O, Persson LÅ. Cardiovascular risk indicators cluster in girls from families of low socio-economic status. *Acta Paediatrica* 1996;85:1083-90.

Toan NV, Hoa HT, Thach NT, Höjer B, Persson LÅ. Utilization of reproductive health services in a mountainous area in Vietnam. *Southeast Asian Journal of Tropical Medicine and Public Health*, 1996;27:325-32.

Aden AS, Omar MM, Omar HM, Persson LÅ, Högberg U, Wall S. Excess female mortality in rural Somalia - is inequality in the household a risk factor? *Soc Sci Med* 1997;44:709-715.

Aleman J, Peña R, Liljestränd J, Wall S, Persson LÅ. Which babies die during the first week? A case-referent study in a Nicaraguan hospital. *Gynecol Obstet Invest* 1997;43:112-115.

Zelaya E, Marín FM, García J, Berglund S, Liljestränd J, Persson LÅ. Gender and social differences in adolescent sexuality and reproduction in Nicaragua. *J Adolescent Health* 1997;21:39-46.

Bergström E, Hernell O, Persson LÅ. Endurance running performance in relation to cardiovascular risk indicators in adolescents. *Int J Sports Med* 1997;18:300-307.

Hoa DP, Höjer B, Persson LÅ. Are there social inequities in child morbidity and mortality in rural Vietnam? *Journal of Tropical Pediatrics*. 1997;43:226-231.

Malmgren K, Kanulf P, Mellvig L, Gjötteberg M, Sule J, Persson LA, Larsson LI, Aman J, Dahlquist G. Prevalence of diabetic retinopathy in children and adolescents with IDDM. A population-based multicentre study. *Diabetologia* 1997;40:307-10.

Principal Investigator: Naved Ruchira Tabassum, Azim Safia

Aleman J, Brännström I, Delgadillo A, Delgado M, Liljestrand J, Mayorga O, Peña R, Persson LÅ, Rodrigues J, Steidinger J, Saravia J. Saving more neonates in hospital. An intervention towards a sustainable reduction in early neonatal mortality in a Nicaraguan hospital. *Tropical Doctor*. 1998;28:88-92.

Ibrahim MM, Wall S, Persson LÅ. The impact of shortness on child morbidity in a rural African community. *Annals of Tropical Paediatrics* 1998;18:145-154.

Persson LÅ, Hernell O, Lundström M, Lönnerdal B. Are weaning foods causing impaired iron and zinc status in one year-old Swedish infants? A cohort study. *Acta Paediatrica* 1998;87:618-22.

~~Ivarsson A, Persson LÅ, Juto P, Peltonen M, Suhr O, Hernell O. High prevalence of undiagnosed coeliac disease in adults - a Swedish population based study. In press.~~

Detailed Budget for the Proposal

Project Title: Women's Health and Domestic Violence

Name of PI: Ruchira Tabassum Naved
Safia Azim

Protocol Number:

Name of Division: PHSD

Funding Source: Amount Funded (direct): \$ 208,333

Total: \$250,000

Overhead (%): 20%

Starting Date: Subject to availability of funding
availability of funding

Closing Date: Subject to

USD

Personnel cost

Personnel costs for core research team

Principal Investigator: Ruchira T. Naved (70%)	23,800
Principal Investigator: Safia Azim (70%)	23,800
Co. Investigator: Abbas Bhuiya (10%)	20,000
Co. Investigator: Lars Ake Persson (10%)	26,800

Data Analyst (25%)	3,097
Secretarial Assistant (50%), based at ICDDR,B	3,226
Admin. Assistant (25%), based at Naripokkho	1,740
Accounts Assistant (25%), based at Naripokkho	1,740
Data collectors and other survey team members for 12 months	30,000

(10 data collectors, 2 supervisors, 1 coordinator)

Training	2,500
-----------------	-------

Supplies & Materials	4,930
---------------------------------	-------

Tape cassettes, recorder, batteries, stationary, etc
Training Materials & supplies for survey

Scientific Equipment

Equipment-2 Personal Computers, 2 UPS	3,000
---------------------------------------	-------

Patient Cost/Drug cost

Travel cost	40,000
--------------------	--------

Data processing/ computer charges

Coding, Data Entry and Analysis	3,500
Transcription, Coding, Data Analysis, Report Writing	2,000
Translation	1,000

Printing and Reproduction

Questionnaire Printing	2,800
Dissemination Materials	2,800

Contractual services

Field office rent	3,000
-------------------	-------

Dissemination & Communication**Information and Advocacy**

Items below are only illustrative: 3,100

Printed materials production such as posters, press releases, reports, newsletter, etc.

Office Communication (Telephone, Fax, Internet, Postage) 500

Photocopying 500

Collection of materials related to VAW 2,000

One-day workshop and/or National Seminar 2,000

Cost may include conference room, lunch and refreshments

Seminar Handouts


Consultative Group/Steering Committee

Conference room, lunch and refreshment cost 500

Technical Cost 208,333

Administrative Overhead (20%) 41,667

Total 250,000


Md. Bozkur Rahman
Senior Budget & Cost Officer
ICDDR, B, Mohakhali
Dhaka-1212, Bangladesh

Principal Investigator: Naved Ruchira Tabassum, Azim Safia

Budget Justifications

Please provide one page statement justifying the budgeted amount for each major item. Justify use of man power, major equipment, and laboratory services.

All the unit costs are based on ICDDR,B's and Naripokkho's standard rates.

Principal Investigator: Naved Ruchira Tabassum, Azim Safia

Appendix

**Survey on women's health and life events
in Bangladesh**

**ADMINISTRATION
HOUSEHOLD SELECTION FORM
HOUSEHOLD QUESTIONNAIRE**

**STUDY CONDUCTED
BY ICDDR,B and Naripokkho**

Confidential upon completion

Principal Investigator: Naved Ruchira Tabassum, Azim Safia

ADMINISTRATION

IDENTIFICATION

LOCATION (CAPITAL = 1, PROVINCE = 2)	[]
WARD / VILLAGE	[][][]
CLUSTER NUMBER	[][]
HOUSEHOLD NUMBER	[][]
NAME OF HOUSEHOLD HEAD	[][]

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY [][] MONTH [][] YEAR [][][]
INTERVIEWERS NAME RESULT***	_____	_____	_____	[] INTERVIEWER [][] RESULT [][]
NEXT VISIT DATE TIME LOCATION	_____	_____	_____	TOTAL NUMBER OF VISITS []

QUESTIONNAIRES COMPLETED?	*** RESULT CODES		TOTAL IN HOUSEHOLD (P.3, Q1) [][]
[] 1. None completed ⇒	Refused (specify): _____ __ 11 Dwelling vacant or address not a dwelling..... 12 ⇒Need to return Dwelling destroyed..... 13 Dwelling not found, not accessible..... 14 Entire hh absent for extended period..... 15 No hh member at home at time of visit 16		TOTAL ELIGIBLE WOMEN (P.3, Q3, with X) [][]
[] 2. HH questionnaire only ⇒	Selected woman refused (specify): _____ 21 No eligible woman in household..... 22 ⇒Need to return Selected woman not at home 23 ⇒Need to return Selected woman postponed interview 24		LINE NUMBER OF HOUSEHOLD RESPONDENT (P.3, Q3) [][]
[] 3. Female questionnaire partly ⇒	Does not want to continue (specify) : _____ __ 31 Rest of interview postponed to next visit. 32	⇒Need to return	
[] 4. Female questionnaire completed ⇒ 41		

QUALITY CONTROL INTERVIEW CONDUCTED (1 = yes, 2 = no)	[]
---	-----

Principal Investigator: Naved Ruchira Tabassum, Azim Safia

FIELD SUPERVISOR	QUESTIONNAIRE CHECKED BY	OFFICE EDITOR	ENTERED BY
NAME [][]	NAME [][]	NAME [][]	NAME [][]
DAY [][]	DAY [][]		
MONTH [][]	MONTH [][]		
YEAR [][][]	YEAR [][][]		

HOUSEHOLD SELECTION FORM

Assalamualaikum. my name is _____ . I am calling on behalf of CENTRE FOR SURVEY RESEARCH. We are conducting a survey in STUDY LOCATION to learn about women's health and life experiences.

1. Please can you tell me how many people live here, and share food?
~~PROBE: Does this include children (including infants) living here?~~
 Does it include any other people who may not be members of your family, such as domestic servants, lodgers or friends who live here and share food?
 MAKE SURE THESE PEOPLE ARE INCLUDED IN THE TOTAL

TOTAL NUMBER OF PEOPLE IN HOUSEHOLD []

2. Is the head of the household male or female?

MALE 1
 FEMALE 2
 BOTH 3

FEMALE HOUSEHOLD MEMBERS

RELATIONSHIP TO HEAD OF HH

RESIDENCE

AGE

ELIGIBLE

LINE NUM.	Today we would like to talk to one woman from your household. To enable me to identify whom I should talk to, would you please give me the first names of all girls or women who usually live in your household (and share food).	What is the relationship of NAME to the head of the household.* (USE CODES BELOW)	Does NAME usually live here?		How old is NAME? (YEARS! more or less)	(SEE CRITERIA BELOW)	
			YES	NO		YES	NO
1			1	2		1	2
2			1	2		1	2
3			1	2		1	2
4			1	2		1	2
5			1	2		1	2
6			1	2		1	2
7			1	2		1	2
8			1	2		1	2
9			1	2		1	2
10			1	2		1	2

CODES

- | | | |
|--------------------|---------------------------------|------------------------|
| 01 HEAD - - - | 06 MOTHER | 12 DOMESTIC SERVANT |
| 02 WIFE | 07 MOTHER IN LAW | 13 LODGER |
| 03 DAUGHTER | 08 SISTER | 14 FRIEND |
| 04 DAUGHTER IN LAW | 09 SISTER IN LAW | 98 OTHER NOT RELATIVE: |
| 05 GRANDDAUGHTER | 10 OTHER RELATIVE | |
| | 11 ADOPTED/FOSTER/STEP DAUGHTER | |

ELIGIBLE: ANY WOMAN BETWEEN 15 AND 49 LIVING IN HOUSEHOLD. SPECIAL CASES:

- DOMESTIC SERVANTS ARE ONLY ELIGIBLE IF THEY SLEEP 5 DAYS A WEEK OR MORE IN THE HOUSEHOLD.
- VISITORS ARE ELIGIBLE IF THEY HAVE SLEPT IN THE HOUSEHOLD FOR AT LEAST 4 WEEKS.

RANDOMLY SELECT ONE ELIGIBLE WOMAN FOR INTERVIEW.

PUT CIRCLE AROUND LINE NUMBER OF WOMAN SELECTED. ASK IF YOU CAN TALK WITH THE SELECTED WOMAN. IF SHE IS NOT AT HOME, AGREE ON DATE FOR RETURN VISIT.

CONTINUE WITH HOUSEHOLD QUESTIONNAIRE.

* If both (Male and Female) are the head, refer to the Male

HOUSEHOLD QUESTIONNAIRE

	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 RESIDENCE1 OUTSIDE TAP (PIPED WATER).....2 PUBLIC TAP3 WELL WATER, WITHIN RESIDENCE.....4 OUTSIDE PUBLIC WELL.....5 SPRING WATER6 RIVER / STREAM / POND / LAKE / DAM8 RAINWATER9 TANKER / TRUCK / WATER VENDOR.....10 OTHER:96																			
2.	What kind of toilet facility does your household have?	OWN FLUSH TOILET1 SHARED FLUSH TOILET2 VENTILATED IMPROVED PIT LATRINE 3 TRADITIONAL PIT TOILET / LATRINE 4 RIVER/CANAL5 NO FACILITY / BUSH / FIELD6 OTHER:8																			
3.	What are the main materials used in the roof? RECORD OBSERVATION	ROOF FROM NATURAL MATERIALS.....1 RUDIMENTARY ROOF2 TILED OR CONCRETE ROOF.....3 CORRUGATED IRON4 OTHER:8																			
4.	Does your household have: a) Electricity b) A radio c) A television d) A telephone e) A refrigerator		<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>a) ELECTRICITY</td> <td>1</td> <td>2</td> </tr> <tr> <td>b) RADIO</td> <td>1</td> <td>2</td> </tr> <tr> <td>c) TELEVISION</td> <td>1</td> <td>2</td> </tr> <tr> <td>d) TELEPHONE</td> <td>1</td> <td>2</td> </tr> <tr> <td>e) REFRIGERATOR</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	a) ELECTRICITY	1	2	b) RADIO	1	2	c) TELEVISION	1	2	d) TELEPHONE	1	2	e) REFRIGERATOR	1	2
	YES	NO																			
a) ELECTRICITY	1	2																			
b) RADIO	1	2																			
c) TELEVISION	1	2																			
d) TELEPHONE	1	2																			
e) REFRIGERATOR	1	2																			
5.	Does any member of your household own: a) A bicycle? b) A motorcycle? c) A car?		<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>a) BICYCLE</td> <td>1</td> <td>2</td> </tr> <tr> <td>b) MOTORCYCLE</td> <td>1</td> <td>2</td> </tr> <tr> <td>c) CAR</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	a) BICYCLE	1	2	b) MOTORCYCLE	1	2	c) CAR	1	2						
	YES	NO																			
a) BICYCLE	1	2																			
b) MOTORCYCLE	1	2																			
c) CAR	1	2																			
6.	Do people in your household own any land?	YES1 NO2																			
7.	How many rooms in your household are used for sleeping?	[] [] ROOMS																			
8.	Are you concerned about the levels of crime in your neighbourhood (like robberies or assaults)? Would you say that you are not at all concerned, a little concerned, or very concerned?	NOT CONCERNED.....1 A LITTLE CONCERNED2 VERY CONCERNED.....3																			
9.	In the past four weeks, has someone from this household been the victim of a crime in this neighbourhood, such as a burglary or mugging?	YES1 NO2																			

Principal Investigator: Naved Ruchira Tabassum, Azim Safia

10.	NOTE SEX OF RESPONDENT	MALE.....1
		FEMALE2

Thank you very much for your assistance.

**Survey on women's health and life events
in Bangladesh**

FEMALE QUESTIONNAIRE

**STUDY CONDUCTED
BY ICDDR,B and Naripokkho**

Confidential upon completion

INDIVIDUAL CONSENT FORM

Assalamualaikum. my name is *. I work for ICDDR.B and Naripokkho. We are conducting a survey in Bangladesh to learn about women's health and life experiences. You have been chosen by chance (as in a lottery / raffle) to participate in the study.

I want to assure you that all of your answers will be kept strictly secret. I will not keep a record of your name or address. You have the right to stop the interview at any time, or to skip any questions that you don't want to answer. There are no right or wrong answers. Some of the topics may be difficult to discuss, but many women have found it useful to have the opportunity to talk.

Your participation is completely voluntary but your experiences could be very helpful to other women in Bangladesh.

Do you have any questions?

(The interview takes approximately one hour to complete). Do you agree to be interviewed?

NOTE WHETHER RESPONDENT AGREES TO INTERVIEW OR NOT

DOES NOT AGREE TO BE INTERVIEWED → THANK PARTICIPANT FOR HER TIME AND END

AGREES TO BE INTERVIEWED



Is now a good time to talk?

It's very important that we talk in private. Is this a good place to hold the interview, or is there somewhere else that you would like to go?

TO BE COMPLETED BY INTERVIEWER

I certify that I have read the above consent procedure to the participant.

Signed:

100. RECORD THE TIME		Hour [] [] (24 h) Minutes [] []	
SECTION I RESPONDENT AND HER COMMUNITY			
QUESTIONS & FILTERS		CODING CATEGORIES	SKI TO
If you don't mind, I would like to start by asking you a little about <COMMUNITY NAME>. I'm going ask you some specific questions and I want you to tell me in general whether they are true or not true about <COMMUNITY NAME>.			
INSERT NAME OF COMMUNITY / VILLAGE / NEIGHBORHOOD ABOVE AND IN QUESTIONS BELOW. IF NO NAME, SAY 'IN THIS COMMUNITY / VILLAGE / AREA' AS APPROPRIATE.			
101	Do neighbors in COMMUNITY NAME tend to know each other well?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
102	If there were a fistfight in COMMUNITY NAME would people do something to stop it?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
103	If someone in COMMUNITY NAME decided to undertake a community project (<i>INSERT LOCALLY RELEVANT EXAMPLES</i>) would most people be willing to contribute time, labor or money?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
104	In this neighborhood do most people generally trust one another in matters of lending and borrowing?	a) YES..... 1 NO..... 2 DON'T KNOW..... 8	
105	If someone in your family suddenly fell ill or had an accident, would your neighbours offer to help?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
106	I would now like to ask you some questions about yourself. What is your date of birth (day, month and year that you were born)?	DAY [] [] MONTH [] [] YEAR [] [] [] [] DON'T KNOW..... 9998	
107	How old were you on your last birthday? (MORE OR LESS)	[] [] YEARS	
108	How long have you been living continuously in COMMUNITY NAME?	[] [] YEARS LESS THAN 1 YEAR..... 00 LIVED ALL HER LIFE 95 VISITOR (AT LEAST 4 WEEKS IN HOUSEHOLD) 96	
109	Can you read and write?	YES..... 1 NO..... 2	
110	Have you ever attended school?	YES..... 1 NO..... 2	⇒1
111	What is the highest level of education that you achieved? MARK HIGHEST LEVEL. <i>CONVERT YEARS IN SCHOOL, LOCALLY SPECIFIC CODING</i>	PRIMARY _____ year..... 1 SECONDARY _____ year..... 2 HIGHER _____ year..... 3 [] [] NUMBER OF YEARS SCHOLING	

112	Where did you grow up?	THIS COMMUNITY.....1 ANOTHER RURAL AREA / VILLAGE.....2 ANOTHER TOWN / CITY.....3 ANOTHER COUNTRY.....4	
113	Do any of your family of birth live close enough by that you can easily see/visit them?	YES.....1 NO.....2	
114	How often do you see or talk to a member of your family of birth? Would you say at least once a week, once a month, once a year, or never?	AT LEAST ONCE A WEEK.....1 AT LEAST ONCE A MONTH.....2 AT LEAST ONCE A YEAR.....3 NEVER (HARDLY EVER).....4	
115	When you need help or have a problem, can you usually count on family members for support?	YES.....1 NO.....2	
116a	Do you regularly attend a group or organisation, such as a woman's organisation or religious group? IF YES: What kind of group or association? MARK ALL THAT MENTIONED PROBE IF NECESSARY TO IDENTIFY TYPE OF GROUP ADDITIONAL CODES	CIVIC / POLITICAL/ UNION..... A SOCIAL WORK / CHARITABLE .. B SPORTS / ARTS / CRAFTS C ECONOMIC / SAVINGS CLUB..... D WOMEN'S ORGANISATION..... E RELIGIOUS ORGANISATION..... F OTHER:..... X NONE Y	116b. How often do you attend? (ASK A MARK FOR EACH MARKED IN 116a) At least At least At least Neve once a once a once a (hardl week month year ever 1 2 3 4 1 2 3 4 1 2 3 4 1 2 3 4 1 2 3 4 ⇒ IF NONE GO TO 119
117	Are any of these groups attended by women only?	YES.....1 NO.....2	
118	Have you ever been prevented from attending a meeting or participating in an organisation? IF YES, ASK Who prevented you? LOCALLY SPECIFIC CODES CAN BE ADDED	NOT PREVENTED.....1 PARTNER / HUSBAND.....2 PARENTS.....3 PARENTS IN LAW.....4 OTHER:.....6	
119	Are you currently married or do you have a male partner? IF YES ASK, Do you and your husband/partner live together? <i>OPTION 4 (TEXT IN ITALICS) IS OPTIONAL. SHOULD BE INCLUDED IN COUNTRIES WHERE IT IS NOT UNCOMMON THAT WOMEN HAVE UNIONS WITH PARTNERS WITHOUT LIVING TOGETHER</i>	CURRENTLY MARRIED/LIVING WITH HUSBAND.....1 CURRENTLY MARRIED LIVING APART.....2 LIVING WITH MAN, NOT MARRIED.....3 <i>CURRENTLY HAVING A REGULAR PARTNER (SEXUAL RELATIONSHIP), LIVING APART.....4</i> NOT CURRENTLY MARRIED OR LIVING WITH A MAN (NOT INVOLVED IN A SEXUAL RELATIONSHIP).....5	⇒1 ⇒1 ⇒1 ⇒1
120	Have you ever been married or lived with a male partner?	YES.....1 NO.....2	⇒1

121	Did the last partnership end in divorce or separation, or were you widowed?	DIVORCED1 SEPARATED2 WIDOWED 3	⇒12
122	Was the divorce / separation initiated by you, by your husband, or did you both decide that you should separate?	RESPONDENT.....1 HUSBAND / PARTNER.....2 BOTH.....3	
123	How many times have you been married, or lived with a man? (INCLUDE CURRENT PARTNER)	[][] NUMBER	
124	The next few questions are about your current or most recent partnership. Do / did you live with your current /last partner's parents or any of his relatives?	YES.....1 NO.....2	
125	Do / did you live with your parents or any of your relatives? (THIS REFERS TO PERIOD OF CURRENT OR MOST RECENT PARTNERSHIP)	YES.....1 NO.....2	
126	Does / did your husband / partner have any other wives while being married (having a relationship) with you?	YES.....1 NO2 DON'T KNOW.....8	⇒12 ⇒12
127	How many wives does / did he have (including yourself)?	[][] NUMBER DON'T KNOW.....98	⇒12
128	Are / were you the first, second..... wife? <i>ADAPT WORDING LOCALLY, CHECK THAT THIS REFERS TO THE OTHER WIVES HE HAD AT SAME TIME WHILE BEING WITH RESPONDENT</i>	[][] NUMBER	
129	Did you have any kind of marriage ceremony to formalise the union? What type of ceremony did you have? MARK ALL THAT APPLY	NONEA CIVIL MARRIAGE.....B RELIGIOUS MARRIAGEC CUSTOMARY MARRIAGED OTHER:X	⇒S.
130	In what year was the first ceremony performed?	[][][] YEAR DON'T KNOW.....9998	
131	Did you yourself choose your current / most recent husband, did someone else choose him for you, or did he choose you? IF SHE DID NOT CHOOSE HERSELF, PROBE: Who chose your current / most recent husband for you?	RESPONDENT CHOSE1 PARENTS CHOSE.....2 OTHER RELATIVE CHOSE.....3 PARTNER CHOSE HER4 OTHER:6	⇒13
132	Before the marriage with your current (last) husband, were you asked whether you wanted to marry him or not?	YES1 NO.....2	
133	Did your marriage involve dowry / brideprice payment?	YES / DOWRY.....1 YES / BRIDE PRICE.....2 NO3 DON'T KNOW8	⇒S. ⇒S.
134	Has all of the dowry/ brideprice been paid for, or does some part still remain to be paid?	ALL PAID1 PARTIALLY PAID.....2 NONE PAID3	

Principal Investigator: Naved Ruchira Tabassum, Azim Safia

135	Overall, do you think that the amount of dowry / brideprice payment has had a positive impact on how you are treated by your husband and his family, a negative impact, or no particular impact?	POSITIVE IMPACT1 NEGATIVE IMPACT2 NO IMPACT.....3	⇒S. ⇒S. ⇒S.
136	Do you currently have a boyfriend or partner that you do not live with, but whom you see regularly?	YES.....1 NO.....2	

SECTION 2 GENERAL HEALTH

BEFORE STARTING WITH SECTION 2:

REVIEW RESPONSES IN SECTION 1 AND MARK MARITAL STATUS ON REFERENCE SHEET, BOX A.

201	Could we now discuss your general health and use of health services? In general, do you think your health is excellent, good, fair or poor?	EXCELLENT 1 GOOD.....2 FAIR.....3 POOR4																					
202	The next questions are related to common health problems that may have bothered you in the past four weeks. In the past <u>four weeks</u> have you had..... a) Lower abdominal pain b) Stomach problems c) Other aches and pains d) Dizziness e) Vaginal discharge		<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>a) LOWER ABDOMINAL</td> <td>1</td> <td>2</td> </tr> <tr> <td>b) STOMACH</td> <td>1</td> <td>2</td> </tr> <tr> <td>c) OTHER ACHES</td> <td>1</td> <td>2</td> </tr> <tr> <td>d) DIZZINESS</td> <td>1</td> <td>2</td> </tr> <tr> <td>e) VAGINAL DISCHARGE</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	a) LOWER ABDOMINAL	1	2	b) STOMACH	1	2	c) OTHER ACHES	1	2	d) DIZZINESS	1	2	e) VAGINAL DISCHARGE	1	2		
	YES	NO																					
a) LOWER ABDOMINAL	1	2																					
b) STOMACH	1	2																					
c) OTHER ACHES	1	2																					
d) DIZZINESS	1	2																					
e) VAGINAL DISCHARGE	1	2																					
203	In the past four weeks, have you taken medication: a) To help you calm down or sleep? b) To relieve pain? c) To help you not feel sad or depressed? FOR EACH, IF YES PROBE: How often? Once or twice, a few times or many times?		<table border="0"> <thead> <tr> <th></th> <th>NO</th> <th>ONCE OR TWICE</th> <th>A FEW TIMES</th> <th>MANY TIMES</th> </tr> </thead> <tbody> <tr> <td>a) FOR SLEEP</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>b) FOR PAIN</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>c) FOR SAD</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> </tbody> </table>		NO	ONCE OR TWICE	A FEW TIMES	MANY TIMES	a) FOR SLEEP	1	2	3	4	b) FOR PAIN	1	2	3	4	c) FOR SAD	1	2	3	4
	NO	ONCE OR TWICE	A FEW TIMES	MANY TIMES																			
a) FOR SLEEP	1	2	3	4																			
b) FOR PAIN	1	2	3	4																			
c) FOR SAD	1	2	3	4																			
204	In the past four weeks, did you consult with a doctor, nurse, pharmacist, traditional healer, midwife, or other health worker because you yourself were sick? If YES Who? PROBE: did you also see anyone else?	NO-ONE CONSULTEDA DOCTORB NURSEC COUNSELLORD PHARMACISTE MIDWIFEF OTHER HEALTH WORKER.....G TRADITIONAL HEALERH OTHER:X																					
205	In the past twelve months, have you had an operation (other than a caesarean section)?	YES.....1 NO2																					

Principal Investigator: Naved Ruchira Tabasssum, Azim Safia

206	<p>In the past twelve months, did you have to spend any nights in a hospital because you were sick (other than to give birth)? IF YES, How many nights in the past twelve months?</p>	<p>[] NIGHTS IN HOSPITAL NONE 00</p>	
207	<p>The next questions are related to other common problems that may have bothered you in the past four weeks. If you had the problem in the past four weeks, answer yes. If you have not had the problem in the past four weeks, answer no.</p>	<p>YES NO</p>	
	<p>a) Do you often have headaches? b) Is your appetite poor? c) Do you sleep badly? d) Are you easily frightened? e) Do your hands shake? f) Do you feel nervous, tense or worried? g) Is your digestion poor? h) Do you have trouble thinking clearly? i) Do you feel unhappy? j) Do you cry more than usual? k) Do you find it difficult to enjoy your daily activities? l) Do you find it difficult to make decisions? m) Is your daily work suffering? n) Are you unable to play a useful part in life? o) Have you lost interest in things? p) Do you feel that you are a worthless person? q) Has the thought of ending your life been on your mind? r) Do you feel tired all the time? s) Do you have uncomfortable feelings in your stomach? t) Are you easily tired?</p>	<p>a) HEADACHES 1 2 b) APPETITE 1 2 c) SLEEP BADLY 1 2 d) FRIGHTENED 1 2 e) HANDS SHAKE 1 2 f) NERVOUS 1 2 g) DIGESTION 1 2 h) THINKING 1 2 i) UNHAPPY 1 2 j) CRY MORE 1 2 k) NOT ENJOY 1 2 l) DECISIONS 1 2 m) WORK SUFFER 1 2 n) USEFUL PART 1 2 o) LOST INTEREST 1 2 p) WORTHLESS 1 2 q) ENDING LIFE 1 2 r) FEEL TIRED 1 2 s) STOMACH 1 2 t) EASILY TIRED 1 2</p>	
208	<p>Just now we talked about problems that may have bothered you in the past 4 weeks. I would like to ask you now if, in your life, have you ever thought about ending your life?</p>	<p>YES 1 NO 2</p>	⇒210
209	<p>Have you ever tried to take your life?</p>	<p>YES 1 NO 2</p>	
210	<p>Do you now smoke..... 1. Daily? 2. Occasionally? 3. Not at all?</p>	<p>DAILY..... 1 OCCASIONALLY 2 NOT AT ALL 3</p>	
211	<p>Have you ever smoked in your life? Did you ever smoke: 1. Daily? (smoking at least once a day) 2. Occasionally? (at least 100 cigarettes, but never daily) 3. Not at all? (not at all, or less than 100 cigarettes in your life time)</p>	<p>DAILY..... 1 OCCASIONALLY 2 NOT AT ALL 3</p>	⇒213 ⇒213

Principal Investigator: Naved Ruchira Tabasssum, Azim Safia

212	<p>On average, what number of the following do/did you smoke (chew or apply) per day?</p> <p>a) Manufactured cigarettes b) Hand-rolled cigarettes c) Bidis d) Pipefuls of tobacco e) Cigars/cheroots/cigarillos f) Goza/hookah/shi'sha</p>	<p>a) [] [] MANUFACTURED CIGARETTES b) [] [] HAND-ROLLED CIGARETTES c) [] [] BIDIS d) [] [] PIPEFULS OF TOBACCO e) [] [] CIGARS/CHEROOTS/CIGARILLOS f) [] [] GOZA/HOOKAH/SHI'SHA</p>																			
213	<p>How often do you drink alcohol? Would you say:</p> <p>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</p>	<p>EVERY DAY OR NEARLY EVERY DAY 1 ONCE OR TWICE A WEEK 2 1 - 3 TIMES IN A MONTH 3 LESS THAN ONCE A MONTH 4 NEVER 5</p>	⇒S.3																		
214	<p>On the days that you drank in the past four weeks, about how many alcoholic drinks did you usually have a day?</p>	<p>[] [] USUAL NUMBER OF DRINKS NO ALCOHOLIC DRINKS IN PAST 4 WEEKS ... 00</p>																			
215	<p>In the past twelve months, have you experienced any of the following problems, related to your drinking?</p> <p>a) money/financial problems b) health problems c) conflict with family or friends d) problems with authorities (bar owner/police, etc) x) other, specify.</p>	<table border="0"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>a) MONEY/ FINANCIAL PROBLEMS</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> </tr> <tr> <td>b) HEALTH PROBLEMS</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> </tr> <tr> <td>c) CONFLICT WITH FAMILY OR FRIENDS</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> </tr> <tr> <td>d) PROBLEMS WITH AUTHORITIES</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> </tr> <tr> <td>x) OTHER:</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> </tr> </table>		YES	NO	a) MONEY/ FINANCIAL PROBLEMS	[]	[]	b) HEALTH PROBLEMS	[]	[]	c) CONFLICT WITH FAMILY OR FRIENDS	[]	[]	d) PROBLEMS WITH AUTHORITIES	[]	[]	x) OTHER:	[]	[]	
	YES	NO																			
a) MONEY/ FINANCIAL PROBLEMS	[]	[]																			
b) HEALTH PROBLEMS	[]	[]																			
c) CONFLICT WITH FAMILY OR FRIENDS	[]	[]																			
d) PROBLEMS WITH AUTHORITIES	[]	[]																			
x) OTHER:	[]	[]																			

SECTION 3, REPRODUCTIVE HEALTH

301	<p>Now I would like to ask about all of the births that you have had during your life. Have you ever given birth? How many times? (THIS REFERS TO LIVE BIRTHS)</p>	<p>[] [] NUMBER OF BIRTHS.....⇒ NONE 00</p>	⇒30
302	<p>Have you ever been pregnant?</p>	<p>YES 1 NO 2 MAYBE/NOT SURE 3</p>	⇒31 ⇒31
303	<p>How many children do you have, who are alive now? RECORD NUMBER</p>	<p>[] [] CHILDREN NONE 00</p>	

Principal Investigator: Naved Ruchira Tabassum, Azim Safia

304	Have you ever given birth to a boy or a girl who was born alive, but later died? IF NO, PROBE: Any baby who cried or showed signs of life but survived for only a few hours or days?	YES 1 NO 2	⇒30
305	a) How many boys have died? b) How many girls have died? (THIS IS ABOUT ALL AGES)	a) [][] BOYS DEAD b) [][] GIRLS DEAD IF NONE ENTER '00'	
306	Do (did) all your children have the same biological father, or more than one father?	ONE FATHER 1 MORE THAN ONE FATHER 2 DON'T KNOW, NO ANSWER 8	
307	How many of your children receive financial support from their father(s)? Would you say none, some or all?	NONE 1 SOME 2 ALL 3 N/A 7	
308	How many times have you been pregnant – include pregnancies that did not end up in a live birth?	NUMBER OF PREGNANCIES	
309	Have you ever had a pregnancy that miscarried, or ended in a stillbirth? PROBE: How many times did you miscarry, how many times did you have a still birth, and how many times did you abort?	a) MISCARRIAGES b) STILLBIRTHS .. c) ABORTIONS IF NONE ENTER '00'	

VERIFY THAT ANSWERS TO 301 AND 309 ADD UP TO THE SAME FIGURE AS 308. IF NOT, PROBE AGAIN AND CORRECT.

[301] ____ + [309 a+b+c] ____ = [308] ____

310	Are you pregnant now?	YES 1 NO 2 MAYBE 3	
311	Have you ever used anything, or tried in any way to delay or avoid getting pregnant?	YES 1 NO 2 NEVER HAD INTERCOURSE 3	⇒31 ⇒S.5
312	Are you currently doing something, or using any method, to avoid getting pregnant?	YES 1 NO 2	⇒S.4
313	What method are you currently using?	PILL / TABLETS 1 IUD 2 INJECTABLES 3 IMPLANTS (NORPLANT) 4 DIAFRAGM / FOAM / JELLY 5 CONDOMS 6 FEMALE STERILIZATION 7 MALE STERILIZATION 8 CALENDER/MUCUS METHOD 9 WITHDRAWAL 10 HERBS 11 OTHER: 96	
314	Does your husband / partner know that you are using a method of family planning?	YES 1 NO 2	
315	Has / did your partner ever try to stop you from using a method to avoid getting pregnant?	YES 1 NO 2	⇒S.4

Principal Investigator: Naved Ruchira Tabassum, Azim Safia

316	In what ways did he let you know that he disapproved of you using methods to avoid getting pregnant? MARK ALL THAT APPLY	TOLD ME THAT DID NOT APPROVE.....A SHOUTED / GOT ANNOYED.....B THREATENED TO BEAT ME.....C THREATENED TO LEAVE / THROW ME OUT OF HOME.....D BEAT ME / PHYSICALLY ASSAULTED....E TOOK OR DESTROYED METHOD.....F OTHER.....X
-----	---	---

SECTION 4 CHILDREN

BEFORE STARTING WITH SECTION 4:
REVIEW RESPONSES AND MARK REPRODUCTIVE HISTORY ON REFERENCE SHEET, BOX B.

CHECK:	ANY LIVE BIRTHS	NO LIVE BIRTHS	=S
(Ref. Sheet, box B, point 2)		=>	=S
401	I would like to ask about the last time that you gave birth (regardless of whether the child is still alive or not)? What is the date of birth of this child?	[] [] DAY [] [] MONTH [] [] [] [] YEAR	
402	What name was given to your last born child? Is (NAME) a boy or a girl?	NAME: _____ BOY 1 GIRL 2	
403	Is your last born child (NAME) still alive?	YES 1 NO 2	=4
404	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS CHECK AGE WITH BIRTH DATE	[] [] AGE IN YEARS IF NOT YET COMPLETED ONE YEAR 00	=4 =4
405	How old was (NAME) when he/she died?	[] [] YEARS [] [] MONTHS (IF LESS THAN ONE YEAR) [] [] DAYS (IF LESS THAN ONE MONTH)	
406	CHECK IF BIRTHDATE OF LAST CHILD IS MORE OR LESS THAN FIVE YEARS AGO	FIVE OR MORE YEARS AGO 1 LESS THAN FIVE YEARS AGO 2	=4
407	I would like to ask you about your last pregnancy. At the time you became pregnant with this child (NAME), did you want to become pregnant then, did you want to wait until later, did you want no (more) children, or did you not mind either way?	BECOME PREGNANT THEN 1 WAIT UNTIL LATER 2 NOT WANT CHILDREN 3 NOT MIND EITHER WAY 4	
408	At the time you became pregnant with this child (NAME), did your husband / partner want you to become pregnant then, did he want to wait until later, did he want no (more) children at all, or did he not mind either way?	BECOME PREGNANT THEN 1 WAIT UNTIL LATER 2 NOT WANT CHILDREN 3 NOT MIND EITHER WAY 4 DON'T KNOW 8	
409	When you were pregnant with this child (NAME), did you see anyone for an antenatal check? If yes. Whom did you see? Anyone else? MARK ALL THAT APPLY	DOCTOR A OBSTETRICIAN / GYNAECOLOGIST B NURSE / MIDWIFE C AUXILIARY NURSE D TRADITIONAL BIRTH ATTENDANT E OTHER: _____ X _____ Y NO ONE Y	
410	Did your husband / partner stop you, encourage you, or have no interest in whether you received antenatal care for your pregnancy?	STOP 1 ENCOURAGE 2 NO INTEREST 3	
411	When you were pregnant with this child, did your husband have preference for a son, a daughter or did it not matter to him whether it was a boy or a girl?	SON 1 DAUGHTER 2 DID NOT MATTER 3	

Principal Investigator: Naved Ruchira Tabassum, Azim Safia

412	During this pregnancy, did you consume any alcoholic drinks?	YES 1 NO 2 DON'T KNOW / DON'T REMEMBER 8																			
413	During this pregnancy, did you smoke any cigarettes or use tobacco?	YES 1 NO 2 DON'T KNOW / DON'T REMEMBER 8																			
414	Were you given a check-up at any time during the six weeks after delivery?	YES 1 NO 2 DON'T KNOW 8																			
415	Was this child (NAME) weighed at birth?	YES 1 NO 2 DON'T KNOW 8	⇒4																		
416	How much did he/she weigh?	KG FROM CARD [][] 1 KG FROM RECALL [][] 2																			
417	Do you have any children with ages five to twelve years? How many? (INCLUDING 12 YEAR OLD CHILDREN)	[][] NUMBER NONE 00	⇒S																		
418	a) How many are boys? b) How many are girls?	a) [] BOYS b) [] GIRLS																			
419	How many of these children currently live with you? PROBE: a) How many boys? b) How many girls?	a) [] BOYS b) [] GIRLS IF "0" FOR BOTH SEXES == GO TO ⇒	⇒S																		
420	Do any of these children (ages five to twelve): a) Have frequent nightmares? b) Suck their thumbs or fingers? c) Wet their bed? d) Are any of these children very timid or withdrawn? e) Are any of them aggressive with you or other children?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>a) NIGHTMARES</td> <td>1</td> <td>2</td> </tr> <tr> <td>b) SUCK THUMB</td> <td>1</td> <td>2</td> </tr> <tr> <td>c) WET BED</td> <td>1</td> <td>2</td> </tr> <tr> <td>d) TIMID</td> <td>1</td> <td>2</td> </tr> <tr> <td>e) AGGRESSIVE</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	a) NIGHTMARES	1	2	b) SUCK THUMB	1	2	c) WET BED	1	2	d) TIMID	1	2	e) AGGRESSIVE	1	2	
	YES	NO																			
a) NIGHTMARES	1	2																			
b) SUCK THUMB	1	2																			
c) WET BED	1	2																			
d) TIMID	1	2																			
e) AGGRESSIVE	1	2																			
421	Of these children (ages 5 to 12), how many of your boys and how many of your girls have ever run away from home?	a) [] NUMBER OF GIRLS RUN AWAY b) [] NUMBER OF BOYS RUN AWAY IF NONE ENTER 0																			
422	Of these children (ages 5 to 12), how many of your boys and how many of your girls are studying/ in school?	a) [] BOYS b) [] GIRLS IF "0" FOR BOTH SEXES == GO TO ⇒	⇒S																		
423	Have any of these children had to repeat a year at school? MAKE SURE ONLY CHILDREN AGED 5 TO 12!	YES 1 NO 2 DON'T KNOW 8																			
424	Have any of these children stopped school for a while or dropped out of school? MAKE SURE ONLY CHILDREN AGED 5 TO 12!	YES 1 NO 2 DON'T KNOW 8																			

SECTION 5 CURRENT OR MOST RECENT PARTNER

CHECK (Ref. Sheet, box A)	CURRENTLY MARRIED / LIVING WITH A MAN (Option 1) (Option 5) ↓	FORMERLY MARRIED / LIVING WITH A MAN (Option 2) ↓	NEVER MARRIED / LIVED WITH A MAN (Option 3 or 4) ⇒ ⇒S.6
501	I would now like you to tell me a little about your current / most recent partner. How old was your current (most recent) husband/partner on his last birthday? PROBE: MORE OR LESS		[] [] AGE
502	In what year was he born?		[] [] [] [] DON'T KNOW9998
503	Can he read and write?		YES1 NO2
504	Did he ever attend school?		YES1 NO2 ⇒506
505	What is the highest level of education that he achieved? MARK HIGHEST LEVEL.		PRIMARY _____ year1 SECONDARY _____ year2 HIGHER _____ year3 [] [] NUMBER OF YEARS SCHOLING
506	Is he currently (FOR MOST RECENT PARTNER: towards the end of your relationship was he...) working, looking for work or unemployed, retired or studying?		WORKING1 ⇒508 LOOKING FOR WORK/UNEMPLOYED2 RETIRED3 ⇒510 STUDENT4 ⇒510
507	When did his last job finish? Was it in the past four weeks, in the past 12 months, or before that? (FOR MOST RECENT PARTNER: in the last 4 weeks or in the last 12 months of your relationship)?		PAST FOUR WEEKS1 PAST 12 MONTHS2 BEFORE PAST 12 MONTHS3
508	What kind of work does / did he normally do? SPECIFY KIND OF WORK		PROFESSIONAL:1 SEMI-SKILLED:2 UNSKILLED / MANUAL:3 MILITARY/POLICE:4 OTHER:8
509	How often does/did your husband/partner 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		EVERY DAY OR NEARLY EVERY DAY1 ONCE OR TWICE A WEEK2 1 – 3 TIMES IN A MONTH3 LESS THAN ONCE A MONTH4 NEVER5 ⇒512
510	In the past twelve months (in the last 12 months of your relationship), 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?		MOST DAYS1 WEEKLY2 ONCE A MONTH3 LESS THAN ONCE A MONTH4 NEVER5

511	<p>In the past twelve months (during the last 12 months of your relationship), have you experienced any of the following problems, related to your husband/partner's drinking?</p> <p>a) money/financial problems b) health problems c) conflict with family or friends d) problems with authorities (bar owner/police, etc) x) other, specify.</p>	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>a) MONEY/FINANCIAL PROBLEMS</td> <td>1</td> <td>2</td> </tr> <tr> <td>b) HEALTH PROBLEMS</td> <td>1</td> <td>2</td> </tr> <tr> <td>c) CONFLICT WITH FAMILY OR FRIENDS....</td> <td>1</td> <td>2</td> </tr> <tr> <td>d) PROBLEMS WITH AUTHORITIES</td> <td>1</td> <td>2</td> </tr> <tr> <td>x) OTHER: _____</td> <td></td> <td></td> </tr> </tbody> </table>		YES	NO	a) MONEY/FINANCIAL PROBLEMS	1	2	b) HEALTH PROBLEMS	1	2	c) CONFLICT WITH FAMILY OR FRIENDS....	1	2	d) PROBLEMS WITH AUTHORITIES	1	2	x) OTHER: _____		
	YES	NO																		
a) MONEY/FINANCIAL PROBLEMS	1	2																		
b) HEALTH PROBLEMS	1	2																		
c) CONFLICT WITH FAMILY OR FRIENDS....	1	2																		
d) PROBLEMS WITH AUTHORITIES	1	2																		
x) OTHER: _____																				
512	<p>How often does/did your husband/partner use drugs?</p> <p>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</p>	<p>EVERY DAY OR NEARLY EVERY DAY... 1 ONCE OR TWICE A WEEK 2 1 - 3 TIMES IN A MONTH..... 3 LESS THAN ONCE A MONTH..... 4 NEVER 5 ⇒514</p>																		
513	<p>In the past 12 months (last 12 months of the relationship), have you experienced any of the following problems, related to your husband / partner's drug use?</p> <p>a) money/financial problems b) health problems c) conflict with family or friends d) problems with authorities (bar owner/police, etc) x) other, specify.</p>	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>a) MONEY/FINANCIAL PROBLEMS</td> <td>1</td> <td>2</td> </tr> <tr> <td>b) HEALTH PROBLEMS</td> <td>1</td> <td>2</td> </tr> <tr> <td>c) CONFLICT WITH FAMILY OR FRIENDS....</td> <td>1</td> <td>2</td> </tr> <tr> <td>d) PROBLEMS WITH AUTHORITIES</td> <td>1</td> <td>2</td> </tr> <tr> <td>x) OTHER: _____</td> <td></td> <td></td> </tr> </tbody> </table>		YES	NO	a) MONEY/FINANCIAL PROBLEMS	1	2	b) HEALTH PROBLEMS	1	2	c) CONFLICT WITH FAMILY OR FRIENDS....	1	2	d) PROBLEMS WITH AUTHORITIES	1	2	x) OTHER: _____		
	YES	NO																		
a) MONEY/FINANCIAL PROBLEMS	1	2																		
b) HEALTH PROBLEMS	1	2																		
c) CONFLICT WITH FAMILY OR FRIENDS....	1	2																		
d) PROBLEMS WITH AUTHORITIES	1	2																		
x) OTHER: _____																				
514	<p>Since you have known him, has he ever been involved in a physical fight with another man?</p>	<p>YES 1 NO 2 ⇒516 DON'T KNOW 8</p>																		
515	<p>In the past twelve month (in the last 12 months of the relationship), has this happened never, once or twice, or several times?</p>	<p>NEVER..... 1 ONCE OR TWICE 2 SEVERAL TIMES (3 OR MORE)..... 3 DON'T KNOW 8</p>																		
516	<p>Has your husband / partner had a relationship with any other women since being with you?</p>	<p>YES..... 1 NO 2 ⇒S.6 UNSURE / MAY HAVE 3 DON'T KNOW / NO RESPONSE..... 8 ⇒S.6</p>																		

Principal Investigator: Naved Ruchira Tabassum, Azim Safia

517	Has your husband / partner had children with any other woman since being with you?	YES1 NO2 UNSURE / MAY HAVE3 DON'T KNOW8	
-----	--	--	--

SECTION 6 ATTITUDES TOWARDS GENDER ROLES

In this community and elsewhere, people have different ideas about families and what is acceptable behavior for men and women in the home. I am going to read you a list of statements, and I would like you to tell me whether you generally agree or disagree with the statement. There are no right or wrong answers.					
601	A good wife obeys her husband even if she disagrees	AGREE.....	1		
		DISAGREE.....	2		
		DON'T KNOW.....	8		
602	Family problems should not be discussed with people outside of the family.	AGREE.....	1		
		DISAGREE.....	2		
		DON'T KNOW.....	8		
603	It is important for a man to show his wife/partner who is the boss	AGREE.....	1		
		DISAGREE.....	2		
		DON'T KNOW.....	8		
604	A woman should be able to choose her own friends even if her husband disapproves	AGREE.....	1		
		DISAGREE.....	2		
		DON'T KNOW.....	8		
605	It's a wife obligation to have sex with her husband even if she doesn't feel like it	AGREE.....	1		
		DISAGREE.....	2		
		DON'T KNOW.....	8		
606	If a man mistreats his wife, others outside of the family should intervene (get involved).	AGREE.....	1		
		DISAGREE.....	2		
		DON'T KNOW.....	8		
607	In your opinion, does a man have a good reason to hit his wife if:		YES	NO	DK
	a) She does not complete her household work to his satisfaction	a) HOUSEHOLD	1	2	8
	b) She disobeys him	b) DISOBEYS	1	2	8
	c) She refuses to have sexual relations with him	c) NO SEX	1	2	8
	d) She asks him whether he has other girlfriends	d) GIRLFRIENDS	1	2	8
	e) He suspects that she is unfaithful	e) SUSPECTS	1	2	8
	f) He finds out that she has been unfaithful	f) UNFAITHFUL	1	2	8
608	Is it acceptable for a married woman to refuse to have sex with her husband in the following situations:		YES	NO	DK
	a) If she doesn't want to	a) NOT WANT	1	2	8
	b) If he is drunk	b) DRUNK	1	2	8
	c) If she is sick	c) SICK	1	2	8
	d) If he mistreats her.	d) MISTREAT	1	2	8

SECTION 7 RESPONDENT AND HER PARTNER

CHECK (Ref. Sheet, box A)	EVER MARRIED / LIVING WITH A MAN (Options 1, 2) <i>(Option 5)</i>	NEVER MARRIED / LIVED WITH A MAN / SINGLE (WITH OR WITHOUT BOYFRIEND) (Options 3, 4)	⇒S.1
--	--	--	------

When two people marry or live together, they usually share both good and bad moments. I would now like to ask you so questions about your current and past relationships and how your husband / partner treats (treated) you. If anyone interrupts I will change the topic of conversation. I would again like to assure you that your answers will be kept secret, and that do not have to answer any questions that you do not want to. May I continue?

701	In general, do (did) you and your (current or most recent) husband or partner discuss the following topics together: a) Things that have happened to him in the day b) Things happen to you during the day c) Your worries or feelings d) His worries or feelings	YES	NO
	a) HIS DAY	1	2
	b) YOUR DAY	1	2
	c) YOUR WORRIES	1	2
	d) HIS WORRIES	1	2

702	In your relationship with your current or most recent partner, how often would you say that you quarrelled? Would you say rarely, sometimes or often?	RARELY.....1	SOMETIMES.....2	OFTEN.....3
-----	---	--------------	-----------------	-------------

703	I am now going to ask you about some situations that are true for many women. Thinking about your husband or partner, would you say it is generally true that he: a) tries to keep you from seeing your friends b) tries to restrict contact with your family of birth c) insists on knowing where you are at all times d) ignores you and treats you indifferently e) gets angry if you speak with another man f) is constantly suspicious that you are unfaithful g) expects you to ask his permission before seeking health care for yourself	YES	NO
	a) SEEING FRIENDS	1	2
	b) CONTACT FAMILY	1	2
	c) WANTS TO KNOW	1	2
	d) IGNORES YOU	1	2
	e) GETS ANGRY	1	2
	f) SUSPICIOUS	1	2
	g) HEALTH CENTRE	1	2

704	I want you to tell me if your current husband / partner, or any other partner, has ever done the following things to you.	A) (If YES continue; If NO skip to next question)	B) Has this happened in the past 12 months? (If YES answer C only; If NO answer D only)	C) In the past 12 months would you say that this has happened once, a few times or many times? (after answering C, skip D)	D) Before the 12 mo would you say that this happened a few times many times?	
		YES NO	YES NO	One Few Many	One Few M	
		a) Insulted you or made you feel bad about yourself?	1 2	1 2	1 2 3	1 2
		b) Belittled or humiliated you in front of other people?	1 2	1 2	1 2 3	1 2
		c) Did things to scare or intimidate you on purpose (e.g. by the way he looked at you, by yelling and smashing things)?	1 2	1 2	1 2 3	1 2
d) Threatened to hurt you or someone you care about?	1 2	1 2	1 2 3	1 2		

705	Has he/any of your partners ever....	<p>A) (If YES continue. If NO skip to next question) YES NO</p>	<p>B) Has this happened in the past 12 months? (If YES answer C only. If NO answer D only) YES NO</p>	<p>C) In the past 12 months would you say that this has happened once, a few times or many times? (after answering C, skip D) One Few Many</p>	<p>D) Before the 12 mo would you say that this happened a few times many times? One Few M</p>
	<p>a) Slapped you or threw something at you that could hurt you? b) Pushed you or shoved you? c) Hit you with his fist or with something else that could hurt you? d) Kicked you, dragged you or beat you up? e) Choked or burnt you on purpose? f) Threatened to use or actually used a gun, knife or other weapon against you?</p>	<p>1 2 1 2 1 2 1 2 1 2 1 2</p>	<p>1 2 1 2 1 2 1 2 1 2 1 2</p>	<p>1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3</p>	<p>1 2 1 2 1 2 1 2 1 2 1 2</p>
706	Has he/any of your partners ever....	<p>A) (If YES continue. If NO skip to next question) YES NO</p>	<p>B) Has this happened in the past 12 months? (If YES answer C only. If NO answer D only) YES NO</p>	<p>C) In the past 12 months would you say that this has happened once, a few times or many times? (after answering C, skip D) One Few Many</p>	<p>D) Before the 12 mo would you say that this happened a few times many times? One Few M</p>
	<p>a) Physically forced you to have sexual relations when you did not want to? b) Did you ever have sex when you did not want because you were afraid of what he might do? c) Forced you to do something sexual that you found un-natural or distasteful?</p>	<p>1 2 1 2 1 2</p>	<p>1 2 1 2 1 2</p>	<p>1 2 3 1 2 3 1 2 3</p>	<p>1 2 1 2 1 2</p>
707	<p>VERIFY WHETHER ANSWERED YES TO ANY QUESTION ON PHYSICAL VIOLENCE, SEE QUESTION 705</p>		<p>YES, PHYSICAL VIOLENCE1 NO PHYSICAL VIOLENCE2</p>		<p>MARK IN BOX C</p>
708	<p>VERIFY WHETHER ANSWERED YES TO ANY QUESTION ON SEXUAL VIOLENCE, SEE QUESTION 706</p>		<p>YES, SEXUAL VIOLENCE1 NO SEXUAL VIOLENCE2</p>		<p>MARK IN BOX C</p>

Principal Investigator: Naved Ruchira Tabassum, Azim Safia

HECK	EVER BEEN PREGNANT	NEVER PREGNANT =>	=>716
Ref. Sheet,			
ix B,	NUMBER OF PREGNANCIES (option 5)		
option 1)	MARK IF CURRENTLY PREGNANT (option 4)		

9	You said that you have been pregnant TOTAL times. Was there ever a time when you were beaten or physically assaulted in other ways whilst you were pregnant?	YES NO 2	=>71
10	Did this happen in one pregnancy, or more than one pregnancy? IF MORE THAN ONE In how many pregnancies were you beaten?	[] [] NUMBER OF PREGNANCIES BEATEN	
11	Were you ever punched or kicked in the abdomen whilst you were pregnant?	YES 1 NO 2	

IF VIOLENCE REPORTED IN MORE THAN ONE PREGNANCY, THE FOLLOWING QUESTIONS REFER TO THE LAST / MOST RECENT PREGNANCY IN WHICH VIOLENCE REPORTED

12	During the most recent pregnancy in which you were beaten, was the person who beat you the father of the child?	YES 1 NO 2 DON'T KNOW 8	
13	Were you living with this person when it happened?	YES 1 NO 2 DON'T KNOW 8	
14	Had the same person beaten you before you were pregnant?	YES 1 NO 2	=>71
15	Compared to before you were pregnant, did the violence get better, stay about the same, or get worse whilst you were pregnant?	GOT BETTER 1 STAYED ABOUT THE SAME 2 GOT WORSE 3 DON'T KNOW 8	

716 CHECK Ref. Sheet Box A. option 6	NUMBER OF TIMES MARRIED/LIVED TOGETHER WITH A MAN? [][]			
You told me you have been married or lived together TOTAL times. Could you now please tell me a little about your husband / partner(s)? (Starting with your current or most recent partner):				
CHECK Ref. Sheet Box C	WOMAN HAS NOT EXPERIENCED PHYSICAL OR SEXUAL VIOLENCE ("NO" TO BOTH Options 1 and 2)	WOMAN EXPERIENCED VIOLENCE ("YES" TO Option 1 AND/OR Option 2)		
ASK ONLY COLUMNS a AND b		ASK COLUMNS a TO e (FOR ALL PARTNERS)		
a) When did you start living together? IF CURRENTLY MARRIED START WITH 1. IF NOT, START WITH 2.	b) When did the relationship end?	c) Did he physically or sexually mistreat you? IF NO. SKIP TO NEXT PARTNER, IF YES CONTINUE	d) When was the first incident?	e) When was the last incident?
1. [][] MONTH [][][][] YEAR	[][] MONTH [][][][] YEAR	YES1 ⇒ NO2 ↓	[][] MONTH [][][][] YEAR	[][] MON [][][][] YE
2. [][] MONTH [][][][] YEAR	[][] MONTH [][][][] YEAR	YES1 ⇒ NO2 ↓	[][] MONTH [][][][] YEAR	[][] MON [][][][] YE
3. [][] MONTH [][][][] YEAR	[][] MONTH [][][][] YEAR	YES1 ⇒ NO2 ↓	[][] MONTH [][][][] YEAR	[][] MON [][][][] YE
4. [][] MONTH [][][][] YEAR	[][] MONTH [][][][] YEAR	YES1 ⇒ NO2 ↓	[][] MONTH [][][][] YEAR	[][] MON [][][][] YE
5. [][] MONTH [][][][] YEAR	[][] MONTH [][][][] YEAR	YES1 ⇒ NO2 ↓	[][] MONTH [][][][] YEAR	[][] MON [][][][] YE

CHECK WHETHER ALL PARTNERS INCLUDED.

SECTION 8 INJURIES

CHECK Ref. Sheet Box C	WOMAN EXPERIENCED PHYSICAL VIOLENCE ("YES" TO Option 1) ↓	WOMAN HAS NOT EXPERIENCED PHYSICAL VIOLENCE ("NO" TO Option 1) ⇒	⇒S.10
<p>I would now like to learn more about the injuries that you experienced from (any of) your partner violence. By injury, I mean any form of physical harm, including cuts, sprains, burns, broken bone or broken teeth, or other things like this.</p>			
801	Have you ever been injured as a result of violence/abuse by (one of) your (current or former) husband partner(s)	YES 1 NO 2	⇒S.9
802 a	In your life, how many times were you injured by (any of) your husband/partner? Would you say once or twice, several times or many times?	ONCE/TWICE 1 SEVERAL (3-5) TIMES 2 MANY (MORE THAN 5) TIMES 3	b) Has this happened in the past 12 months? YES NO 1 2
803 a	What type of injury did you have? MARK ALL (PROBE)	CUTS, PUNCTURES, BITES A ABRASION, BRUISES B SPRAINS, DISLOCATIONS C BURNS D PENETRATING INJURY, DEEP CUTS, GASHES E BROKEN EARDRUM, EYE INJURIES F FRACTURES, BROKEN BONES G	b) ONLY ASK FOR MARKED RESPONSES: Has this happened in the past 12 months? YES NO
804 a	Did you ever lose consciousness? IF YES For how long?	YES, LESS THAN 1 HOUR A YES, MORE THAN 1 HOUR B NO Y	1 2 1 2
805	Were you ever hurt badly enough that you needed health care? IF YES: How many times?	[] [] NUMBER OF TIMES YES, BUT DON'T KNOW 98 NOT NEEDED 00	⇒S.9
806	Did you receive health care for your injury? IF YES All of the time, or sometimes?	YES SOMETIMES 1 YES ALWAYS 2 NO 3	⇒S.9
807	For your injury, did you have to spend any nights in a hospital? IF YES: How many nights?	[] [] NUMBER OF NIGHTS IN HOSPITAL IF NONE ENTER '00'	
808	Did you tell a healthworker the cause of your injury?	YES 1 NO 2	

SECTION 9 IMPACT AND COPING

IF REPORTED MORE THAN ONE PARTNER VIOLENCE. THE FOLLOWING QUESTIONS REFER TO THE PAST / MO RECENT PARTNER THAT USED VIOLENCE

901	<p>Could you please tell me a little more about what usually happens when your partner is / was violent. Are there any particular situations that tend to lead to violence?</p> <p>MARK ALL THAT MENTIONED</p>	<p>WHEN DRUNK A MONEY TROUBLE B DIFFICULTIES AT WORK C WHEN UNEMPLOYED D NO FOOD AT HOME E PROBLEMS WITH FAMILY F PREGNANT G JEALOUSY H REFUSING SEX I DISOBEDIENCE J OTHER X NO REASON Y</p>	
CHECK: (Ref. Sheet, box B, point 3)	CHILDREN LIVING	NO CHILDREN ALIVE	⇒90
902	<p>For any of these incidents of physical violence, were your children present or did they overhear you being beaten? IF YES: How often? Would you say a few times, many times or most of the time?</p>	<p>NONE 1 A FEW TIMES 2 MANY TIMES 3 MOST/ALL OF THE TIME 4</p>	
903	<p>During or after the violent incident, does (did) he usually force you to have sex? PROBE: Make you have sex with him against your will?</p>	<p>NEVER 1 SOMETIMES 2 ALWAYS 3</p>	
904	<p>During the times that you were hit, did you ever fight back physically (or to defend yourself)?</p>	<p>YES 1 NO 2</p>	
905	<p>Have you ever hit or physically mistreated your husband/partner when he was not hitting or physically mistreating you?</p>	<p>YES 1 NO 2</p>	
906	<p>Would you say that your husband's violence towards you has affected your physical or mental health? PROBE Has it affected it a little, or a lot?</p>	<p>NO EFFECT 1 A LITTLE 2 A LOT 3</p>	
907	<p>In what way, if any, has the violence disrupted your work or other income generating activities? MARK ALL THAT APPLY</p>	<p>PARTNER INTERRUPTED WORK A UNABLE TO CONCENTRATE B UNABLE TO WORK / SICK LEAVE C LOST CONFIDENCE IN OWN ABILITY D OTHER: X NOT DISRUPTED Y</p>	

908	Were there ever times when you were unable to carry on with any of your usual activities because of the violence: Did it affect whether you could	
		YES NO N/A
	a) work for money or kind	a) WORK 1 2 7
	b) do heavy tasks such as (heavy lifting/tending crops) (COUNTRY SPECIFIC EXAMPLES)	b) HEAVY TASKS 1 2 7
	c) do household activities such as cooking or cleaning	c) HOUSEHOLD 1 2 7
	d) taking care of children or older people	d) CHILDREN 1 2 7
909	Who have you told about the physical violence? MARK ALL MENTIONED PROBE: ANYONE ELSE?	FRIENDS A PARENTS B BROTHER OR SISTER C UNCLE OR AUNT D HUSBAND / PARTNER'S FAMILY E CHILDREN F NEIGHBOURS G POLICE H DOCTOR / HEALTH WORKER I PRIEST J COUNSELLOR K NGO / WOMAN'S ORGANISATION L LOCAL LEADER M OTHER X NO ONE Y
910	Did anyone ever try to help you? IF YES, MARK ALL MENTIONED PROBE: Anyone else?	FRIENDS A PARENTS B BROTHER OR SISTER C UNCLE OR AUNT D HUSBAND / PARTNER'S FAMILY E CHILDREN F NEIGHBOURS G POLICE H DOCTOR / HEALTH WORKER I PRIEST J COUNSELLOR K NGO / WOMAN'S ORGANISATION L LOCAL LEADER M OTHER X NO ONE Y

911	Did you ever go to any of the following for help? READ EACH ONE		YES	NO	
		a) Police	a) POLICE	1	2
		b) Hospital or health centre	b) HOSPITAL/ HEALTH CENTRE	1	2
		c) Social services	c) SOCIAL SERVICES	1	2
		d) Legal advice centre	d) LEGAL ADVICE CENTRE	1	2
		e) Court	e) COURT	1	2
		f) Shelter	f) SHELTER	1	2
		g) Local leader	g) LOCAL LEADER	1	2
		h) Woman's organisation (Use name)	h) WOMAN'S ORGANISATION (USE NAME)	1	2
		x) Anywhere else? Where?	x) ELSEWHERE: _____	1	2
<i>LOCALLY SPECIFIC OPTIONS CAN BE ADDED</i>					

CHECK Question 911	MARK WHEN WOMAN ANSWERED YES ON ANY QUESTION (AT LEAST ONE "1" CIRCLED)	MARK WHEN ALL ANSWERS NEGATIVE (ONLY "2" CIRCLED) 	⇒91
---------------------------	--	--	------------

912	What made you decide to go for help? MARK ALL MENTIONED AND GO TO 914	ENCOURAGED BY FRIENDS / FAMILYA COULD NOT ENDURE MOREB BADLY INJURED / AFRAID HE WOULD KILL HER.....C HE THREATENED OR TRIED TO KILL HER.....D HE THREATENED OR HIT CHILDRENE SAW THAT CHILDREN SUFFERING.....F THROWN OUT OF THE HOME.....G AFRAID SHE WOULD KILL HIMH OTHER _____X	FOR ALL OPTIO GO TO 914
-----	---	--	--------------------------------

913	Why did you not go to any of these organisations? MARK ALL RESPONSES GIVEN	VIOLENCE NORMAL, NO NEED TO COMPLAINA AFRAID LEAD TO MORE VIOLENCEB EMBARRASSEDC NOT BELIEVE PROBLEM SERIOUSD BELIEVED NOT DO ANY GOODE THOUGHT MAKE SITUATION WORSEF THOUGHT NOT BE TAKEN SERIOUSLY / BELIEVED / LAUGHED AT.....G AFRAID WOULD END RELATIONSHIPH THOUGHT WOULD BE BLAMED.....I AFRAID WOULD LOSE CHILDREN.....J BRING BAD NAME TO FAMILYK KNOW OTHER WOMEN NOT HELPEDL VIOLENCE NOT SEVEREM OTHER _____X DON'T KNOWY	
-----	--	---	--

914	Is there anyone that you would like to receive (more) help from? Who? MARK ALL RESPONSES GIVEN	FAMILY A HER MOTHER B HIS MOTHER C HEALTH CENTER D POLICE E OTHER: _____ ..X NO-ONE MENTIONED Y	
915	Did you ever leave, even if only overnight, because of the violence? IF YES, How many times?	[][] NUMBER OF TIMES NEVER 00	⇒920
916	What made you decide to leave the last time? MARK ALL MENTIONED	ENCOURAGED BY FRIENDS / FAMILY A COULD NOT ENDURE MORE B BADLY INJURED / AFRAID HE WOULD KILL HER C HE THREATENED OR TRIED TO KILL HER D HE THREATENED OR HIT CHILDREN E SAW THAT CHILDREN SUFFERING F THROWN OUT OF THE HOME G AFRAID SHE WOULD KILL HIM H ENCOURAGED BY ORGANIZATION: _____ ..I OTHER X NO PARTICULAR INCIDENT Y	
917	Where did you go the last time? MARK ONE	HER RELATIVES 1 HIS RELATIVES 2 HER FRIENDS / NEIGHBOURS 3 HOTEL / LODGINGS 4 STREET 5 CHURCH / TEMPLE 6 SHELTER 7 OTHER 8	
918	How long did you stay away the last time? RECORD NUMBER OF DAYS	[][] NUMBER OF DAYS LESS THAN ONE DAY 00 LEFT PARTNER / NOT WITH PARTNER 95	⇒S.10
919	Why did you return? MARK ALL MENTIONED AND GO TO SECTION 10	DIDN'T WANT TO LEAVE CHILDREN A SANCTITY OF MARRIAGE B FOR SAKE OF FAMILY / CHILDREN C COULDN'T SUPPORT CHILDREN D LOVED HIM E HE ASKED HER TO GO BACK F FAMILY SAID TO RETURN G FORGAVE HIM H THOUGHT HE WOULD CHANGE I THREATENED HER / CHILDREN J OTHER X	FOR ALL OPTIO GO TO Section 1

Principal Investigator: Naved Ruchira Tabassum. Azim Safia

920	What were the reasons that made you stay?	DIDN'T WANT TO LEAVE CHILDREN A SANCTITY OF MARRIAGE B DIDN'T WANT TO BRING SHAME ON FAMILY C COULDN'T SUPPORT CHILDREN..... D LOVED HIM E DIDN'T WANT TO BE SINGLE F FAMILY SAID TO STAY G FORGAVE HIM..... H THOUGHT HE WOULD CHANGE..... I THREATENED HER / CHILDREN J OTHER X	
-----	---	---	--

SECTION 10 OTHER EXPERIENCES

In their lives, many women experience different forms of violence from relatives, other people that they know; and/or from strangers. If you don't mind, I would like to briefly ask you about some of these situations. Everything that you say will be kept private. May I continue?

1001	Since the age of 15, has anyone (FOR WOMEN WITH CURRENT OR PAST PARTNER: other than your partner/husband) ever beaten or physically mistreated you in any way? PROBE (READ LIST): How about a relative? How about someone at school or work? How about a friend or neighbour? A stranger or anyone else?	a) Who did this to you?	MARK ONLY FOR THOSE MARKED IN 1001.a)		
			b) How many times did this happen? Once or twice, a few times, or many times	Once or twice	A few times
		FATHER..... A	1	2	3
		STEP FATHER..... B	1	2	3
		OTHER FAMILY MEMBER (MALE) ... C	1	2	3
		OTHER FAMILY MEMBER (FEMALE) D	1	2	3
		TEACHER/PRIEST..... E	1	2	3
		POLICE/ SOLDIER..... F	1	2	3
		FRIEND OF FAMILY (MALE)..... G	1	2	3
		FRIEND OF FAMILY (FEMALE)..... H	1	2	3
		BOYFRIEND..... I	1	2	3
		STRANGER..... J	1	2	3
		SOMEONE AT WORK..... K	1	2	3
		OTHER..... X	1	2	3
		NO ONE..... Y			

1002	Since the age of 15, has anyone (FOR WOMEN WITH CURRENT OR PAST PARTNER: other than your partner/husband) ever forced you to have sex or to perform a sexual act when you did not want to? PROBE (READ LIST): How about a relative? How about someone at school or work? How about a friend or neighbour? A stranger or anyone else?	a) Who did this to you?	MARK ONLY FOR THOSE MARKED IN 1002.a)		
			b) How many times did this happen? Once or twice, a few times, or many times	Once or twice	A few times
		FATHER..... A	1	2	3
		STEP FATHER..... B	1	2	3
		OTHER FAMILY MEMBER (MALE) ... C	1	2	3
		OTHER FAMILY MEMBER (FEMALE) D	1	2	3
		TEACHER/PRIEST..... E	1	2	3
		POLICE/ SOLDIER..... F	1	2	3
		FRIEND OF FAMILY (MALE)..... G	1	2	3
		FRIEND OF FAMILY (FEMALE)..... H	1	2	3
		BOYFRIEND..... I	1	2	3
		STRANGER..... J	1	2	3
		SOMEONE AT WORK..... K	1	2	3
		OTHER..... X	1	2	3
		NO ONE..... Y			

1003		MARK ONLY FOR THOSE MARKED 1003.a)					
Before the age of 15, do you remember if any one in your family ever touched you sexually, or made you do something sexual that you didn't want to?	a) Who did this to you?	b) How old were you when it happened with this person for the first time? (more or less)	c) How old was this person? PROBE: roughly (more or less):	d) How many times did this happen?			
				Once/twice	Few times	Many times	
How about someone at school? How about a friend or neighbour? Has anyone else done this to you?	FATHER..... A	[][]	[][]	0	2	3	
	STEP FATHER..... B	[][]	[][]	0	2	3	
	OTHER FAMILY MEMBER (MALE)..... C	[][]	[][]	1	2	3	
	OTHER FAMILY MEMBER (FEMALE) D	[][]	[][]	1	2	3	
	TEACHER/PRIEST..... E	[][]	[][]	1	2	3	
	POLICE/ SOLDIER..... F	[][]	[][]	1	2	3	
	FRIEND OF FAMILY (MALE)..... G	[][]	[][]	1	2	3	
	FRIEND OF FAMILY (FEMALE)..... H	[][]	[][]	1	2	3	
	BOYFRIEND..... I	[][]	[][]	1	2	3	
	STRANGER..... J	[][]	[][]	1	2	3	
	SOMEONE AT WORK..... K	[][]	[][]	1	2	3	
OTHER..... X	[][]	[][]	1	2	3		
NO ONE..... Y							
1004	How old were you when you first had sex?	[][] AGE YEARS (MORE OR LESS)				95	10
1005	How would you describe the first time that you had sex? Would you say that you wanted to have sex, you did not want to have sex but it happened anyway, or were you forced to have sex?	WANTED TO HAVE SEX 1				10	
		NOT WANT BUT HAD SEX 2					
		FORCED TO HAVE SEX 3					
1006	When you were a girl, was your mother hit by your father (or her husband or boyfriend)?	YES..... 1				10	
		NO 2				10	
		PARENTS DID NOT LIVE TOGETHER 3				10	
		DON'T KNOW..... 8					
1007	As a child, did you see or hear this violence?	YES..... 1				10	
		NO 2					
		DON'T KNOW..... 8					
CHECK (Ref.Sheet box A)	EVER MARRIED / LIVING WITH A MAN (Options 1, 2) (Option 5) ↓	NEVER MARRIED / LIVED WITH A MAN / SINGLE (WITH OR WITHOUT BOYFRIEND) (Options 3, 4) ⇒				10	

Principal Investigator: Naved Ruchira Tabassum, Azim Safia

1008	As far as you know, was your (most recent) partner's mother beaten by her husband?	YES..... 1 NO 2 ⇒10 PARENTS DID NOT LIVE TOGETHER 3 ⇒10 DON'T KNOW 8 ⇒10
1009	Did your (most recent) husband / partner see or hear this violence?	YES..... 1 NO 2 DON'T KNOW..... 8
1010	As far as you know, was your (most recent) husband/partner himself beaten regularly by someone in his family?	YES..... 1 NO 2 DON'T KNOW..... 8
1011	How many sisters do you have, born to the same mother, age 15 – 49?	[] [] SISTERS 15 – 49 YEARS OLD NO SISTERS 15 – 4900 ⇒S.1
1012	How many have ever been married or lived with a partner?	[] [] SISTERS EVER WITH PARTNER NONE 00 ⇒S.1
1013	Have any of these sisters ever been beaten or physically mistreated by their husband or some other male partner? <i>IF YES; PROBE : How many sisters?</i>	[] [] SISTERS BEATEN NONE 00 DON'T KNOW..... 98

SECTION 11 FINANCIAL AUTONOMY

Now I would like to ask you some questions about money and your work. We need this information to understand the financial position of women nowadays.

1101	Please tell me if you own any of the following, either by yourself or with someone else: a) Land b) Your house c) Other property d) A company or business e) Large animals (cows, horses etc.) f) Small animals (chickens, pigs, goats etc.) g) Produce or crops from certain fields or trees h) Large household items (TV, bed, cooker, car) i) Jewellery, gold or other valuables FOR EACH PROBE: Do you own this on your own, or do you own it with others?	<table border="1"> <thead> <tr> <th></th> <th>Don't Own</th> <th>Own by self</th> <th>Own with others</th> </tr> </thead> <tbody> <tr> <td>a) LAND</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>b) HOUSE</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>c) OTHER PROPERTY</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>d) COMPANY</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>e) LARGE ANIMALS</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>f) SMALL ANIMALS</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>g) PRODUCE</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>h) HOUSEHOLD ITEMS</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>i) JEWELLRY</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		Don't Own	Own by self	Own with others	a) LAND	1	2	3	b) HOUSE	1	2	3	c) OTHER PROPERTY	1	2	3	d) COMPANY	1	2	3	e) LARGE ANIMALS	1	2	3	f) SMALL ANIMALS	1	2	3	g) PRODUCE	1	2	3	h) HOUSEHOLD ITEMS	1	2	3	i) JEWELLRY	1	2	3	
	Don't Own	Own by self	Own with others																																								
a) LAND	1	2	3																																								
b) HOUSE	1	2	3																																								
c) OTHER PROPERTY	1	2	3																																								
d) COMPANY	1	2	3																																								
e) LARGE ANIMALS	1	2	3																																								
f) SMALL ANIMALS	1	2	3																																								
g) PRODUCE	1	2	3																																								
h) HOUSEHOLD ITEMS	1	2	3																																								
i) JEWELLRY	1	2	3																																								
1102	Do you earn money? PROBE (AND SPECIFY): What exactly do you do to earn money? a) Job b) Selling things, trading c) Doing seasonal work x) other	a) JOB: 1 b) SELLING / TRADING: 1 c) SEASONAL WORK: 1 x) OTHER: 1 y) NOT EARNING MONEY 1	YES NO 1 2 1 2 1 2 1 2 ⇒ ⇒ ⇒ ⇒ ⇒ S.12																																								

CHECK (Ref. Sheet. box A)	CURRENTLY MARRIED / LIVING WITH A MAN (Options 1, 5) ↓	NOT CURRENTLY MARRIED / LIVING WITH A MAN (Options. 2, 3, 4) ⇒	⇒S.12
1103	Are you able to spend the money you earn how you want yourself, or do you have to give all or part of the money to your husband?	SELF..... 1 GIVE PART TO HUSBAND..... 2 GIVE ALL TO HUSBAND..... 3	
1104	Would you say that the money that you bring into the family is more than what your husband contributes, less than what he contributes. or about the same as he contributes?	MORE THAN HUSBAND..... 1 LESS THAN HUSBAND..... 2 ABOUT THE SAME..... 3 DO NOT KNOW..... 8	
1105	Have you ever not taken a job or given up work for money because it upset your husband / partner?	YES..... 1 NO..... 2	
1106	Has your husband / partner ever taken your earnings or savings from you against your will? IF YES: Has he done this once or twice, a few times, many times, or all of the time?	NEVER..... 1 ONCE OR TWICE..... 2 A FEW TIMES..... 3 MANY TIMES..... 4 ALL OF THE TIME..... 5	
1107	Does your husband /partner ever refuse to give you money for household expenses, even when he has money for other things?	YES..... 1 NO..... 2	
1108	In case of emergency, do you think that you alone could raise enough money to house and feed your family for four weeks? – this could be for example by selling things that you own, or by borrowing money from people you know, or from a bank or moneylender?	YES..... 1 NO..... 2	

SECTION 12 COMPLETION OF INTERVIEW

<input checked="" type="checkbox"/>	<p>I would now like to give you a card. On this card are two pictures. No other information is written on the card. The first picture is of a sad face, the second is of a happy face.</p> <p>Irrespective of what you have already told me, I would like you to put a mark next to the sad picture if, someone has ever touched you sexually, or made you do something sexual that you didn't want to, before you were 15 years old?</p> <p>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 this bag, along with many other women's responses. This will ensure that I do not know your answer.</p> <p>GIVE RESPONDENT CARD AND PEN. DO NOT LOOK AT RESPONSE - ONCE CARD FOLDED, ASK RESPONDENT TO PUT IT INTO A BAG, THAT ALSO CONTAINS OTHER COMPLETED CARDS IN FRONT OF RESPONDENT. DO NOT RECORD DETAILS OF QUESTIONNAIRE IDENTIFICATION ON CARD.</p>	<p>CARD COMPLETED.....1 CARD NOT COMPLETED.....2</p>
<input checked="" type="checkbox"/>	<p>What advice would you give other women in STUDY LOCATION <u>who are living with violence?</u></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<input checked="" type="checkbox"/>	<p>Is there anything else you would like to add that you feel that we have missed?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<input checked="" type="checkbox"/>	<p>We have now finished the interview. What are your thoughts about the subjects that we have discussed. Would you say that this interview covered issues that are of importance to women?</p>	<p>YES1 NO2</p>

105	I have asked you about many difficult things. How has talking about these things made you feel?	GOOD/BETTER 1 BAD/WORSE.....2 SAME/ NO DIFFERENCE.....3
-----	---	--

106	Do you have any comments that you would like to make about the interview?	YES 1 NO..... 2
RECORD COMMENTS		

107	Finally, do you agree if we contact you <u>again</u> (within the next month) if we need to ask a few more questions for clarification? TIME PERIOD TO BE SPECIFIED DEPENDING ON WHEN QUALITY CONTROL VISITS WILL OCCUR	YES 1 NO 2
-----	--	---------------------------

FINISH ONE - IF RESPONDENT HAS DISCLOSED PROBLEMS / VIOLENCE

I would like to thank you very much for helping us. I appreciate the time that you have taken. I realise that these questions may have been difficult for you to answer, but it is only by hearing from women themselves that we can really understand about their health and experiences of violence.

From what you have told us, I can tell that you have had some very difficult times in your life. No-one has the right to treat someone else in that way. However, from what you have told me I can see that you are strong, and have survived through some difficult circumstances.

Here is a list of organisations that provide support, legal advice and counselling services to women in Bangladesh. Please do contact them if you would like to talk over your situation with anyone. Their services are free, and they will keep anything that you say private. You can go whenever you feel ready to, either soon or later on.

FINISH TWO - IF RESPONDENT HAS NOT DISCLOSED PROBLEMS / VIOLENCE

I would like to thank you very much for helping us. I appreciate the time that you have taken. I realise that these questions may have been difficult for you to answer, but it is only by hearing from women themselves that we can really understand about women's health and experiences in life.

In case you ever hear of another woman who needs help, here is a list of organisations that provide support, legal advice and counselling services to women in BANGLADESH. Please do contact them if you or any of your friends or relatives need help. Their services are free, and they will keep anything that anyone says to them private.

1208. Record time of end of interview: Hour [][] (24 h)
- Minutes [][]

Box A. MARITAL STATUS

Mark ONE of the following for marital status of respondent:

1. Currently married and/or living with man (Question 119: any one of the options 1, 2 or 3)
 2. ~~Previously married/lived with man (Question 120: option 1)~~
 3. Single – currently with regular boyfriend (Question 136, option 1)
 4. Single – not previously married/lived with man and no current boyfriend (Question 136, option 2)
5. Number of times married/lived together with man (Question 123): [][]

Box B. REPRODUCTIVE HISTORY

Check and complete ALL that applies for reproductive history of respondent:

1. Respondent has been pregnant at least one time (Question 302, option 1) Yes No
2. Respondent had at least one live birth (Question 301, 1 or more birth) Yes No
3. Respondent has children who are alive (Question 303, 1 or more children) Yes No
4. Respondent is currently pregnant (Question 310, option 1) Yes No
5. Number of pregnancies reported (Question 308): [][]

Box C. VIOLENCE AND INJURIES

Check and complete ALL that applies for respondent:

1. Respondent has been victim of physical violence (Question 707) Yes No
2. Respondent has been victim of sexual violence (Question 708) Yes No

Principal Investigator: Naved Ruchira Tabassum, Azim Safia

Check List

After completing the protocol, please check that the following selected items have been included.

- 1. Face Sheet Included
- 2. Approval of the Division Director on Face Sheet
- 3. Certification and Signature of PI on Face Sheet, #9 and #10
- 4. Table on Contents
- 5. Project Summary
- 6. Literature Cited
- 7. Biography of the investigators
- 8. Ethical Assurance
- 9. Consent Form
- 10. Detailed Budget

Title: Women's Health and Domestic Violence

Summary of Referee's Opinions:

<i>Aspect</i>	<i>Rank Score</i>
Quality of Project:	High
Adequacy of Project Design:	High
Suitability of Methodology:	High
Feasibility within time period:	Medium
Appropriateness of budget:	High
Potential value of field of knowledge:	High

I support the application without qualification.

Detailed comments:

The research topic is of wide importance to the area of public health and is receiving increased attention worldwide. The investigators show good knowledge of the international literature in the field and are obviously connected with the larger research initiative on women's health and domestic violence by WHO. As a result, the research protocol is comprehensive and focused. The specific aims are relevant to the problem area and will likely be achieved given the presented study design. The justification for doing this research in Bangladesh is sound. The research design with a 4-mo period of formative research (situation analysis) before the larger survey seems well thought through. The sampling for the survey is well-designed and handling of non-response clarified. The difficult ethical issues related to this project are addressed extensively.

A few points that may deserve further attention are the following:

Time plan and data collection activities are clearly specified for the formative research but less so for the survey. From the budget it appears that the survey will last 2 mo in the field, yet this should have been stated in the section on Research Design and Methods. Only in the Background section are the tools for collecting the survey data reported. Information on analyses strategies are lacking overall. In no place is Naripokkho introduced. The literature list is not finalized.

In the formative research description, the ethical concerns that are explicitly spelled out are distress and confidentiality. While these are important, the issue of safety is a far more crucial concern (this is indeed discussed later in the application under Ethical Assurance). However, it should be stated explicitly also in the formative research section.

Because it is unclear what activities will take place when, during the survey it is hard to judge the budget. Is it necessary with 2 years of 100% for a data analyst and a secretary? Do transcriptions cost \$9000 in total? Will 20200 reports be distributed? Other than these minor points, the budget seems sound.

Women's Health and Domestic Violence

	High	Medium	Low
Quality of Project	X		
Adequacy of Project Design	X		
Suitability of Methodology	X		
Feasibility within time period	X		
Appropriateness of budget	X		
Potential value of field of knowledge	X		

Conclusions

I support the application:

a) with qualifications on some technical grounds

Kathleen Cash

December 1, 1999

Adjunct Professor West Virginia University

Executive Director Appalachian Institute for Women and Youth

Detailed Comments:

Overview: Generally speaking, I think this is a very important, a much needed and long awaited study. The author has identified the most significant factors to consider in designing this type of research project. While this will not necessarily be an easy study to undertake, the findings will ~~be very valuable to people in public health at the policy level and in many other fields of service~~ and education. This research should provide much needed knowledge on a topic that is severely under-researched and on a population (women who have experienced domestic violence) that is severely under-served.

I have added more detailed comments and suggestions below:

1. **Time-line for Formative Research:** I think the author has not allotted enough time for formative research. This is perhaps the most critical phase of this research for developing a good survey instrument and getting to know the field. The time the author allotted is enough to do library research or research about policy, but not enough to get to know the field well known to prepare a sensitive instrument and to perhaps test, redefine and refine research strategies and methods.

2. **Budget:** I would consider reallocating more budget for formative research and for training of survey teams. In my opinion, how well the author conducts the formative research and how well he/she trains the front-line workers (survey team) will determine the effective of the research process. In this respect the budget is heavily weighted to result rather than to process and, in my opinion, process will determine the significance and usefulness of this research...

3. **Protection of subjects:** There are very few protective services for people who have experienced domestic abuse particularly in rural areas. While some rural communities may have community or household leaders or ad hoc informal leaders that intervene in extreme cases, from my experiences there are few protective services available. Even if the protective services of an urban-based group are offered, it is unlikely that a rural person would or could make use of these.

If this research inadvertently increases abuse, it is unlikely the researchers will hear about it. Silence will pervade. So, I suggest that this research be limited to rural areas where there a protective service is readily available or where there is community leadership that provides legitimate support. Furthermore, it appears that counselors from Dhaka will be brought in to respond to the problems of women in rural areas. Unless there are protective services in place

~~within these rural communities, this research might be opening up a "can of worms" by briefly~~
intervening and then leaving. Again, referring to the point made above, if the researchers conduct comprehensive, in depth formative research, they will have a greater understanding of what is feasible in a rural context.

In the section on Confidentiality the author has meticulously described a mechanism for insuring this which is good. I would add that the another way to protect the confidentiality of rural women who live in households and villages (where everyone knows everyone else's business) is to make sure that researchers interview these women in a safe, protected, private environment—probably outside their household area and immediate neighborhood.

4. Use of Interventionists and Activists Throughout the Research Period: As mentioned in the proposal "the paucity of information on the determinants and precipitating factors for domestic violence have similarly impeded the formulation of sound and effective programs to address this issue, especially in the area of prevention". I am not sure this is true. My point is that most research on social problems ends as research and does little to help the development of programs. Often researchers end there research with the classic "more research is needed" or with suggestions of what should be done next with little commitment to the usefulness of the research for the actions suggested.

I suggest that the author invite an advisory board of interventionists and activists to participate regularly in research activities. The advisory board could review ongoing research methods and findings and discuss how this research would help programs or what further research is needed, etc. I think this advisory board should be an integral part of the research agenda.

5. **Sampling Strategy:** I think the author's strategy, p. 14, will be quite difficult to accomplish in an ethical way with a non-literate population which is a high percentage of rural women. The random selection of a names drawn out of a hat will be a very challenging concept for non-literates to understand. Perhaps researchers could ask members of a household to volunteer a person for the researcher to interview. Each household could decide if they want to ~~participate and if they do, whom they would like the researchers to interview.~~ That way there will be less potential for shame, stigmatization and harm to the respondent.

Or, forego any selection process at the household level and keep the selection process outside the household. Researchers could ask a village leader to select women's names out of a hat. In other words, researchers could use the same process as suggested for the household, but village people would perceive that the selection came from the leader efforts. The selection process would not be focused on the household thereby making it less likely it would affect household interactions.

Also, it will be very difficult to achieve any kind of privacy in a village setting—near impossible. I suggest that researchers interview respondents away from their household or village at the office of a local women's organization.

Or that researchers work through village organizations or advocacy programs for their selection and interview process. I realize that this would affect the randomization of the sample population. On the other hand, without an advocacy program or some local support, the researchers might be inadvertently jeopardizing the health of their respondents. Perhaps this study would be better in the rural areas to settle for a non-randomized sample.

The Sampling Strategy section states, "For safety reasons, only one woman in each household will be interviewed." Could this have the opposite effect and put the respondent into greater jeopardy? It really depends on what other household members perceive about why that person was selected.

6. **Meaning of Abuse:** This study focuses on intimate partner abuse as stated on p. 13 even though the author makes cursory mention of other kinds of abuse. I think that there are other kinds of abuse that might be more common to households in Bangladesh than elsewhere because

of property, marriage and living arrangements. For example, there might be a fair amount of female to female abuse—from mother-in-law to daughter-in-law, particularly to a young, newly married daughter-in-law. And, though this abuse, if it is physical abuse, may not be directly committed by the mother-in-law, she might be the perpetrator. Or, there might be an hierarchy of abuse which takes its final toll on the daughter-in-law. In any case, if this research focuses almost exclusively on intimate partner abuse, other abusive behavior might be overlooked or one might be looking at the effect rather than the cause. Expanding the parameters of domestic abuse to include more comprehensive meanings based on the social context would be more useful for interventionists as well.

I will give you an example of a case study in Indonesia. When the son came home, his mother and sister insisted that because his new wife had behaved badly, he should beat her. The son was caught between his affections for his new wife and his obligations and perhaps demonstrations of “sonliness” and manliness he had to show to his household. He took his new wife into a separate room and told her to yell and scream. Then he pretended to abuse her so that his mother and sister would be satisfied. This is how he solved the problem. My point being that though the husband might beat or in this case pretend to beat his wife, the reasons he might do it are quite complicated. Is the mother-in-law an accessory or a perpetrator? What choices does the son have?

I am not suggesting that male to female violence is not the norm—only that the abusive situation may be more complicated and difficult to determine. Abuse, when there is one man and one woman in a household, or when power is exerted by one person over another is quite different than when there are a number of power-brokers in a household.

7. Dimensions of Abuse: From my limited experience interviewing women about domestic violence, there appear to be gradients or different dimensions of abuse. If one perceives that a slap from a husband to his wife is abuse, researchers might find that practically everyone in their target group has experienced abuse. On the other hand, while a slap might be expected, there might be beatings and life-threatening experiences that the respondents, themselves, define as abuse. In terms of services or education, I think it is important to make sure that researchers are

not applying preconceived interpretations or a model of abuse on a community that may have very different interpretations.

- Using the "storyline" in focus group discussions as a means of defining abuse and the social context of abuse is a good idea, but a word of caution here: if the story is too extreme, then it may not represent the complexities of domestic abuse. If the story is too benign, people may discount this as expected male to female behavior. What sometimes happens in "storyline"

inspired discussions is that people quickly respond in relation to the most outspoken or powerful members of the group. This seems to happen more when people can easily respond to good over evil. There is a fair amount of public posturing on sensitive topics particularly with groups of men on anything related to sex. Researchers will get the public position on domestic abuse which can be useful but might be at odds with people's private experience. To avoid this, I suggest the researchers present an open-ended story or condition and ask focus group participants to finish the story. Or, present a story with three different endings and ask the group to discuss which one is most common. I also suggest that researchers use picture-stories which tend to elicit more lively and involved discussions. Try different approaches because focus discussions can be very fruitful but are not so easy to carry off successfully so that researchers gain truly useful data.

Response to the Comments of the Reviewers of the Protocol Titled "Women's Health and Domestic Violence"

Response to the first reviewer

The following changes have been in the protocol according to the comments of the first reviewer:

1. In section Research Design and Methods the duration of the survey has been mentioned (See page).
2. Analyses strategy has been spelled out on page .
3. Naripokkho has been introduced the section on Research Team.
4. The literature has been finalized.
5. In the section on Formative Research reference has been added to measures for ensuring safety that have been described in the section on Ethical Assurance.
6. Tools for collecting survey data have been attached.
7. The time of secretary has been reduced.
8. Transcription cost has also been reduced.
9. 2,200 and not 20,200 reports will be distributed through ICDDR,B, Naripokkho and WHO.

Clarification

1. The data analyst is supposed work 100% of her/his time for a period of 6 months, shown in the budget.

Response to and clarifications for the second reviewer

The points mentioned by the reviewer have been addressed here in the order presented in the review:

- 1. Time-line for Formative Research:** It is apparent from this comment that the reviewer has not taken into account the experience of the researchers involved with this project. ~~First of all, the research team includes three researchers from Bangladesh. These researchers have experience in working on women's issues and also on sensitive topics (See CV attached to the protocol).~~ Moreover, Naripokkho, one of the collaborators in this project has rich experience in working with survivors of domestic violence as well as carrying out research on violence against women. Naripokkho has already collected a lot of data, which will serve as our background material. Its experience in carrying out research on this sensitive topic will also be useful in formulating research strategies. As it can be seen from the protocol the tasks listed by the reviewer during formative research has already been carried out (e.g., literature review, development of instrument, etc.). Thus, it is not essential to allot more time for formative research. However, we consider that the qualitative data must be a stand-alone piece so that papers can be written based on these data. For this purpose we have redistributed the time allotted to different activities under formative research taking into account the work already done and the existing data of Naripokkho. Thus, more time will now be allotted to case studies rather than to collecting background information or conducting Key Informant Interviews.
- 2. Budget:** As it was explained above time has been redistributed among different activities under formative research but the total time allotted to it has not been increased. This is why reallocation of more budget will not be needed here. However, we have increased the data collectors' training time from 10 to 19 working days, which has been reflected in the budget.
- 3. Protection of subjects:** The reviewer here missed the whole point we made about local capacity building and development of referral linkages, which addresses her/his first concern. She has also overlooked the survey strategy in dealing with intruders during sessions on sensitive issues. The strategy has been spelled out in the protocol under the titled "Physical safety of informants and researchers".
- 4. Use of interventionists and activists throughout the research period:** We agree with the reviewer that unfortunately most research "ends as research and does little to help the development of programs". Recognizing this fact this particular study has been designed to change the usual course of things. The whole purpose of collaboration with a women's activist organization is to ensure that our research findings are fed back into program. Moreover, a consultative committee will be established to support the implementation of the study and ensure the dissemination of the results. This committee will include representatives from relevant divisions within the Ministry, different NGOs and researchers. The research teams will regularly meet with this group to discuss emerging issues.
- 5. Sampling strategy:** In our sampling strategy we will forgo any selection process at the household level. Each respondent will be selected randomly by the researchers from the list of eligible women within the randomly selected households. Once again, the other issues raised here were addressed in the section titled "Physical safety of informants and researchers".
- 6. Meaning of abuse:** No, other kinds of abuse are not more common in Bangladesh. Research done so far on this issue clearly shows that similar to other countries of the world partner violence is indeed the most common form of abuse in Bangladesh. However, there exist other kinds of abuse as well in order to address this we have added a particular module in the questionnaire (See Section 10).

7. **Dimensions of abuse:** We hold that the definition of abuse is the same for human being although abuse may be conceived differently in different societies and cultures. Being sensitive to the fact that interpretation may vary from one setting to another we have planned to explore how rural and urban people of Bangladesh define abuse (See "Formative Research"). We believe that in order to develop effective intervention it is essential to understand how people perceive abuse.

We found the reviewer's suggestions regarding FGD very useful and changed the protocol accordingly. --