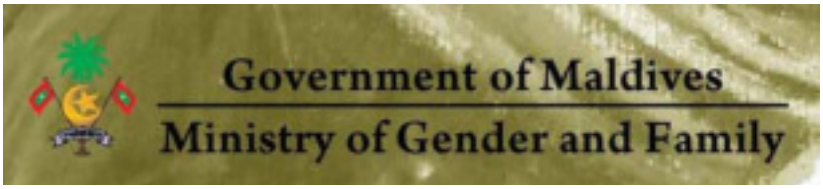

The Maldives Study on Women's Health and Life Experiences

Initial results on prevalence, health outcomes and women's responses to violence

Emma Fulu

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PREFACE

Violence against women is a problem that cuts across race, class, culture and religion. It exists in all countries in the world and unfortunately this report proves that the Maldives is no exception. Until now, violence against women has remained largely hidden and undocumented in the Maldives. This has made it difficult to assess the extent of the problem or develop effective prevention strategies and support services for victims of violence. This study on violence against women is the first of its kind in the Maldives and the culmination of 3 years of hard work by many organizations and individuals here and abroad. We are grateful to all those involved. This vital data, which uncovers the forms and patterns of violence against women in the Maldives, we can bring the issue out into the open and begin to develop and implement policies and programs to address this serious problem.

The data shows that 1 in 3 women aged 15-49 have experienced some form of physical or sexual violence during their lifetime. This includes intimate partner violence, violence by other people such as family members, work colleagues and strangers, as well as childhood sexual abuse. Nevertheless, this report shows that women are most at risk of violence by their partners or ex-partners challenging the assumption that the home is always a safe place for women.

The results of the Study also demonstrate, without any doubt, that violence against women is a major public health issue, impacting significantly on the physical, mental and reproductive health of women and girls. The health sector now has a responsibility to take a proactive role in responding to violence against women as they would any other health problem.

Violence against women is also an educational, legal and social issue. The repercussions of such abuse extend further than just the immediate victims, also affecting women's children, families, and society at large. Therefore, we require a united and integrated approach, bringing together legal, educational, social and judicial elements. We must all commit to using this significant information for the betterment of women in the Maldives and the country as a whole.

Aishath Mohammed Didi
Minister of Gender and Family

FOREWORD

Gender-based violence is one of the most pervasive human rights violations and public health problems in the world, yet all too often, it is silenced, minimized, rationalized, denied and/or accepted by individuals and society. (United Nations General Assembly. Declaration on the elimination of violence against women. Proceedings of the 85th Plenary Meeting, Geneva, Dec. 20, 1993.)

Violence is pervasive in all society and thrives on misguided notions of culture and tradition. It is the sting of the palm that cuts across flesh, the pain and humiliation of the women and children abused and wounded by the ones who should care and protect them - partners, brothers, fathers and fellow human beings.

This Study on Women's Health and Life Experiences, the first comprehensive survey of violence against women in the Maldives, shows the extent and prevalence of violence – 1 in 3 women aged 15-49 have experienced some form of physical and/or sexual abuse during their lifetime – and exposes the many facets and patterns of violence against women and girls in the country.

The results of the Study bring to light the many challenges that we face in addressing this matter. It forces us to come out of our comfort zone and admit violence exists in this society and challenge the notions that violence against women is a private issue or an inevitable way of life. It is, in fact, a major development issue related to gender equality, having socio-economic and health implications, whereby the status and health of women and girls are seriously compromised.

The UN organization has been in the forefront of raising gender issues in the Maldives. UNFPA was involved since the beginning of the formative stage of the study and WHO and UNICEF complimented as this progressed to a full-scale national study. This study really shows how UN system can contribute to a common cause.

We thank all those who undertook this pioneering initiative and worked hard to make this a success, and appreciate all those brave women who shared their intimate stories to bring to attention the gravity of this issue – you have helped give a voice to all women and girls who are still suffering in silence. The study has come out at an opportune moment when there is growing realization that Maldives may not be able to attain the Millennium Development Goal on Gender if concerted efforts are not directed to address gender inequality, equity and empowerment issues.

Finally, we would also like to congratulate the Ministry of Gender and Family for undertaking this important survey. We at UNFPA, UNICEF and WHO are pleased to assist and support such a critical study for the Maldives and we remain committed to supporting you in such future endeavours.

It is our hope that this study will be the launching pad for a proactive, united and dedicated approach to address gender issue towards creating a Maldivian society free of violence and all sorts of discriminations for all contributing to the its prosperity and well-being.

UNFPA UNICEF WHO

ACKNOWLEDGEMENTS

The Maldives Study on Women's Health and Life Experiences and this report would not have been possible without the hard work and commitment of many people. First, we would like to thank the thousands of Maldivian women who participated in the survey, giving their time and bravely sharing their intimate and often painful stories with us.

A great deal of credit must go to the World Health Organization who developed the Multi-country Study on which this research is based. They generously shared their methodology, questionnaire, interviewer training materials and data entry system with us. The technical assistance and continued support from WHO, and in particular Dr Henrica A.F.M Jansen, was truly invaluable. The achievement of this ground breaking research would not have been possible for a small country like the Maldives, who had never undertaken research of this kind before, without the expertise, experience and years of preparation that we drew on from the World Health Organization.

We would also like to acknowledge that this report prepared by Emma Fulu for the Ministry of Gender and Family is based on the WHO Study report template and that, in writing up the findings, we have drawn extensively from the WHO Multi-country Study on Women's Health and Domestic Violence against Women Report (Garcia-Moreno et al., 2005). Data analysis was also carried out by Emma Fulu using WHO developed syntaxes for SPSS and technical assistance from Dr Henrica Jansen, WHO.

We would like to gratefully acknowledge the United Nations Population Fund (UNFPA), Maldives, whose generous financial support made this research possible. They have played a significant part in this project from the beginning and their involvement in the study design and development of the questionnaire has been extremely helpful. UNFPA's commitment to eliminating violence against women in the Maldives is greatly appreciated.

We are also very appreciative of the generous financial contributions made by UNICEF, Maldives who kindly came on board towards the end of the preparatory phase. Without their additional finance this research would not have been achievable. This research provides important information on violence against girls as well as women so it was wonderful to have UNICEF's involvement and to have been able to draw on their expertise in this area.

A number of government ministries, non-government organization and individuals also contributed to the development of this research and we are grateful to all of them. In particular we would like to thank the Ministry of Planning and National Development who assisted greatly in the sample design and advised us on statistical matters. We would also like to thank the Ministry of Health, the Society for Health Education, particularly Dr Mausooma for their excellent input.

The high response rates and the robustness of the data is a true testament to the quality of the interviewers, supervisors, editors and data enters who carried out the work. They were hard-working, dedicated, and compassionate individuals who truly touched the women they spoke to and in turn were touched by the stories they heard.

LIST OF ACRONYMS

AOR	Adjusted Odds Ratio
CEDAW	Convention on the Elimination of all forms of Discrimination against Women
COR	Crude Odds Ratio
CI	Confidence Interval
CSA	Childhood Sexual Abuse
GBV	Gender-based Violence
ICPD	International Convention on Population and Development
IWDC	Island Women's Development Committee
MDV	Maldives (UN country code)
MGF	Ministry of Gender and Family
MPND	Ministry of Planning and National Development
SHE	Society for Health Education
SPSS	Statistical Package for Social Sciences
SQR	Self-reported Questionnaire
TIA	Tsunami Impact Assessment
UNFPA	United Nations Population Fund
UNICEF	United Nations Children Fund
VAW	Violence Against Women
WHO	World Health Organization

EXECUTIVE SUMMARY

The Maldives Study on Women's Health and Life Experiences is the first ever nationally representative, quantitative research on violence against women in the Maldives. It provides the first ever prevalence rates of different forms of violence against women and girls as well as the impact of that violence on health and other outcomes. Using the World Health Organization's standardized and rigorous methodology and adhering to strict ethical, safety and quality control procedures has resulted in robust data, and allowed for comparison with countries that undertook the WHO Multi-country Study.

The Maldives Study on Women's Health and Life Experiences was designed to:

1. obtain reliable estimates of the prevalence and frequency of different forms of physical, sexual and emotional violence against women in Maldives, with particular emphasis on violence perpetrated by intimate male partners;
2. document consequences of violence against women including effects on general health, reproductive health, and effects on children
3. document and compare the strategies and services that women in the Maldives use to deal with the violence they experience;
4. explore the impact of the tsunami on violence against women;
5. identify factors that may protect or put women at risk for intimate partner violence.

This first report describes the findings related to the first four study objectives: to assess prevalence, determine health outcomes, document women's coping strategies and explore the impact of the tsunami. Analysis of risk and protective factors for violence will be addressed in a future report.

Organization of the Study

The Study consisted of a population-based household survey that was conducted around the country. The sample was designed to be nationally representative and also included additional tsunami affected islands to give sufficient power for an analysis of the effect of the tsunami. The Study used a stratified sample based on Probability Proportional to Size (PPS) with the aim to have a sample that is self-weighted at the household level. Within each of 6 Strata islands were selected using systematic sampling with probability proportional to size (PPS), and households were selected using simple random sampling. The target population was women aged 15-49. In each selected household only one woman was randomly selected among all eligible women. The total sample size was 2584 households: 1864 households in the atolls, 575 households in Male' and 145 households in the 3 additional tsunami affected islands.

The work was coordinated by the core research team in the Ministry of Gender and Family. WHO shared their methodology and questionnaire which was adapted slightly to the Maldivian context. Technical assistance in the form of interviewer training and establishing a data entry system, was provided by WHO's Dr Henrica A.F.M Jansen. Primary financial assistance was provided by UNFPA with secondary financial support from UNICEF.

The survey used female interviewers and supervisors trained using a standardized 2 ½ week curriculum. Strict ethical and safety guidelines, as developed by the WHO, were adhered to.

Prevalence and patterns of violence

Measuring violence

The Study focused primarily on "domestic violence" experienced by women, also known as intimate partner violence, because international research has shown it to be the most pervasive form of violence against women. This included physical, sexual or emotional abuse as well as controlling behaviour by a current or former intimate male partner, whether married or not. The Study also examined physical and sexual violence against women before and after the age of 15, by perpetrators other than an intimate partner.

Aggregate data shows that more than 1 in 3 women (34.6%) aged 15-49 reported experiencing at least one form of physical or sexual violence, or both, during their lifetime.

This can be broken down into different forms of violence as follows:

- 1 in 5 women aged 15-49 (19.5%), who had ever been in a relationship, reported experiencing physical and/or sexual violence by and intimate partner.
- Approximately 1 in 8 women aged 15-49 (13.2%) reported experiencing physical and/or sexual violence by someone other than an intimate partner, since the age of 15.
- Combining physical and/or sexual violence by partners and non-partners, since the age of 15, we find that more than 1 in 4 women (28.4%) have experienced partner or non-partner violence, or both.
- Approximately 1 in 8 women aged 15-49 (12.2%) reported that they had been sexually abused before the age of 15, that is, that they had experienced childhood sexual abuse.

NOTE:
All prevalence rates have been calculated taking into account any overlap of different forms of violence that women had experienced. This means that there has been no double counting for women who experienced multiple types of violence, for example, childhood sexual abuse AND intimate partner violence.

19.5% of women reported intimate partner violence, 13.2% reported non-partner violence, and 12.2% reported childhood sexual abuse. These percentages add up to 44.9%. However the actual overall prevalence rate for violence against women in the Maldives is 34.6% because some women reported multiple forms of abuse.

Physical and sexual violence against women

The Maldives Study shows that violence against women is prevalent. The aggregate data on partner and non-partner violence, including child sexual abuse, indicates that 1 in 3 women aged 15-49 have experienced physical and/or sexual violence at some point in their lives. The majority of violence was perpetrated by a male intimate partner, challenging the assumption that the home is a place of safety and refuge for women.

This prevalence rate many appear very high to many people in the Maldives who have assumed for so long that violence against women does not happen in the Maldives. The sad reality is that it occurs in every country in the world and the Maldives is no exception. While it is vital to recognize the severity of the problem it is also important to note that, compared with other countries who participated in the WHO Multi-country Study, the rate of violence in the Maldives is relatively low. This should not to minimize the seriousness of the situation but help us to learn from the experiences in other countries and develop a better understanding of what factors contribute to a high or low prevalence of violence against women.

Physical and sexual violence by partners

19.5% of women aged 15-49, who had ever been in a relationship, reported experiencing physical or sexual violence, or both, by an intimate partner. Physical violence was more common that sexual violence although there was also significant overlap between these two forms of violence. That is, most women who reported sexual violence by an intimate partner were also experiencing physical partner violence.

Generally, the levels of intimate partner violence were higher in the atolls (particularly in the central and southern regions) than in Male'. This is consistent with the WHO Multi-country Study findings that the rates of partner violence were generally higher in rural settings compared with urban areas.

Women who have been separated or divorced generally reported a higher lifetime prevalence of physical or sexual violence by an intimate partner than currently married women. Also, women with higher levels of education reported lower lifetime prevalence of intimate partner violence than those who had not attended school or only had primary level education. Younger women also seem to be at greater risk of partner violence with a larger proportion of partnered women aged 25-29 reporting violence in the past 12 months than older women.

Emotional abuse by intimate partners and controlling behaviours

Emotional abuse by intimate partners was also explored and found to be relatively prevalent. At the national level, 29.2% of women aged 15-49, who had ever been in a relationship, reported experiencing emotional abuse by a partner at least once. Emotional abuse is an important element of partner violence and often cited by women as the most hurtful, leaving long-term psychological scars. However, it is difficult to accurately measure emotional abuse and as such the focus of this report is on physical and sexual violence.

In this report, when talking about "partner violence" without further specification, it refers to physical and/or sexual violence only (i.e. not including emotional abuse).

Non-partner violence

The Study also examined physical and sexual violence against women since the age of 15 by perpetrators other than their intimate partner. The level of non-partner violence at the national level was 13.2%. Similar to intimate partner violence, sexual violence was less common than physical violence. However, non-partner violence was generally found to be higher in Male' than in the atolls, which is the opposite of intimate partner violence. This is consistent with findings in other countries. The most commonly mentioned perpetrators of physical violence were the respondent's male family members, in particular her father or step-father. In contrast, the most commonly mentioned perpetrators of sexual violence were male acquaintances (such as family friend, work colleague) and strangers.

Sexual abuse in childhood and forced first sex

Childhood sexual abuse (sexual abuse before the age of 15) was found to be relatively common in the Maldives. At the national level, we found that 12.2% of women aged 15-49 had been sexually abuse before the age of 15. In Male' the rate was significantly higher at 16.3%. The data shows that girls are at greatest risk of sexual abuse by male family members and male acquaintances.

Among girls under 18 years of age who took part in the Study, 22% reported emotional abuse by a partner and 7.3% reported physical and/or sexual partner violence. 2.7% reported physical violence by someone other than a partner after the age of 15. 14.5% of girls aged 15-17 have experienced some form of sexual violence at least once in their lifetime.

Approximately 10% of women reported that their first sexual experience was either coerced or forced and the younger the girl at first sexual encounter, the more likely it was that sex was forced.

Associations of violence with specific health outcomes

The Maldives Study provides the first ever data in the country on associations between intimate partner violence and women's mental, physical and reproductive health. We can not draw direct causal links because of the cross-sectional design of the questionnaire, however we can draw associations. Overall we find that current or previous experiences of intimate partner violence are significantly associated with a range of negative impacts on women's current physical, mental, sexual and reproductive health. Even after adjusting for age, educational attainment and marital status, these associations remained significant.

Physical health and injury

Women who reported partner violence were more likely to report a range of current physical symptoms such as problems with walking, pain, memory loss, dizziness and vaginal discharge. Most of these differences were highly statistical significant. Women who reported violence were also more likely than women who had never experienced violence to report that their general health was poor or very poor.

Physical violence was also associated with injury and 50% of women who reported injuries reported severe injuries such as eye and ear injuries, fractures and internal injuries.

Mental health
Women who had experienced physical and/or sexual partner violence were significantly more likely to have ever contemplated suicide than women who had not experienced abuse. Women who had experienced partner violence were also more likely to report recent symptoms of emotional distress than women who had never experienced violence. This illustrates that past violence can be associated with current negative mental health consequences. That is, the impact of violence may extend long past the actual violent incident.

Violence during pregnancy and reproductive health
Among women who had ever been pregnant, 6.3% reported being beaten during pregnancy. Of those who reported being beaten, 39% had been punched or kicked in the abdomen. In most cases, women who were physically abused during pregnancy had been beaten prior to getting pregnant; however a significant number (38.3%) reported that the beating had actually started during pregnancy. For the majority of women who were abused before and during pregnancy, the violence stayed the same or was less severe.

Women who reported physical and/or sexual partner violence were significantly more likely to report having had at least one miscarriage, still birth, or a child who died, than those who did not report violence.

Women's coping strategies and use of services

There are many barriers to women seeking help from both formal and informal networks. 39% of women who had experienced partner violence (physical and or sexual) reported that they had not told anyone about their partner's violence. As such, for many women the interview was the first time that they had disclosed these experiences. Women who did tell someone about their partner's behaviour most often confided in family and friends. Very few women who had experienced violence had sought help from formal services due to reported barriers including feeling that the violence is normal or not serious, fear that disclosure of their situation will lead to more violence and feeling shame and embarrassment. Nevertheless, women are not passive victims and adopt a range of strategies to cope with or end the violence, including leaving home for one or more nights, leaving their partner, retaliating, and trying to find help. These patterns of help-seeking behaviour appear to be strongly associated with the severity of the violence that the women experienced. That is, women who have experienced severe violence as opposed to just moderate violence, were more likely to have told someone about their experiences, sought help, or left home.

Importance of informal networks
Women mainly seek help from informal networks such as family and friends. Unfortunately, friends and family do not always offer the support that women need and the findings also illustrate that families sometimes encourage women to return to her husband and put up with the violence.

Availability of services
The limited use of formal services clearly reflects the limited availability of such services in the Maldives, particularly outside of Male'. Other barriers to seeking help may include: the cost of traveling to services, particularly from remote islands; the belief that services will not be sympathetic; fear of consequences to their own and their children's safety.

Impact of the tsunami on violence against women

The original survey was postponed because of the tsunami that struck the Maldives on 26 December 2004. Given the international evidence that violence against women often increases in post-disaster situations it was decided that the questionnaire should be expanded to explore the impact of the tsunami and living in camps on women's experiences of violence and feelings of safety. In contrast to expectations, the reported rates of intimate partner violence and non-partner violence were lower in the tsunami affected areas than at the national level.

Generally women reported feeling safer following the tsunami and reported that incidents of harassment, violence and arguments had either stayed the same or decreased rather than becoming more common. Interestingly, it seems that in many of the small, closed-knit communities in the islands that were affected by the tsunami, facing trauma such as the tsunami has actually brought families and communities closer together.

Recommendations

Strengthening national commitment and action

1. Promote gender equality and women's human rights, and compliance with international agreements.
2. Establish, implement and monitor a multi-sectoral national action plan to address violence against women.
3. Conduct more research and enhance the capacity for data collection to monitor violence against women, and the attitudes and beliefs that perpetuate it.

Promoting primary prevention

Develop, implement and evaluate prevention programs.
Prioritize the prevention of child sexual abuse.
Reach out to men to change their behaviour.

Strengthening the health sector response

4. Build the capacity of the Family Protection Unit at IGMH and establish similar services in regional and atoll hospitals.
5. Develop specific protocols and guidelines in health and medical institutions which outline how staff should deal with GBV cases and ensure that they become expected practice throughout the health care system.
6. Establish detailed and accurate recording systems in the health sector to contribute to the body of data on violence against women which will inform future policies and programs.
7. Use reproductive health services as entry points for identifying women in abusive relationships and for delivering referral and support services.
8. Enhance the capacity of mental health care.
9. Formulate in implement a life cycle approach to the delivery of health services.

Supporting women living with violence

Strengthen formal support systems for women living with violence such as legal advice, counseling and medical care.
Strengthen informal support systems for women living with violence, such as family and community networks.

Strengthening the criminal justice response

10. Develop specific laws on violence against women and girls following international conventions and treaties including CEDAW.
11. Ensure that perpetrators of GBV are held responsible and treated accordingly by the law.
12. Conduct further training and sensitization on violence against women for all involved in the criminal justice system.

CHAPTER 1: INTRODUCTION

> ***'Globally, one in three women will be raped, beaten, coerced into sex or otherwise abused in her lifetime'***
>
> (Heise, L., Ellsberg, M., and M. Gottemoeller 1999).

In the past couple of decades, violence against women (VAW), or gender-based violence (GBV), has been recognized as a worldwide problem, crossing cultural, geographic, religious, social and economic boundaries. In the majority of cases of violence against women, the abuser will be a member of the woman's own family or someone known to her (WHO, 2002). The most widespread form of GBV is physical abuse of a woman by an intimate male partner, current and former spouse, cohabitating partner, date or boyfriend. Thirty five studies from a wide variety of countries show that one-quarter to more than half of women reported having been physically abused by a present or former partner (Heise et al., 1994).

Despite a widespread belief that rape is something committed by strangers, most non-consensual sex actually takes place between spouses, partners and acquaintances. A review of literature published in English on sexual violence against women, which included research from 84 countries, showed it to be most prevalent in everyday contexts and environments and among individuals known to each other. Population-based studies report that between 12 and 25 per cent of women have experienced attempted or completed forced sex by an intimate partner or ex-partner at some time in their lives (WHO, 2000).

Violence against women is now seen as a serious human rights abuse. In 1999, the then United Nations Secretary-General, Kofi Annan said,

> Violence against women is perhaps the most shameful human rights violation. And it is perhaps the most pervasive. It know no boundaries of geography, culture or wealth. As long as it continues, we cannot claim to be making real progress towards equality, development and peace (Annan, 8 March 1999).

Violence against women in the form of physical assault, harassment, emotional abuse, sexual assault, deprivation of resources, destruction of property, torture or confinement clearly violate women's rights to be free from violence. Women's human rights advocates also stress that unless women are free from the threat of violence, they are unable to realize their other rights, and thus unable to participate in the process or benefits of development (Burton et al., 2000: 5). For example, a woman cannot exercise her rights to livelihood, education, mobility, health or participation in governance, if she is prevented from leaving her home under threat of violence or death. In addition, a woman cannot fulfill her right to choose whether, when or how often she will have children, if she is routinely denied the opportunity to consent to sexual relations, or to choose whether and whom she marries (Burton et al., 2000: 9).

Recently it has also become evident that VAW is a serious public health issue that concerns all sectors of society. According to a World Bank study it accounts for more death and ill health among women ages 15 to 44 worldwide than cancer, obstructed labour, heart disease, respiratory infections, traffic accidents and even war (World Bank, 1993).

International Conventions and Agreements

The recognition of violence against women as a health and human rights issue has been underscored and strengthened by agreements and declarations at key international conferences. The 1979 Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) establishes international standards for guaranteeing equality between women and men within the family and the state. The essence of this convention, as with the Universal Declaration of Human Rights, is respect for human dignity and respect for the human capacity to make responsible choices. The 1993 World Conference on Human Rights in Vienna further insists that state and local biases in the implementation of CEDAW, due to religious and cultural interpretations or reservations, be eliminated. The Declaration on the Elimination of Violence against Women, adopted by the UN General Assembly in 1993, and the Beijing Platform for Action of 1995 later helped to further crystallize the doctrine that women's rights are human rights (Burton et al., 2000:8-9). In addition, the International Conference on Population and Development (ICPD), Programme of Action 1994, reinforced the CEDAW principles stating that, "advancing gender equality and equity and the empowerment of women, and the elimination of all kinds of violence against women and ensuring women's ability to control their own fertility are cornerstones of population and development-related programmes". As a result of these conventions, once private issues, like domestic violence, can now be understood as human rights violations of public concern.

Definitions

The United Nations (UN) Declaration on the Elimination of Violence against Women (1993) defines the term 'violence against women' as:

> "any 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, whether occurring in public or in private life."

The preamble to the Declaration recognizes that violence "is a manifestation of historically unequal power relations between men and women, which have led to domination over and discrimination against women by men and to the prevention of the full advancement of women," and that it is "one of the crucial social mechanisms by which women are forced into a subordinate position compared with men."

The United Nations Population Fund (UNFPA) says that:

> "Gender-based violence is violence involving men and women, in which the female is usually the victim; and which is derived from unequal power relationships between men and women" (quoted in Secretariat, 2003).

The cultural context of the Maldives

The Maldives is a chain of 1,190 small islands, most no more than a metre above sea level, spread over a distance of 900 km in the Indian Ocean. Of the 198 inhabited islands, only twenty-eight have a land area greater than 1 km^2, and the largest island is about 5.2 km^2 (Ghina, 2003). There are approximately twenty-six groups of islands or geographical atolls grouped into twenty administrative atolls, and the population of 290,000 is highly dispersed. One third of the inhabited islands have a population of less than 500, and 70 per cent of the inhabited islands have a population of less than 1,000. In contrast to these sparsely populated islands, Malé, the capital island, has a total area

of 1.8 km^2 and a population of 104,000 making it the most densely populated city in the world (MPND, 2006: 2).

Although geographically the islands of the Maldives are widely dispersed, the country is connected by bonds of language and religion. Everyone speaks Dhivehi and is a Muslim. Islam is integral to the Maldives and is woven into many aspects of daily life, particularly matters related to the family. The Maldives has historically prided itself on its liberalism, although recent years have seen a spread of more conservative strains of Islam.

Despite commonalities in religion and language there are significant variations in the economies and lifestyles of different islands. Some areas depend solely on fishing for their livelihoods, while others plant vegetables and fruit crops or specialize in craftwork. The economy is based primarily on tourism, which directly and indirectly helps produce 74 per cent of GDP; fishing contributes a further 9.3 per cent of GDP (World Bank et al., 2005). Agriculture accounts for around 3 per cent of GDP; however, on more than a quarter of the islands, the cultivation of fruits and vegetables for home use and for sale to Malé is considered the most important or second-most important economic activity, providing employment for about 5 per cent of the total atoll population and about 8 per cent of women (MPND and UNDP, 2006: 38).

The Maldives has experienced high rates of economic development with the real GDP per capita growing at an average of 7.5 per cent per annum in the past decade (MPND, 2006). Most inhabited islands have at least one school and one healthcare facility although the level of service provision varies from island to island. Some islands have only primary level education and basic health posts. Other larger islands have secondary and upper secondary schools and well equipped health clinics. Five regional hospitals and five atoll hospitals are located across the country. Importantly, the proportion of the atoll population living on islands with schooling available up to grade 10 increased from one-quarter to two-thirds between 1997 and 2004 (MPND and UNDP, 2006: xx-xxi). Many more islands now have clinics and health centres, however many of the smaller island communities still have significant problems.

Modern services such as electricity, sanitation, medical services and portable water have increased significantly over the last 10 years. For example, In 1997, 28% of the atoll population received less than 6 hours of electricity per day and in 2004 it was only 2% of the atoll population (MPND and UNDP, 1998, 2006). However, economic development has been accompanied by a widening gap in the distribution of wealth. The 2006 Vulnerability and Poverty Assessment shows that almost 21 per cent of the total population lives on less than 15 Rufiyaa (US$1 = 12.85Rf) a day (MPND and UNDP, 2006). Disparities between Malé and the atolls in terms of wealth and access to services such as health and education are also evident with a Gini Coefficient of 0.41 recorded in 2006 (MPND and UNDP, 2006). In 2004, the median per capita household income in Malé was 2.3 times the average atoll income, an increase from 1.7 times in 1997 (ibid.).

Although the tourism sector is the largest single contributor to economic development in the Maldives only 4 per cent of its employees are women, mainly because the work is often considered inappropriate and there are cultural and social restrictions on women traveling to other islands (Republic of Maldives, 2005b). Until a few decades ago, men and women had relatively equitable roles in fishing, with men going fishing and women carrying out the processing and preparing of the fish primarily for subsistence. However,

with the shift in the Maldivian economy towards the service and tourism sector, together with the modernization of the fishing industry, the fish processing activities done by women in the islands have decreased substantially (World Bank et al., 2005).

Overall, the labour force participation rate for women has increased over the past decade but there is still considerable gender disparity, with men comprising 71.4 per cent and women 37.4 per cent of the workforce (Republic of Maldives, 2005b). Women work mainly in the education, health and welfare sectors, and their employment in the government has expanded. Nevertheless, the proportion of women in senior and managerial positions remains low (10–20 per cent depending on the industry), and there is a significant gender disparity in the national parliament, with women holding just six out of fifty seats (Republic of Maldives, 2005a: 16).

Generally, household management and child care are seen as the domain of women in both rural and urban areas, even if the woman is employed outside the home. In the absence of established child care facilities women pool resources; younger women work outside and either rely on the older generation(s) to stay at home, or get domestic help (Velezinee, 2004: 6). The man's role is primarily as the breadwinner of the family although, in many cases, women contribute considerably to household income (World Bank et al., 2005).

In the Maldives, women have always played a significant role in politics and society. There was once matrilineal inheritance and early Arabic records mention that before converting to Islam, the islands were ruled by a queen (Mittra and Kumar, 2004: 4). Even after the conversion to Islam the Maldives has had several sultanas. Currently, under the constitution women are equal under the law but cannot be President, nor can women be religious leaders. However, in June 2007 the Ministry of Justice appointed women as magistrates for the first time.

The Maldives has the highest Gender Development Index (GDI) of all of South Asia which reflects equal primary and lower-secondary educational enrollment levels of men and women, no evidence of discrimination against girl children in terms of access to health, relatively equal life expectancy. However, a recent review of the Millennium Development Goals shows that disparity between boys and girls exists in higher secondary and tertiary education (Republic of Maldives, 2005a: 16).

The Maldivian legal system, derived mainly from traditional Islamic law, *Shari'a,* is administered by secular officials, a chief justice, and lesser judges on each of the 20 atolls, who are appointed by the President and function under the Ministry of Justice. Currently in Maldives there is no legislation that deals specifically with violence against women including domestic violence or workplace harassment. There is also no legal definition of domestic or family violence, or violence against women. As such, these acts of violence can only be pursued through the conventional criminal justice system and prosecution of domestic violence remains very rare. In addition there are no other approaches, such as civil law approaches, injunctions, protection orders, non-molestation orders, or counseling orders, available to women who are victims of violence in the Maldives.

The Law on the Family specifies 18 years of age as the minimum age for marriage although the Ministry of Gender and Family has the authority to approve under-age marriages if they see it to be in the best interests of the child. A woman can only marry

a Muslim man, however a man may marry a woman who is Muslim, Christian or Jewish. A woman must have the permission of her father or closest male relative to marry. If this is not possible the magistrate may act on behalf of the woman. A woman can only marry one man at a time, whereas a man can have up to four wives although polygamy is not very common in the Maldives.

The Maldives has the highest divorce rate in the world and generally, there is no strong stigma associated with divorce and remarriage is very common. Nearly 400 years ago, Pyrard (1619: 153-155) recorded this phenomenon and noted that some men married up to 100 times throughout their lives, however, currently a woman marries on average four times in her life. Often husband and wife will divorce when they quarrel and remarry each other a number of times over their life. Under *Shari'a,* the verbal pronouncement by the husband called *thalaaq* is adequate to terminate the marriage without having to go to court. However, due to the extremely high divorce rate a new Family Law was introduced in 2001 requiring couples to apply to the court for a divorce or incur a fine. A wife may request for a divorce from her husband for any of the following reasons: violence by the husband against the wife; husband forces wife to commit an act that is "haraam" in Islam; the husband refuses sex with the wife for a period of over four months without any reason. Divorce is still virtually always granted at a husband's request, however for a woman, initiating a divorce remains difficult.

A baseline survey on human rights awareness in the Maldives was conducted by the Human Rights Commission in August 2005. The survey involved 1205 adults from all regions of the country in both rural and urban areas. Participants were asked to rank 22 different human rights in order of importance and 'women's right to equality' was ranked 12th for rural and 11th for urban residents. 81% thought 'the right of women to exercise/enjoy all human rights on the basis of equality with men' was 'very important'. However, only 40.2% of respondents in rural areas and 33.8% in urban areas supported women's equality in divorce.

The tsunami which reached the Maldives at 9:20am on 26 December 2004 was the worst natural disaster in Maldivian history (World Bank et al., 2005: 3). More than 1,300 people suffered injuries and 108 people were confirmed dead or missing. Despite the relatively small death toll, the Maldives experienced a disaster of national proportions with only 8 of the 198 inhabited islands unaffected by the tsunami. Fifty-six islands sustained major physical damage, and fourteen were completely destroyed and had to be evacuated, some rendered permanently uninhabitable (World Bank et al., 2005). Nearly 12,000 people were displaced from their islands to host islands, and another 8,500 people were temporarily relocated to other places within their own island (World Bank et al., 2005: 4).

Severe damage was caused to houses, tourist resorts, boats and other fishing equipment, schools, health facilities, transport and communication equipment, water and sanitation, and electricity infrastructure. There was also substantial damage to agricultural crops and trees and homestead plots. The freshwater lens of many islands was eroded and salinization of the soil made it even less suitable for agriculture. Total damages were estimated to be US$470 million or 62 per cent of GDP (World Bank et al., 2005).

A recently completed Tsunami Impact Assessment (Republic of Maldives, 2006) shows the particularly negative impact the tsunami had on women and their livelihoods. The

sectors most affected by the tsunami were agriculture and manufacturing which tend to employ more women than men. For the populations displaced externally (to other islands) women were replaced in the manufacturing labour force by men, while among populations displaced internally (on their own islands), it was only women who lost manufacturing jobs (Republic of Maldives, 2006: 91). In contrast, sectors such as fishing, construction, trade and transport actually boomed after the tsunami, benefiting certain groups of men in particular. There was a notable increase in the unemployment rate for women, from 10 per cent in 2004 to 15 per cent following the tsunami. In 2005, in absolute terms, the number of women looking for work increased from about 6,000 to 15,500, while the number of unemployed men went from only 4,000 to 6,500.

Violence against women in the Maldives

Similar to women all over the world the women of Maldives face violence in various forms within their homes, in public space, in the workplace, and within the community in general. Gender based violence greatly affects the overall mental, psychological and physical health of many women and is a major constraint to their full participation in society and development. In order to have a gender equitable and equal society and achieve and sustain ultimate development goals such violence must be eliminated.

On the occasion of the International Women's Day, 8 March 2002, H.E President Maumoon Abdul Gayoom said, "Discrimination against women, especially domestic violence and violence against women is nothing but an impediment to establishing gender equality…I call upon the beloved people of the Maldives to be cautious of such dangers and work with a renewed effort to eliminate such practices." On the same occasion the then Minister of Women's Affairs and Social Security, Hon. Ms Raashida Yoosuf said that, "…violence is an issue we are hesitant to talk about. We have to keep in mind that, victims keeping silent about their suffering encourages perpetrators to continue with their actions. If we want to make our environment safe, free and conductive for all individuals, we have to start openly talking about the actions of perpetrators of violence. At the same time we have to help perpetrators to overcome the habit of violence. Issues of violence must be viewed as societal concerns rather than a private issue, and it must be seen as the responsibility of all to work towards eliminating violence from our society."

Although unofficial reports on personal experiences of women indicated that physical as well as sexual violence was an issue in the Maldives there was a conspicuous lack of research and data on the prevalence and impact of violence against women. Accurately estimating the prevalence of different forms of VAW 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 the home, it is often considered as 'private', lying out of the realm of public debate and exploration. Such factors have helped VAW remain largely hidden and undocumented in Maldives. Socialization processes, shame and self-blame have reinforced this secrecy. This has made it difficult to assess the extent of the problem or develop effective prevention strategies and support services for victims of VAW.

The Ministry of Gender and Family (MGF) decided that research on violence against women offered a starting point to bring the issue into the public eye, making it difficult for governments and civil society to ignore. This research was considered particularly important in order to raise awareness that domestic violence is a serious social problem

and that legislative measures may be necessary to discourage violence and provide assistance to victims. The MGF also felt that it was vital to generate a greater understanding of VAW in the Maldivian context to enable the development of effective policies, education programs, support services for victims and rehabilitation for perpetrators.

In 2004, the Ministry of Gender and Family examined various types of methodologies for conducting research on this difficult topic. It was considered important to draw from international experiences and expertise in conducting research on violence against women in an effective and ethical manner. In addition, it was important that the data collected on violence in the Maldives would be comparable to other countries, particularly other developing countries in the region and around the world. In 2004, the Ministry approached the World Health Organization who had initiated the development of the Multi-country Study on Women's Health and Domestic Violence against Women (hereafter referred to as the WHO Study). The WHO generously agreed to share their methodology including questionnaire, training and field procedures and ethical standards. The WHO Multi-country Study was designed to address some of the major gaps in the international literature on violence against women, especially related to intimate partner violence in developing country settings and its impact on women's health. The WHO methodology also represented the first global study that would yield truly comparable data on domestic violence and other forms of violence against women. See Figure 3.1 for the countries where the WHO Study was conducted. The Study was adapted to the Maldivian context through stakeholder consultations and formative qualitative research (see Chapter 3), including in-depth interviews, focus group discussion and an institutional review.

CHAPTER 2: RESEARCH OBJECTIVES AND QUESTIONNAIRE

Objectives of Research

The Maldives Study on Women's Health and Life Experiences (hereafter referred to as the Maldives Study) aims to:

1. Obtain reliable estimates of the prevalence and frequency of different forms of physical, sexual and emotional violence against women in Maldives, with particular emphasis on violence perpetrated by intimate male partners;
2. Document consequences of violence against women including effects on general health, reproductive health, and effects on children
3. Document and compare the strategies and services that women in the Maldives use to deal with the violence they experience;
4. Explore the impact of the tsunami on violence against women;
5. Identify factors that may protect or put women at risk for intimate partner violence.

This first report describes the findings related to the first four study objectives: to assess prevalence, determine health outcomes, document women's coping strategies and explore the impact of the tsunami. Analysis of risk and protective factors for violence will be addressed in a future report.

Research Questions

The questionnaire was designed to answer the following research questions:

a) What is the prevalence and frequency that women are physically or sexually abused by a current or former intimate partner? To what extent does violence occur during pregnancy?
b) What is the prevalence and frequency that women have ever been physically or sexually abused by someone other than an intimate partner? For example, in the workplace or by another family member or stranger.
c) To what extent is domestic violence against women witnessed by children within the household? To what extent are other family members aware of the abuse?
d) What are the consequences of domestic violence against women on their children? Does it appear to affect factors such as school enrolment, or whether children have nightmares?
e) To what extent is a history of violence associated with different indicators of women's physical, mental and reproductive ill-health and the use of health services?
f) What are the consequences of domestic violence on different aspects of women's lives? To what extent does violence affect women's ability to work, provide for their family, and interact with the community?
g) What family and individual factors are associated with different forms of domestic violence against women occurring? Is there an association with factors such as a woman's access to and control of resources, the willingness of her family members or friends to intervene, a history of previous victimization by other perpetrators, or her access to formal and informal sources of support?
h) What range of strategies are used by women to minimize or end violence? Specifically, to what extent do women experiencing abuse retaliate against the perpetrator, leave the relationship, and seek help from family members, friends,

or different support agencies. What are their feelings about the adequacy of the

Measuring violence

The Study focused primarily on "domestic violence" experienced by women, also known as violence by an intimate partner because globally this has been shown to be the most pervasive form of violence against women. This included physical, sexual or emotional abuse as well as controlling behaviour by a current or former intimate male partner, whether married or not[1]. The Study also examined physical and sexual violence against women before and after the age of 15, by perpetrators other than an intimate partner. The acts used to define each type of violence measured are summarized in Box 2.1.

Box 1.1: Operational definitions of violence used in the Maldives Study on Women's Health and Life Experiences

Definitions:

Physical violence by an intimate partner-

- Was slapped or had something thrown at her that could hurt her
- Was pushed or shoved or had her hair pulled or cut
- Was hit with fist or something else that could hurt
- Was choked or burnt on purpose
- Perpetrator threatened to use or actually used a weapon against her

Sexual violence by an intimate partner-

- Was physically forced to have sexual intercourse when she did not want to
- Had sexual intercourse when she did not want to because she was afraid of what partner might do
- Was forced to do something sexual that she found degrading or humiliating

Emotional abuse by an intimate partner-

- Was insulted or made to feel bad about herself
- Was belittled or humiliated in front of other people
- Perpetrator had done things to scare or intimidate her on purpose (e.g. by yelling or smashing things)
- Perpetrator had threatened to hurt her or someone she cared about

Physical violence in pregnancy-

- Was slapped, hit or beaten while pregnant
- Was punched or kicked in the abdomen while pregnant

Physical violence since age 15 years by others (non-partners)-

- Since the age 15 someone other than partner slapped, pushed or shoved, hit with fist or with something else that could hurt her

Sexual violence since age 15 years by others (non-partner)-

- Since age 15 years someone other than partner tried to force or forced her to have sex or perform a sexual act when she did not want to

Childhood sexual abuse (before age 15)-

- Before age 15 years someone had touched her sexually or made her do something sexual that she did not want to

Controlling behaviour-

- Tries to keep her from seeing her friends
- Tries to restrict contact with her family of birth
- Insists on knowing where she is at all times
- Gets angry if she speaks with another man
- Is often suspicious that she is unfaithful
- Expects her to ask his permission before seeking health care for herself

[1] Although there is widespread agreement, and some standardization regarding what acts are included as physical violence and to some extent sexual violence, there is little agreement on how to define and measure emotional abuse because the acts that are perceived as abusive are likely to vary between countries and even between groups within countries. Because of the complexity of defining and measuring emotional abuse, the questions regarding emotional violence and controlling behaviour should be considered as a starting-point, rather than a comprehensive measure of all emotional abuse (Garcia-Moreno et al., 2005: 14)

A range of behaviour-specific questions related to each type of violence were asked. For the purposes of analysis, the questions on physical violence were divided into those considered 'moderate' violence and those considered 'severe' violence, where the distinction between moderate and severe violence is based on the likelihood of physical injury (see Box 2.2).[2]

Box 2.2: Severity scale used for level of violence

"Moderate" violence: respondent answers "yes" to one or more of the following questions regarding her intimate partner (and does not answers "yes" to questions c-f below):

a) [Has he] slapped you or thrown something at you that could hurt you?
b) [Has he] pushed or shoved you?

"Severe" violence: respondent answers "yes" to one or more of the following questions regarding her intimate partner:

c) [Has he] hit you with his fist or with something else that could hurt you?
d) [Has he] kicked you, dragged you or beaten you up?
e) [Has he] threatened to used or actually used a gun, knife or other weapon against you?

For each act of physical, sexual or emotional abuse reported, the respondent was asked whether it had happened in the past 12 months or prior to the past 12 months, and with what frequency (once or twice, a few times, or many times).

Ever-partnered women

The definition of ever-partnered women is central to the Study because it defines the population that could potentially be at risk of partner violence, and hence becomes the denominator for prevalence figures. In the Maldives Study, it was decided that we needed a broad definition of partnership, since any woman who had been in a relationship with an intimate partner, whether married or not, could have been exposed to the risk of violence. Qualitative research and reports on violence against women to the Ministry of Gender and Family showed that a number of young women were experiencing violence by boyfriends and it was important to capture this. As such, the definition of "ever-partnered women" included women who had ever been married or were currently in a dating relationship (not living together).

Violence by non-partners

The survey also explored the extent to which women report experiencing violence by perpetrators other than a current or former male partner. It included questions on physically or sexually abusive behaviour by such perpetrators since the age of 15 years, in different context (at school or work, by a friend or neighbour or any one else). Follow-up questions explored the frequency of violence for each perpetrator.

[2] Ranking acts of physical violence by severity is controversial because it is debatable what types of action causes severe injuries. The breakdown of acts by severity used in this report uses the WHO standard which closely tracks other measures of severity such as injury and mental health outcomes.

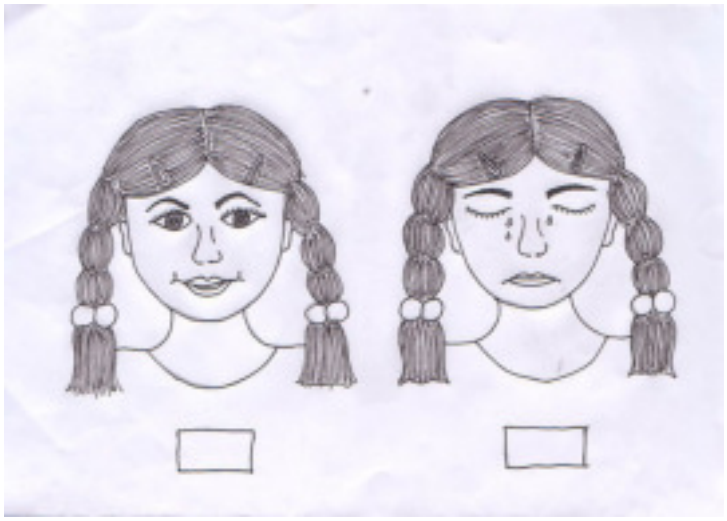
Child sexual abuse

The survey also explored the extent to which women had been sexually abused by others before the age of 15. Early sexual abuse is a highly sensitive issue that is particularly difficult to explore in survey situations. As such three approaches were used. First, respondents were asked in interview if anyone ever touched them sexually, or made them do something sexual that they did not want to, before the age of 15 years (Q 1003). If the respondent answered "yes", Follow-on questions asked about the perpetrator, the ages of the respondent and the perpetrator at the time, and the frequency of the abuse. Second, at the end of each interview, respondent were offered an opportunity to indicate in a hidden manner whether anyone had ever touched them sexually, or made them do something sexual that they did not want to, before the age of 15 years, without having to disclose her reply to the interviewer.

For Q 1201, respondents were handed a face card that had a pictorial representation for "yes" and "no' and asked to record their response in private (Figure 2.1). The respondent then folded the card, placed it in an envelope and sealed the envelope before handing it back to the interviewer. The sealed envelope with the card was attached to the questionnaire to allow for the information to be linked to the individual woman during data entry.

Third, respondents were asked how old they were at their first sexual experience and whether it had been something they wanted to happen, something they had not wanted but that had happened anyway, or something that they had been forced into.

Figure 2.1: Child face card for examining childhood sexual abuse[3]



[3] The face card was developed by Asima Thaufeeg, one of the survey supervisors.

Box 2.2: Studying violence against men

"The original plan for the WHO Study included interviews with a subpopulation of men about their experiences and perpetration of violence, including partner violence. This would have allowed researchers to compare men's and women's accounts of violence in intimate relationships and would have yielded data to investigate the extent to which men are physically or sexually abused by their female partners. On the advice of the Study Steering Committee, it was decided to include men only in the qualitative, formative component of the study and not in the quantitative survey.

"This decision was taken for two reasons. First, it was considered unsafe to interview men and women in the same household, because this could have potentially put a woman at risk of future violence by alerting her partner to the nature of the questions. Second, to carry out an equivalent number of interviews in separate households was deemed too expensive" (Garcia-Moreno et al., 2005: 7)

International research shows that the percentage of men who experience partner violence is far less than the percentage of women who experience such violence (Kishor and Johnson, 2004b; Nelson and Zimmerman, 1996), and thus research on violence against women had to be the first priority of the Maldives. Nevertheless, it is recognized that men's experiences of partner violence, as well as reasons why men perpetrate violence against women, needs to be explored in future research.

CHAPTER 3: METHODOLOGY

Formative qualitative research

The Ministry of Gender and Family undertook qualitative research on VAW in 2004 in order to develop an in-depth understanding of the current situation in the Maldives in preparation for the quantitative research. The qualitative research was conducted first as part of the formative stage of research, which was used to help guide the study development, describe the context within which the quantitative findings would be interpreted, identify modifications to the research method, and identify ways in which the quantitative research could be used nationally for advocacy and to help inform intervention development. The research included: interviews with key informants; in-depth interviews with survivors of violence; and focus group discussions with women and men of different age groups; and focus group discussions with health professionals.

Key Informants

Informants included representatives from the health sector, nongovernmental organizations such as Society for Health Education (SHE), FASHAN and Care Society, police, magistrates, other relevant ministries such as the Ministry of Health, Ministry of Planning and National Development and UN agencies such as UNICEF and UNFPA.

In-depth interviews with survivors of violence

In-depth semi-structured interviews were held with a number of women who were known to have experienced different forms of violence. Participants were recruited through the Ministry of Gender and Family. These interviews were used to gain a better understanding of how women describe their experiences of violence which helped inform the development and translation of the questionnaire. The information was also used to help interpret the survey findings and supplement the quantitative data obtained. During the interviews, careful attention was given to the ethical and safety issues associated with the study. Care was taken to ensure that strict confidentiality was maintained, and that the respondents could not be identified in follow-up dissemination activities. Each interview aimed to end on a positive note, identifying respondent's strengths and abilities. All tapes were erased once transcripts had been made.

Focus group discussions

We conducted 6 focus group discussions in Male' between April and July 2004 to explore general community attitudes and beliefs about violence against women, in order to develop appropriate and effective awareness programs and support services and to assist in the analysis of the quantitative research. Each focus group discussion consisted of 8-10 participants separated as follows:

- Males 15 – 20 years
- Males 20 – 35 years
- Males 35 – 49 years
- Females 15 – 20 years
- Females 20 – 35 years
- Females 35 – 49 years

The participants were randomly selected by the 5 ward offices in Male' so that each group had 2 people from each ward and represented different socio-economic backgrounds. The female focus group discussions were facilitated by females while the

male focus groups were facilitated by males in order to encourage honest and open discussion of the issues.

The focus group discussions used a story completion model based on a format developed by the WHO Multi-Country Study of Women's Health and Domestic Violence Against Women. A brief story about a third person experiencing domestic violence or sexual abuse was read to the group and then the group was encouraged to discuss the issues that arose based on some guiding questions asked by the facilitator. Four different stories were explored:

- A case of domestic abuse by a husband which included financial, emotional and sexual abuse but not physical abuse;
- A case of sexual abuse of a 15 year old girl by her step father;
- A case of workplace harassment;
- A case of severe domestic abuse by a husband which included serious physical and sexual violence.

The stories used were based on case-studies collected by the MGF with the names, places and specific details changed to protect confidentiality. Real Maldivian stories were chosen so that they were culturally relevant, realistic and dealt with the specific types of violence evident in the Maldivian context. The same stories were used for both men and women, however they were worded slightly differently and presented from different perspectives in order to promote candid responses. At the end participants were also asked whether they agreed or disagreed with some specific statements such as 'a good wife obeys her husband even if she disagrees'. A report on the qualitative finding was published in 2004 and is available from the Ministry of Gender and Family.

Questionnaire development and translation

The Study Questionnaire was based on the WHO Study Questionnaire which was the outcome of a long process of discussion and consultation. "Following an extensive review of a range of pre-existing study instruments, and consultation with technical experts…the core research team developed a first draft of the questionnaire. This was then reviewed by the expert steering committee and experts in relevant fields, and suggestions and revisions were incorporated" (Garcia-Moreno et al., 2005: 17). The revised questionnaire was then reviewed by country teams and translated and pre-tested in six countries (Bangladesh, Brazil, Namibia, Samoa, Thailand and Tanzania) after which further revisions were made. The completed version 9.9 was used in these six countries. An updated version of the questionnaire (version 10), which incorporates the experiences of the first eight countries was the one on which the Maldives Study was based.

In the Maldives, a number of stakeholder workshops were conducted to adapt the questionnaire to the Maldivian context. A number of changes were made including questions related to alcohol consumption, HIV/AIDS and religion, often adding appropriate answer options. A further adapted version was specifically developed for those islands that had been severely affected by the tsunami. On these islands a questionnaire was administered that had a number of additional questions: particularly in the section on partner violence, as well as a short additional module, designed to assess the impact of the tsunami on domestic violence and feelings of safety.

Once the questionnaire had been finalized in English it was translated into Dhivehi which was a complex and time-consuming process. It was important that the translation from English was extremely accurate so that the results from the Maldives could be compared with the results from other countries who conducted the WHO Study. First, a draft translation was carried out by staff at the Ministry of Gender and Family who had an in-depth understanding of the questionnaire and the issues being addressed. Formative research was used to guide the forms of language and expressions used, with a focus on using words and expressions that are widely understood. The Dhivehi version then went through a number of additional stakeholder consultations and workshops to ensure that differences in translation did not alter the meaning of any questions. Following this, the translation was checked by professional translators at the Centre for Linguistic Studies. Once the translation was finalized, the questions were again discussed during interviewer training sessions on the basis of a question-by-question description of the questionnaire. During the training itself further revisions to the translated questionnaire were made and final minor modifications were made after the pilot survey in the field.

See Annex 1 for a copy of the questionnaire.

Interviewer selection and training

> ***"It was a once in a lifetime experience…When we asked the last question, how do you feel, they say it feels good to talk so you feel good to know we have helped a little. The little we have done has made a big difference to them."***
>
> Survey interviewer

International research indicates that women's willingness to disclose violence is influenced by a variety of interviewer characteristics, including sex, age, marital status, attitudes and interpersonal skills (Ellsberg, 2001; Jansen et al., 2004). As such, paramount importance was given to the selection and training of interviewers. Drawing from the guidelines of the WHO Study, the Maldives Study used only female interviewers and supervisors. Five men were selected (including 2 MGF staff) as field editors but did not have direct contact with interviewees. Men were included because it was difficult to find enough suitable women who could be in the field for at least 3 weeks and it was also considered important, for safety reasons, that each team have at least one male member as the teams were traveling long distances and often working late into the night.

The Interview selection criteria included: ability to engage with people of different backgrounds in an empathetic and non-judgmental way, emotional maturity, skills at building rapport, and ability to deal with sensitive issues. Originally the MGF planned to only recruit interviewers aged 25 years and over, however because we were unable to find enough interviewers the age limit was lowered to 20 years. Interestingly, contrary to our original expectations, many of the younger women proved to be particularly good interviewers and where able to develop a deep rapport with women which encouraged open and honest responses.

Figure 3.1: Interviewer training

Henrica Jansen ©

Given the complexity of the questionnaire and the sensitivity of the issues to be covered additional training over an above what is normally provided to survey research staff was deemed necessary. Based on the WHO Study standardized training course for interviewers, a 2 week full-time training course was developed and run by the Ministry of Gender and Family. WHO course materials including a training facilitators manual; a question-by-question explanation of the questionnaire; and specific procedural manuals for interviewers, supervisors, field editors and data processes were used (they were adapted slightly and translated where necessary).

Two full days (during the weekends) were dedicated to supervisor and editor training. At the end of the training all trainees were thoroughly assessed using an oral test and a short role play covering sections 7 and 10 of the questionnaire. Three trainees were not retained for the field work.

In the framework of a Memorandum of Understanding signed between the Ministry of Gender and Family of the Maldives and the World Health Organization, Dr Henrica Jansen, a member of the WHO core research team came as a consultant to Male' for two weeks in August 2006. She provided technical assistance to the national coordinating team during the training of interviewers, to ensure that data collection would meet the quality standards as set for the WHO Study. Dr Jansen's terms of reference included:

- Assist in adapting, checking and finalizing the questionnaire (including a specific module for women who were living in tsunami affected areas).
- Assist in training of interviewers, supervisors and editors and pilot test of field procedures;
- Customize and install data entry systems for the questionnaires, test and adapt according to needs, train data entry personnel in EpiData and data processing and data entry procedures (including back up, double entry and validation);
- Review/advice on sampling and other study procedures as needed.

Box 3.1:Goals of interviewer training

The goals of the training were to enable interviewers to:

- be sensitive to gender issues at a personal and a community level;
- develop a basic understanding of gender-based violence, its characteristics, causes, and impact on the health of women and children;
- understand the goals of the Study;
- learn skills for interviewing, taking into account safety and ethical guidelines for research on domestic violence;
- become familiar with the questionnaire, protocol, and field procedures of the Study (Jansen et al., 2004).

Interviewers, supervisors and editors now offer an excellent resource that can be drawn on for future work on violence against women. Many interviewers felt that the training and field experiences opened their eyes to the realities of women's lives and had been a transforming experience. As a result, some have even gone on to be involved in work on women's development, anti-violence work and community development.

Figure 3.2: Interviewer training

Henrica Jansen ©

Figure 3.3: Training from Dr Jansen during pilot test

Henrica Jansen ©

Sample design

The original sample design was developed by Mr Idham Fahumy, a statistics consultant hired by the Ministry of Gender and Family in 2004. This was a stratified design, based on Probability Proportional to Size (PPS) with the aim to have a sample that is self-weighted at the household level. Within each of 6 Strata (see details below), islands were selected using systematic sampling with probability proportional to size (PPS), and households were selected using simple random sampling. The target population was women aged 15-49. In each selected household only one woman who was randomly selected among all eligible women.

For the purpose of stratification, the whole country was divided into 5 development regions, excluding Male'. There are 5 strata, grouping all the atolls and 1 stratum for Male'.

The following are the names and number of islands in each stratum.

Stratum 1: HA, H.Dh, & Sh	total 47 inhabited islands.
Stratum 2: N, R, B, & Lh	total 46 inhabited islands.
Stratum 3: K, AA, A.Dh, V, & F	total 37 inhabited islands.
Stratum 4: D, M, Th, & L	total 42 inhabited islands.
Stratum 5: GA, G.Dh, Gn, & S	total 27 inhabited islands.

3 islands from each stratum were selected (PPS) making a total of 15 islands for the enumeration in the atolls. Because of the small size of many communities in the islands, the names of the islands included in the sample will not be revealed to protect confidentiality of women who participated in the Study.

Table 3.1: Allocation of sample size

Strata	Total households	Total households in sample islands	required households	non response adjustment abt 20% of req hhs	Total Sample households
stratum 1	7276	769	364	73	437
stratum 2	7021	845	351	70	421
stratum 3	3907	332	195	39	234
stratum 4	5051	637	253	51	303
stratum 5	7818	2783	391	78	469
Atolls total	**31073**	5366	1554	311	1864
stratum 6, Male'	9578	9578	479	96	575
Total sample size for Women's Health and Life Experiences survey					**2439**

It was noted that due to the sensitivity of the survey the non-response cases may be particularly high. To adjust for a possible reduction of the actual sample size due to non-response, the sample size was inflated by 20%. Table 3.1 shows the new sample size after non-response adjustment.

With this adjustment, the total sample size of households to be visited for this survey was 2439 households. The sample size represents 6% of all households in the Maldives and 5% of the women population aged 15-49 in the Maldives.

Sample redesign

WHO ethical guidelines stipulate that there should be a maximum sampling density of 25% in each cluster (island); that is, no more than 1 in 4 households on an island should be sampled. This in order to promote confidentiality and ensure that the nature of the survey (i.e. that it asks about violence against women) does not spread around the island too quickly, as this could put both respondent and interviewer safety at risk and reduce the likelihood of open and honest reporting by women. In the original sample the sampling density on many islands (except Male' and the large islands in the South) was around 50% and even as high as 73% in some clusters. As such, it was decided that the number of islands in the sample would need to be expanded to achieve the required sample size with lower sampling density. In most cases, one or two neighbouring islands of the selected islands were included to achieve the required sample size with a maximum sampling density of 25%. This method was recommended by WHO statisticians and also discussed in detail with the Ministry of Planning and National Development who agreed this was the most appropriate technique and would not impact significantly on the validity of the results.

The survey was originally planned for 2005 however, after the tsunami it had to be postponed until 2006. The original national sample included 2 severely tsunami affected islands (in Stratum 4). While this is representative for the actual situation in the country, the number of women in these two islands would not be large enough to be able to explore whether the experiences of women severely affected by the tsunami differed from the rest of the country. Therefore 3 additional tsunami affected island were selected[4] to give sufficient power for the analysis of the effect of the tsunami (see Annex 2 for more detail on the sampling frame). Data from these 3 additional islands is not used in the national sample analysis. To analyze the effect of the tsunami the results for all 5 tsunami severely affected islands are compared with those for the non or not severely affected islands as a separate piece of analysis. (see Chapter 11).

The total sample size is 2584 households, 1864 households in the atolls, 575 households in Male' and 145 households in the 3 additional tsunami affected islands.

Table 3.2: Tsunami sample (in addition to national sample)

Tsunami Sample	
Number of severely tsunami affected islands	14
Number of islands selected for tsunami sample	3
Total women age 15-49 in all 14 tsunami affected islands	3176
Women age 15-49 in 3 sample islands	905
Total households in tsunami affected islands	1940
Number of households (6% of all households) to be surveyed	116
plus 25% to allow for non-response	**145**

Organization of the survey and fieldwork procedures

Figure 3.4: Data collection

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The Survey on Women's Health and Life Experiences was conducted by the Ministry of Gender and Family under the management of the national coordinating team consisting of Emma Fulu, Aishath Shehenaz and Athifa Ibrahim. During the training, 5 field teams were formed of different sizes (proportional to sample size in the area they had to cover). Each team had one supervisor and one field editor (the men had the roles of editors, since they could not interview women in the households).

[4] The additional tsunami-affected islands were chosen from the list of 'most-affected' islands as defined by the categorization set by the Ministry of Planning and National Development.

Each team traveled to one of the five stratum and conducted interviews under the guidance of the supervisor. Data collection in the atolls took approximately 3 weeks. All five teams then returned to Male' for data collection which took approximately five days. Data collection was from 28 August to 21 September 2006.

Mechanism for quality control

A number of mechanisms were developed by WHO and were used in all countries who took part in the WHO Study to ensure cross-site comparability. The following mechanisms were used to ensure and monitor the quality of the survey and implementation:

- Use of detailed standardized training package;
- Clear explanations of the requirements and conditions of employment to each interviewer and supervisor, outlined in a contract with the Ministry of Gender and Family. This gave the option to dismiss staff who were not performing adequately or who had negative attitudes towards the topic of the Study;
- Compilation of details of eligible members of each household during the survey so that possible sampling biases could be explored by comparing the sample interviewed with the distribution of eligible respondents;
- Close supervision of each interviewer during fieldwork, including having the supervisor observe the beginning of a proportion of the interviews;
- Random checks of some households by the supervisor, without warning, during which respondents were interviewed by the supervisor using a brief questionnaire to verify that the respondent had been selected in accordance with the established procedures and to assess the respondent's perceptions of the initial interview;
- Continuous monitoring of each interviewer in each team using performance indicators such as response rate, number of completed interviews and rate of identification of physical violence;
- Having a questionnaire editor in each team review each completed questionnaire to identify inconsistencies and skipped questions, thus enabling any gaps or errors to be identified and corrected before the team moved on to another cluster;
- A second level of questionnaire editing upon arrival of the questionnaires in the central office;
- Extensive checking of validity, consistency and range, conducted at the time of data entry by the check program incorporated in the data entry system (Epidata), and double entry of 25% of all questionnaires followed by validation of double entry and correction of computer-identified errors (Garcia-Moreno et al., 2005: 101-104).

Figure 3.5: Editing questionnaires in the field

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Data processing

The electronic data entry system for the WHO Multi-Country Study on Women's Health and Domestic Violence and accompanying manual for data processing were developed and written by Henrica A.F.M. Jansen and adapted to the Maldivian questionnaire.

Data entry was done using Epidata. The usual progress of a questionnaire and its data was:

- Interviewer collects data and completes questionnaire;
- Interviewer checks questionnaire, and corrects any errors, returning to respondent if necessary;
- Supervisor/field-editor checks questionnaires and may re-interview a sample of respondents;
- Data entry supervisor checks and sorts questionnaires;
- A data entry clerk enters data into the computer;
- At the time of data entry, data is interactively checked by the data entry system. The checks ensure that data are within allowable *ranges* (e.g. sex must be either male or female). Checks also ensure that data are consistent from one question to another (e.g. if respondent has one child she must have had at least one pregnancy). Any errors found are corrected;
- A different data entry clerk enters the data into the computer a second time (25% of all questionnaires were double entered);
- The two data files are compared (validated*)* to find any typing errors, and errors are corrected;
- Data transferred to SPSS for advanced statistical analysis;
- Data is cleaned again using SPSS

Data entry was carried out at the Ministry of Gender and Family and supervised by Emma Fulu. 12 data processors, who had also been interviewers, and thus knew the content of the questionnaires very well, carried out the work in shifts over a period of 5 weeks (25 Sep – 31 Oct 06).

Figure 3.6: Data entry using Epi Data

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Ethical and safety considerations

The Maldives Study followed the WHO ethical and safety guidelines for research on violence against women. The guidelines emphasize the importance of ensuring confidentiality and privacy, both as a means to protect the safety of respondents and field staff, and to improve the quality of the data. Researchers have a responsibility to ensure that the research does not lead to the participant suffering further harm and does not further traumatize the participant. Furthermore, interviewers must respect the respondent's decisions and choices.

Box 3.2: Ethical and safety guidelines

- Safety of respondents and the research team was taken to be paramount, and guided all project decisions
- The Study aimed to ensure that the methods used built upon current research experience about how to minimize the underreporting of violence and abuse
- Mechanisms were established to ensure the confidentiality of women's responses
- All research team members were carefully selected and received specialized training and support
- The Study design included actions aimed at minimizing any possible distress caused to the participants by the research
- Fieldworkers were trained to refer women requesting or needing assistance to available local services and sources of support. A counselor accompanied each research team to provide on-the-spot assistance in islands where little support is available (Garcia-Moreno et al., 2005: 21).

Interview guidelines

- All respondents were interviewed in private and no names were written on the questionnaires.
- Consent to participate in the interview was given orally by participants, with the interviewer signing to confirm that the consent procedures had been completed.
- Participation was fully voluntary, and no payment or other incentive was offered to participants.
- In addition, before starting on particularly sensitive sections of the interview, women were again asked whether they wanted to proceed, and were reminded that they were free to terminate the interview or to skip any questions.
- If the interview was interrupted, the interviewers were trained either to terminate the interview, or to stop asking about violence and to move on to another, less sensitive topic until privacy could be ensured (Garcia-Moreno et al., 2005: 21-22).
- The interview was scripted to end on a positive note, highlighting the respondent's strengths and the unacceptability of violence.
- At the end of the interview, irrespective of whether the respondent had disclosed violence or not, respondents were offered a leaflet giving contact details about available health, support and violence-related services.
- Where necessary, and if the respondent requested, immediate access to a counselor (who was part of each team) was provided.

Strengths and limitations of the Study

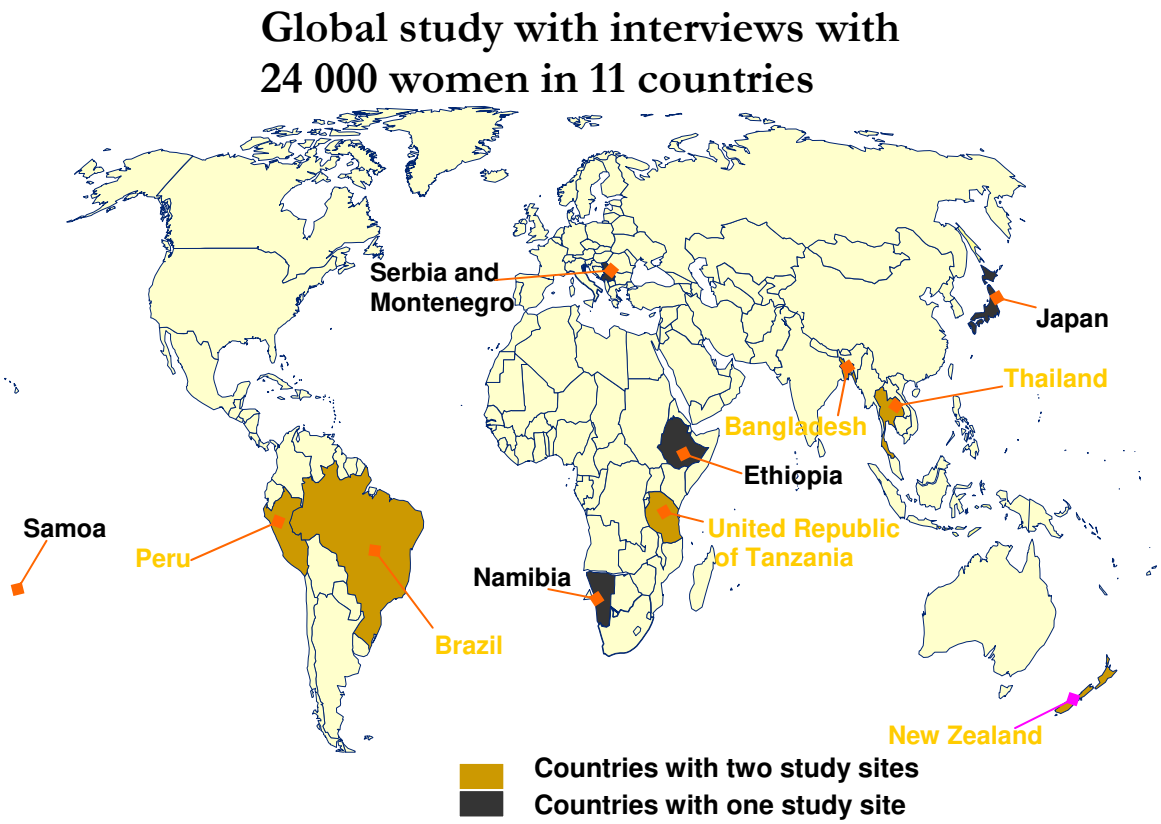
While the research methodology and findings are robust and consistent with international findings, as with all research, there are some limitations that should be mentioned. First, the cross-sectional design does not permit proof of causality between violence by an intimate partner and health problem or other outcomes. Nevertheless, the findings given an indication of the types of association and the extent of the associations.

Second, like any study based on self-reporting, there may be a recall bias on some issues. However, recall bias would tend to dilute any associations between violence and health outcomes or reduce the prevalence rates rather than overestimate them.

Third, it is possible that the decision to select only one woman per household could introduce bias by under representing women from households with more than one woman. However, this was tested by weighting the main prevalence outcomes to compensate for differences in number of eligible women per household. The results showed that the differences in selection probability did not significantly affect the outcome.

Special strengths of the Study methodology include its nationally representative sample, the comparability with other countries where the survey was conducted, the use of rigorous interviewer training and the emphasis on ethical and safety concerns (Garcia-Moreno et al., 2005: 87-88).

Figure 3.1: Countries where the WHO Multi-country Study on Women's Health and Domestic Violence was conducted (Garcia-Moreno et al., 2005: 8)



CHAPTER 4: RESPONSE RATE AND SAMPLE DEMOGRAPHIC

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Despite initial concerns about possible low rates of response due to the sensitive nature of the questions, an extremely high response rate was achieved; 98.8% at the household level and 93.1% at the individual level. Overall, 1900 women completed the questionnaire. Stratum 5, the South, had the highest response rate (100% household response rate and 98.2% individual response rate) while Stratum 4, South Central, had the lowest individual response rate (88.5%) and Stratum 6, Male' had the lowest household response rate (96.9%). The non-response rate never exceeded the 20% that the sample was inflated by to account for possible refusals. As such the size of the sample exceeds the size needed to be nationally representative. Also, given the high individual response rate any possible participation bias is likely to be low.

In other countries that participated in the WHO Study, response rates tended to be slightly lower in cities than in provinces as was the case in the Maldives (Garcia-Moreno et al., 2005). Garcia-Moreno et al. (2005: 23) argue that "this tendency for cities to have lower response rates is likely to reflect the additional difficulties associated with conducting household surveys in urban areas, and the tendency for people in higher socioeconomic groups to be less willing to answer survey questions than people in poorer groups."

Table 4.1: Household response rate

		number	%
household results	hh interview completed	2222	91.2%
	hh refused	26	1.1%
	hh empty/destroyed	172	7.1%
	hh speaking strange language	17	0.7%
Total Households		**2437**	**100%**
household response rate	hh refused	26	1.2%
	hh interview completed	2222	98.8%
Total Households		**2248**	**100%**

Household response rate is calculated as: completed interviews/ (hh sampled - empty/destroyed)

Garcia-Moreno et al. (2005: 23) argue that "As women are commonly stigmatized and blamed for the abuse they experience, there is unlikely to be over-reporting of violence." The main potential form of bias is likely to reflect respondents' willingness to disclose their experiences of violence. However, the standardization of the study tools, the careful pre-testing of the questionnaire and intensive interviewer training will have helped to minimize bias, maximize disclosure, and reduce the potential for inter-interviewer variability. Nevertheless, remaining disclosure related bias would likely lead to an underestimation of the levels of violence. Therefore, the prevalence figures should be considered to be minimum estimates of the true prevalence of violence in the Maldives (ibid.).

Table 4.2: Individual response rate

		number	%
individual results	indiv. interview complete	1900	85.5%
	indiv. interview refused	46	2.1%
	indiv. absent/postponed/ incapacitated	81	3.6%
	no eligible woman in hh	181	8.1%
	indiv. interview partially complete	14	0.6%
Total Women		**2222**	**100%**
individual response rate	indiv. refused/absent/not complete.	141	6.9%
	indiv. interview complete	1900	93.1%
Total Women		**2041**	**100%**

Individual response rate is calculated as: completed interviews/eligible women in hh

Table 4.3: Household and individual response rate, by stratum

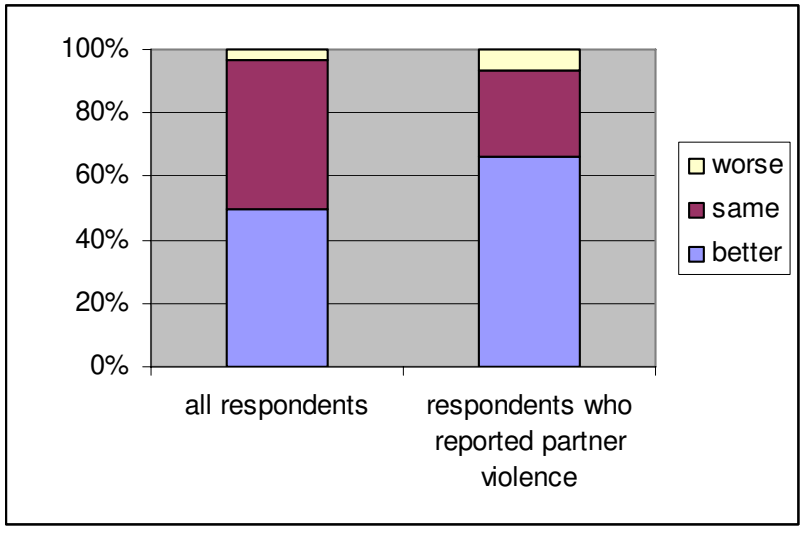
	Households		Individuals	
Stratum	No. of household interviews completed	Household response rate (%)	No. of individual interviews completed	Individual response rate (%)
1	403	99.3%	333	94.9%
2	467	98.4%	399	91.3%
3	220	100%	191	93.2%
4	322	99.6%	254	88.5%
5	444	100%	392	98.2%
6	497	96.9%	436	91.2%
Maldives	2353	98.8%	2005	93.1%

Respondent's satisfaction with interview

"I feel very good after this survey. Earlier things were unspoken and now I feel relieved after talking about them"

Overall, most respondents found participating in the survey to be a positive experience. In fact, women expressed sincere gratitude that they had been given the opportunity to speak about such issues, in a confidential, non-judgmental, sympathetic environment. On many occasions the interviewer became the first person that the woman had ever disclosed her painful experiences to. For example, one woman said, *"for the first time I knew that there were people who would listen and help people like me and I am very glad."*

Graph 4.1: How did respondents feel after interview?



When asked at the end of the interview whether discussing these things had made them feel better, worse or no different, 50% of women reported that they felt better, 46.8% reported no different. Very few women, only 3.2%, reported that talking about these things had made them feel worse and this was usually because the woman had found it difficult to revisit or talk about painful events. If we look at the group of women who actually reported physical or sexual partner violence we find that an even higher

proportion of women reported feeling better (66.3%) after the interview. This is an interesting finding because it dispels the notion that domestic violence is a private, family matter that women do not want to talk about. Rather we find that women want to, and benefit from, sharing their experiences when asked in a kind and respectful manner in a confidential setting. This is consistent with what WHO found in most other sites (Jansen et al., 2004).

Characteristics of respondents

The following table shows the age, partnership status and educational characteristics of all respondents who completed the interview, by stratum.

Age of respondents

As would be expected from the demographic profile of the Maldives, there were fewer respondents in the older age groups than in the middle age groups. In terms of potential sampling bias, if we compare the age distribution of the respondents to that of the actual population of women aged 15-49 in the Maldives we find that there are slight disparities. We see that the younger age groups are slightly underrepresented and those in the middle age groups (25-40) are slightly overrepresented. But if we look at the age distribution of all eligible women in the household we see that this closely matches the national age distribution.

This was the case in all study sites who undertook the same research. Garcia-Moreno et al. (2005: 112) explain that the disparity most likely results from the sampling strategy used in the Study, where, for safety reasons, only one woman per household was interviewed. As a result of this strategy, women in households with fewer eligible women were likely to be overrepresented because of their higher probability of being selected. This in turn is likely to have affected the age distribution of respondents, as households with women in the middle age groups were likely to have, on average, fewer eligible women in the same household (daughters still too young and mother too old), while in households with an adolescent woman it was more likely that there were also others who were eligible (her siblings, her mother). The extent to which the sample design affects the measurement of partner violence is explored in Chapter 5.

Graph 4.1: Age distribution of respondents, eligible women and women in population

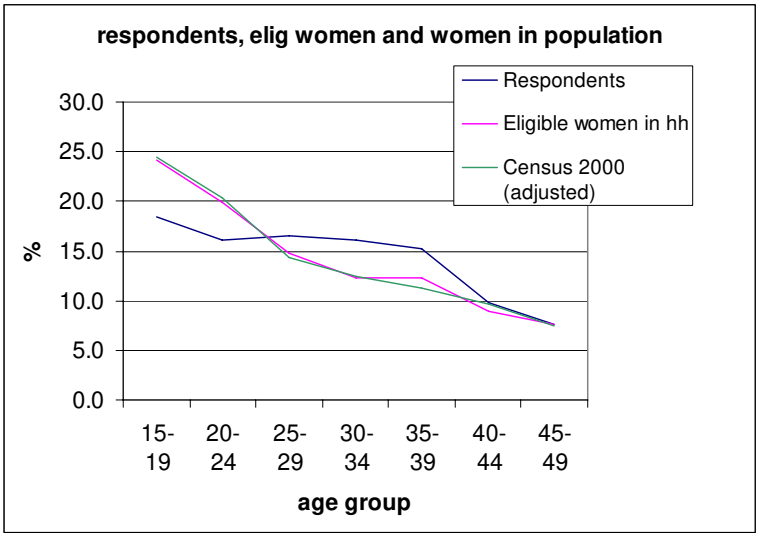


Table 4.4: Characteristics of respondents (for all eligible women with completed interview), by location

		Stratum 1: North		Stratum 2: North Central		Stratum 3: Central		Stratum 4: South Central		Stratum 5: South		Stratum 6: Male'		Maldives	
		n	%	n	%	n	%	n	%	n	%	n	%	n	%
age respondent	15-19	63	18.9	65	20.1	24	12.6	41	18.3	67	17.1	90	20.6	212	12.2
	20-24	61	18.3	45	13.9	40	20.9	31	13.8	45	11.5	84	19.3	287	16.6
	25-29	62	18.6	45	13.9	37	19.4	33	14.7	68	17.3	70	16.1	310	17.9
	30-34	44	13.2	47	14.5	31	16.2	47	21.0	75	19.1	63	14.4	307	17.7
	35-39	44	13.2	60	18.5	30	15.7	29	12.9	58	14.8	69	15.8	285	16.5
	40-44	36	10.8	34	10.5	19	9.9	23	10.3	43	11.0	32	7.3	187	10.8
	45-49	23	6.9	28	8.6	10	5.2	20	8.9	36	9.2	28	6.4	144	8.3
education of respondent	not attended school	49	15.1	33	10.3	8	4.3	14	6.3	35	8.9	15	3.5	149	8.7
	primary education	181	55.7	181	56.6	124	66.3	131	59.0	189	48.2	137	31.8	909	53.2
	secondary education	93	28.6	106	33.1	54	28.9	77	34.7	162	41.3	247	57.3	613	35.8
	higher education	2	0.6	0	0	1	0.5	0	0	6	1.5	32	7.4	39	2.3
respondent works for cash	not earning cash	208	70.5	226	77.9	99	54.1	121	58.2	243	67.5	255	62.7	1013	67.8
	earning cash	87	29.5	64	22.1	84	45.9	87	41.8	117	32.5	152	37.3	481	32.2
Total Women		**295**	**100.0**	**290**	**100.0**	**183**	**100.0**	**208**	**100.0**	**360**	**100.0**	**407**	**100.0**	**1494**	**100.0**
ever partnered	never partnered	35	10.5	32	9.9	11	5.8	15	6.7	29	7.4	46	10.6	168	8.8
	ever partnered (incl former dating)	298	89.5	292	90.1	180	94.2	209	93.3	363	92.6	390	89.4	1732	91.2
current partnership status	never partnered	35	10.5	32	9.9	11	5.8	15	6.7	29	7.4	46	10.6	168	8.8
	currently married	230	69.1	216	66.7	145	75.9	154	68.8	281	71.7	253	58.0	1279	67.3
	current regular partner, living apart	38	11.4	54	16.7	22	11.5	30	13.4	53	13.5	79	18.1	276	14.5
	formerly married, divorced/separated	9	2.7	7	2.2	10	5.2	12	5.4	15	3.8	27	6.2	80	4.2
	currently no partner, widowed	4	1.2	3	0.9	0	0	3	1.3	1	0.3	4	0.9	15	0.8
	former dating	17	5.1	12	3.7	3	1.6	10	4.5	13	3.3	27	6.2	82	4.3
Total Women		**333**	**100.0**	**324**	**100.0**	**191**	**100.0**	**224**	**100.0**	**392**	**100.0**	**436**	**100.0**	**1900**	**100.0**

Education of respondents

The levels of education varied quite significantly across the different regions of the country. As expected, respondents in Male' had the highest rates of education with more than 96% having achieved primary level education and above. Education was also relatively high in the South with 48.2% primary education and 41.3% secondary education. In contrast, respondents in the Northern atolls had the lowest level of education; 15.1% having not attended school at all (Table 4.4). This is consistent with national statistics which shows that education is highest in Male' and the South and lowest in the North.

Financial autonomy of respondents

Table 4.4 shows that at a national level 33.8% of respondents were currently earning an income of some kind while 66.2% were not. Interestingly women in the central and south central regions were more likely to be earning cash with 45.9% and 41.8% respectively. In the north central region only 22.1% of respondents reported to be earning an income.

Partnership status of respondents

Taking into account that the definition of 'ever partnered' includes dating partners, we see that only 8.8% of respondents have never been partnered. 67.3% of respondents were married at the time of the interview, while 14.5% were currently dating (although not living together).

Statistics and tables

All prevalence rates have been calculated taking into account any overlap of different forms of violence that women had experienced. This means that there has been no double counting for women who experienced multiple types of violence, for example, childhood sexual abuse AND intimate partner violence.

Not all respondents answered all parts of the questionnaire. The questionnaire was designed so that respondents were not asked questions that were not relevant to them. For example, questions on intimate partner violence were only asked to women who were defined as "ever-partnered" as described above. Only women who reported having ever been pregnant were asked about miscarriages and still births. As such the denominators for various statistics throughout this report vary depending on who was asked the relevant question. The denominator is represented by 'N' in the tables and usually explained in the title of the table/graph or in a footnote to the table/graph. For example, while 1900 women completed the questionnaire only 1731 were defined as "ever-partnered". As such the N (denominator) for most calculations on intimate partner violence is 1731. The 'number' in the tables refers to the number of women who gave the answer described in the table. The percentage is that 'number' as a percentage of N, the total number of women asked the relevant question.

CHAPTER 5: PREVALENCE OF INTIMATE PARTNER VIOLENCE

MAIN FINDINGS

- **Approximately 1 in 5 women aged 15-49 (19.5%), who had ever been in a relationship, reported experiencing physical and/or sexual violence by an intimate partner.**
- **More than 1 in 4 ever-partnered women aged 15-49 (29.2%) reported experiencing emotional abuse by an intimate partner.**
- **Reports of intimate partner violence were highest in central and southern regions and lower in Male' and the North.**
- **Women were more likely to experience severe forms of physical partner violence such as punching, kicking, choking or burning rather than just moderate partner violence.**
- **The experience of physical and/or sexual partner violence tends to be accompanied by highly controlling behaviour by intimate partners.**
- **There was a significant overlap between physical and sexual partner violence with most women who reported sexual violence also reporting physical partner violence.**
- **Women who are younger (aged 25-29), have lower levels of education and have been separated or divorced appear to be at increased risk of partner violence.**

"I was having my period but he (husband) wanted to have sex. I told him and he hit me so hard in the mouth that six of my teeth became loose, I started to bleed, and my lips were badly cut. He abused me the next night, and the night after that."[5]

This chapter explores various types of intimate partner violence, including acts of physical, sexual and emotional abuse by a current or former intimate partner, whether married or not. In the Study a range of behaviour-specific questions related to each type of violence were asked (see Chapter 2 for definitions). 1731 women who completed the questionnaire were defined as "ever-partnered" and therefore that is the number used for the denominator in questions that were asked to "ever-partnered" women.

[5] This quote is taken from taken from a documentary produced by the Ministry of Gender and Family entitled 'Untold stories: Violence against women in the Maldives' which was produced in 2004.

National level prevalence rates

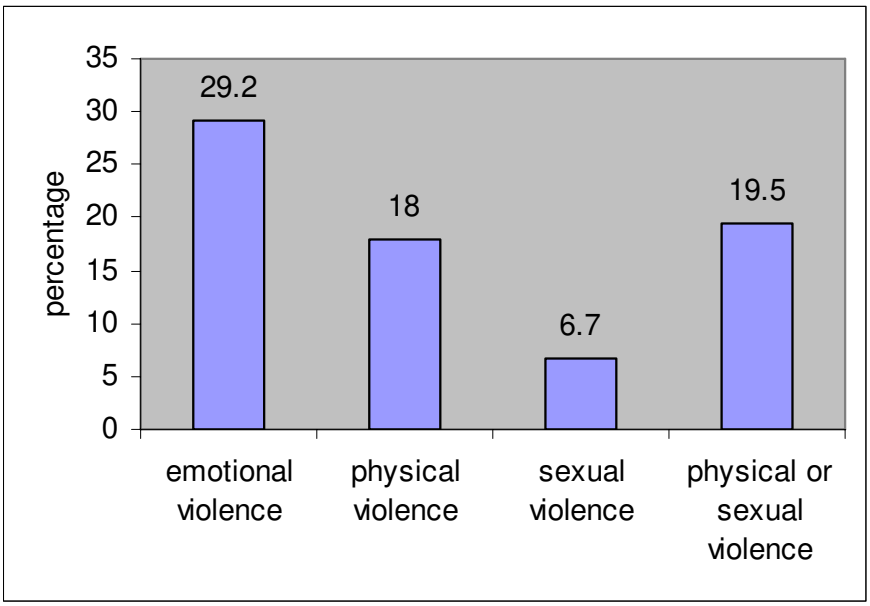
Table 5.1 shows the national prevalence rates of different forms of intimate partner violence, as defined by having experienced at least one act of a specific type of violence, at least once in her life.[6]

- Reports of (at least one act of) emotional partner abuse were the highest at 29.2% followed by physical intimate partner violence (17.9%);
- 6.7% of women reported experiencing some form of sexual violence by an intimate partner;

Table 5.1: Percentage of women aged 15-49, who have ever been in a relationship, reporting different types of intimate partner violence

	ever experienced physical partner violence		ever experienced sexual partner violence		ever experienced sexual or physical violence by partner	
	number	%	number	%	number	%
no	1420	82.0%	1615	93.3%	1394	80.5%
yes	311	18.0%	116	6.7%	337	19.5%
Total	1731	100.0%	1731	100.0%	1731	100.0%

Graph 5.1: Percentage of women aged 15-49, who have ever been in a relationship, reporting different types of intimate partner violence



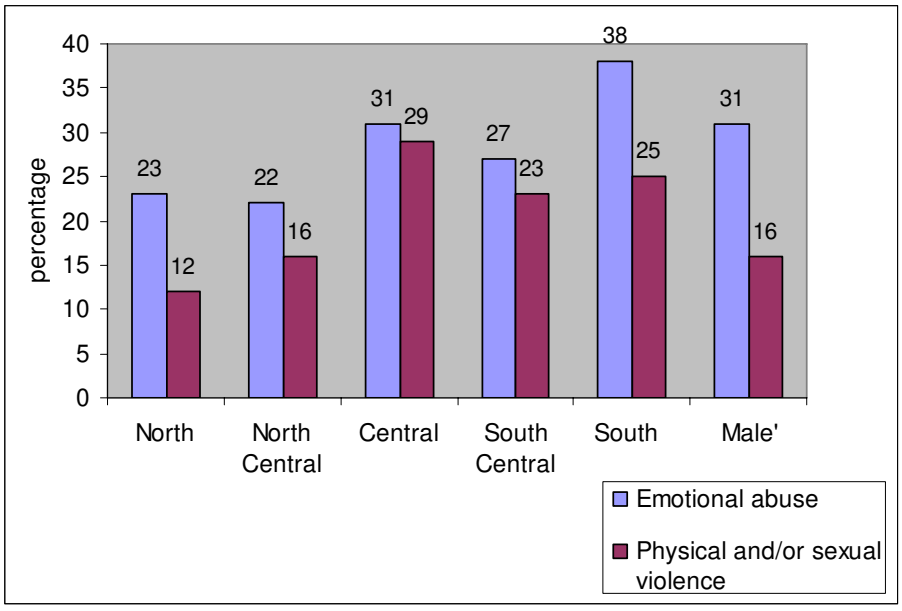
[6] Percentages for intimate partner violence are calculated as a proportion of women aged 15-49, who have ever been in an intimate relationship, whether married or just dating.

Table 5.2: Types of physical and sexual intimate partner violence reported among ever-partner women aged 15-49 (N=1731)

		number	%
Types of physical violence	slapped or threw something	258	14.9%
	pushed or shoved	178	10.3%
	hit with fist of something else	137	7.9%
	kicked or dragged	125	7.2%
	choked or burned	59	3.4%
	threatened with or used a weapon	25	1.4%
Types of sexual violence	physically forced sexual intercourse	80	4.6%
	had sexual intercourse because afraid	77	4.5%
	forced to do something sexually degrading/humiliating	30	1.7%

Table 5.2 shows a detailed breakdown of the types of physical and sexual violence that were reported by respondents. In terms of physical violence, the most common forms of abuse appear to be being slapped, pushed or shoved. However, many women also reported being hit and kicked. In terms of sexual abuse the most women (4.6%) reported actually being forced to have sex when she did not want to, that is, raped by an intimate partner. A similar proportion reported having sex when they did not want to because they were afraid of what their partner might do.

Graph 5.2: Percentage of ever-partnered women aged 15-49 reporting intimate partner violence, by region



Graph 5.2 shows the percentage of women reporting intimate partner violence by region. There are clearly variations in the prevalence of intimate partner violence across the different regions of the Maldives, however what is striking is that violence of all forms exists throughout the country. 38% of women in the southern atolls reported emotional abuse by an intimate partner which is the highest in the country. The percentage for reported emotional abuse was just 22% in the North Central region. In contrast to the

figures for emotional partner abuse, reports of physical and/or sexual partner violence were highest in the Central region at 29%. Male' and the North showed the lowest rates of physical and sexual abuse reported by women at 16% and 12% respectively.

Emotional abuse and controlling behaviour

> ***"He sometimes kept me starving for days, other times he would keep me awake for the whole night, disturbing me and scaring me so I could not sleep."***

The specific acts of emotional abuse that were asked about included: being insulted or made to feel bad about oneself; being belittled or humiliated in front of other people; being intimidated or scared on purpose; and being threatened with harm. As Graph 5.2 shows, 29.2% of ever-partnered women, aged 15-49, reported experiencing one or more emotionally abusive behaviour by an intimate partner. Table 5.3 shows that 12.3% of women experienced emotional abuse within the 12 months prior to the interview. The acts most frequently mentioned by women were insults; belittling and humiliation.

Table 5.3:Prevalence of emotional abuse (by act and any act), current and lifetime, among ever partnered women (N=1731)

		current (last 12 months)		lifetime	
		number	%	number	%
type of emotional abuse	insulted	190	11.0%	463	26.8%
	belittled or humiliated	81	4.7%	199	11.5%
	intimidated or scared	60	3.5%	163	9.4%
	threatened with harm	29	1.7%	66	3.8%
any of above acts (at least one act) of emotional abuse		213	12.3%	506	29.2%

The Study also collected information on a range of 7 different controlling behaviours by a woman's intimate partner including whether the partner often attempts to: restrict a woman's contact with her family or friends, whether he insists on knowing where she is at all times, whether he ignores her or treats her indifferently, whether he controls her access to health care, whether he constantly accuses her of being unfaithful, and whether he gets angry is she speaks with other men. The research revealed that *almost half* (46.4%) of ever-partnered women, aged 15-49, reported experiencing at least one form of controlling behaviour by an intimate partner. The most common forms of controlling behaviour identified were insisting on knowing where she is at all times, getting angry if she speaks with another man and expecting her to ask his permission before seeking healthcare for herself – see Table 5.4.

Table 5.4: Percentage of ever-partnered women reporting various controlling behaviours by their intimate partners (N=1731)

Type of controlling behaviour	number	%
keeps her from seeing friends	121	7.0%
restricts her contact with family	65	3.8%
wants to know where she is at all times	532	30.7%
ignores her, treats her indifferently	136	7.9%
gets angry if she speaks with other men	344	19.9%
often suspicious that she is unfaithful	163	9.4%
controls her access to health care	328	19.0%
at least one act of controlling behaviours	798	46.4%

There is a significant correlation between women's experiences of physical or sexual violence by an intimate partner and experiencing controlling behaviour by a partner (P<0.001). Among women who reported experiencing intimate partner violence 71.8% reported that their partner displays controlling behaviour (see Table 5.4). For women who had not experienced intimate partner violence only 27.9% reported that their partners exhibited controlling behaviour. In addition, we see from Table 5.6 that the mean number of controlling acts experienced by women who did not report intimate partner violence is 0.7, whereas the mean number of controlling acts experienced by women who did report intimate partner violence is 2.2.

Table 5.5: Percentage of ever-partnered women reporting controlling behaviour by partner according to their experience of physical and/or sexual partner violence

		experienced controlling behaviour by partner			
		no		yes	
		number	%	number	%
ever experienced sexual or physical violence by partner	no (N= 1394)	829	59.5%	556	39.9%
	yes (N=337)	94	27.9%	242	71.8%

Table 5.6: Mean number of acts of controlling behaviour reported by ever-partnered women according to their experiences of intimate partner violence

ever experienced sexual or physical violence by partner	Mean	Number
no	0.7	1394
yes	2.2	337
Total	**1.0**	**1731**

Overlap of physical and sexual partner violence

Table 5.7: Overlap of sexual and physical partner violence, among women reporting intimate partner violence (N=337)

type of partner violence experienced	number	%
sexual only	26	7.7%
physical only	221	65.6%
both sexual and physical	90	26.7%
Total Women	**337**	**100%**

There is considerable overlap between physical and sexual violence by intimate partners. That is, women who experience sexual partner violence are likely to also be experiencing physical partner violence. In fact, 92.3% of women who reported physical and/or sexual partner violence, reported either physical violence only (65.6%) or physical violence accompanied by sexual violence (26.7%). Just 7.7% reported experiencing sexual violence only. See Table 5.7 and figure 5.1.

Women who reported physical partner abuse were also asked if during or after a violence incident their partner ever forced them to have sex. The majority of women reported that this never happened, however 18.6% of women reported that this had happened at least once. See Table 5.8.

Figure 5:1: Overlap of physical and sexual partner violence, among women reporting intimate partner violence

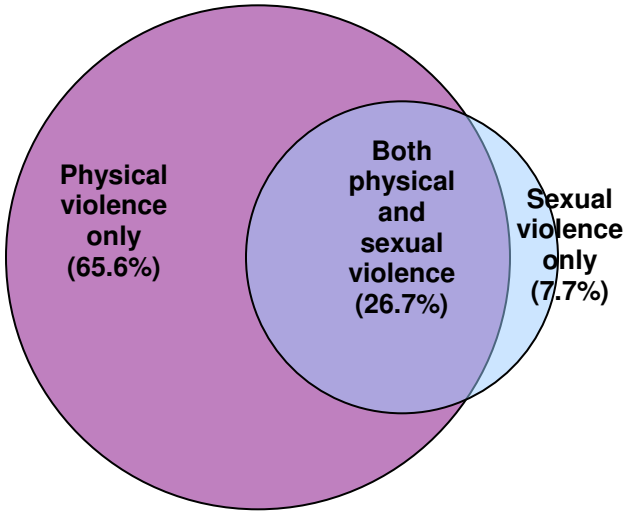


Table 5.8: Forced sex during violent incident, among women who have ever experienced physical partner violence

		number	%
During incident: force sex	Never	245	81.4%
	once or twice	30	10.0%
	Several/many times	26	8.6%
Total		**301**	**100%**

Current and lifetime physical and/or sexual violence

Table 5.9 presents prevalence rates for physical and/or sexual violence by male partners or ex-partners against women separated into lifetime or current violence. The lifetime prevalence of partner violence is defined as the proportion of ever-partnered women who reported having experienced violence by a partner at any point in their lives (see definitions in Chapter 2). Current prevalence is the proportion of ever-partnered women reporting that at least one act of violence took place during the 12 months prior to the interview.

Table 5.9 shows that, at the national level, 6.4% of women reported experiencing current physical or sexual violence while 12.3% reported current emotional violence. A larger proportion of women reported lifetime emotional, physical and sexual violence.

Table 5.9: Prevalence of physical and/or sexual violence by an intimate partner among ever-partnered women, according to when the violence took place (N=1731)

	physical partner violence by period		sexual partner violence by period		sexual and/or physical partner violence by period	
	Number	%	Number	%	Number	%
Current (last 12 months)	99	5.7%	35	2%	110	6.4%
Lifetime	212	17.9%	81	6.7%	227	19.5%
Total	1731	100%	1731	100%	1731	100

Severity and frequency of physical violence

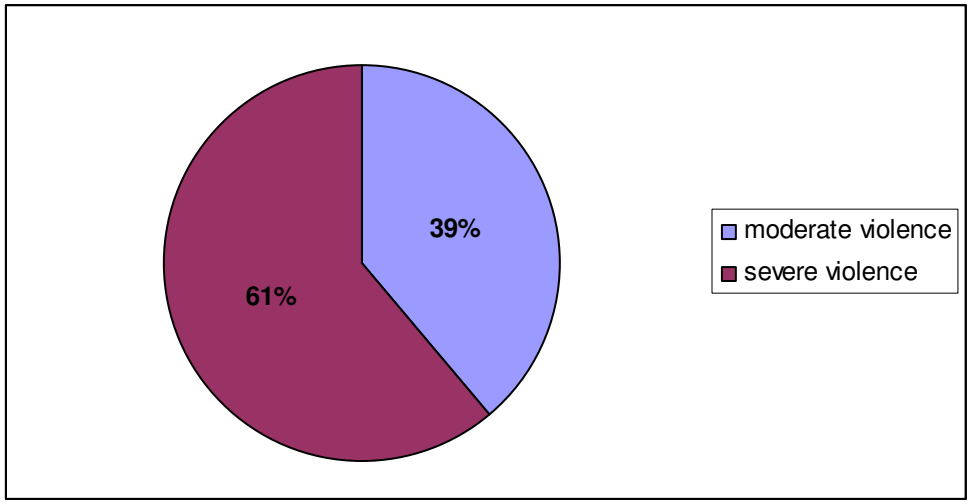
For the purposes of analysis, the questions on physical violence were divided into those considered 'moderate' violence and those considered 'severe' violence, where the distinction between moderate and severe violence is based on the likelihood of physical injury.

Table 5.10 shows that 10.9% of ever-partnered women aged 15-49, reported severe violence while 7.7% reported experiencing only moderate acts of violence. Graph 5.3 shows the proportions of women reporting moderate violence compared with the proportion reporting severe violence, among those who have experienced physical partner violence. This indicates that women in the Maldives are more likely to experience severe violence such as punching, kicking, choking or burning, rather than just moderate violence.

Table 5.10: Severity of physical partner violence reported by ever-partnered women (N=1731)

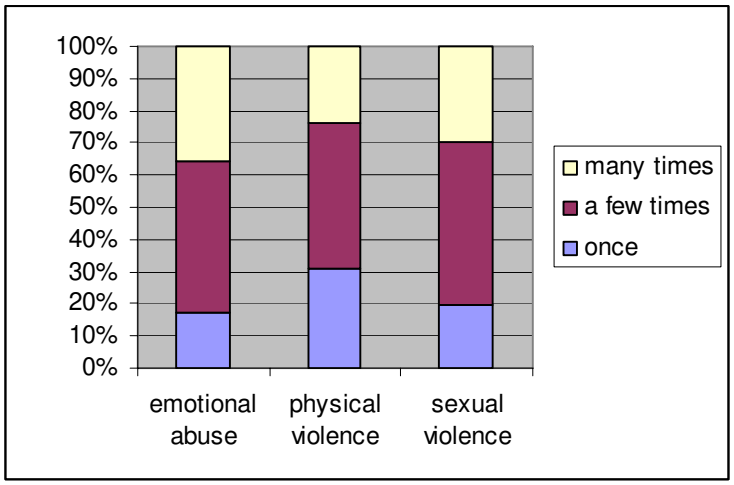
	number	%
no violence	1420	82.1%
moderate violence only	122	7.0%
severe violence	189	10.9%

Graph 5.3: Percentage of women reporting moderate violence compared with severe violence, among women reporting physical partner violence (N= 1731)



Women who reported intimate partner violence were also asked whether the violence had occurred once, a few times or many times. Graph 5.4 shows the frequency of partner violence, separated into physical, sexual and emotional violence. We see that the majority of women (more than two-thirds) who had experienced intimate partner violence reported that the violence had occurred a few times or many times. This indicates that partner violence is not often a once off event but a repeated pattern of abuse.

Graph 5.4: Frequency of intimate partner violence



Demographic factors associated with intimate partner violence.

Table 5.11: Prevalence of partner violence (among ever partnered women), by when it took place and by age group

		current (last 12 months)		lifetime		**Total women**
		number	%	number	%	
age respondent in 5 yr age groups (based on reported age at last birthday)	15-19	14	6.6%	22	10.4%	**212**
	20-24	19	6.6%	43	15.0%	**287**
	25-29	30	9.7%	63	30.3%	**310**
	30-34	13	4.2%	64	20.8%	**307**
	35-39	16	5.6%	70	25.6%	**284**
	40-44	11	5.9%	38	20.3%	**187**
	45-50	7	4.9%	37	25.7%	**144**
Total		**110**	**6.4%**	**337**	**19.5%**	**1731**

Overall, there is an expected pattern of a higher prevalence of lifetime violence by an intimate partner among older women because they have been exposed to the risk of violence longer than younger women. In addition, the relatively low prevalence rates for 15-19 year olds may be explained in that many of these women have never been married or lived with a partner, indicating that while violence does occur in dating relationship it is more common in serious cohabiting relationships.

Patterns of current violence (12 months prior to the interview) by age group show that women aged 25-29 are at the highest risk of intimate partner violence: 9.7% reported current partner violence compared with only 4.2% of women aged 30-34. See Table 5.11.

Table 5.12: Prevalence of partner violence (among ever-partnered women), by when it took place and respondent's level of education

		current (last 12 months)		Lifetime		**Total women**
		number	%	number	%	
education of respondent	not attended school	12	8.1%	36	24.2%	**149**
	primary education	58	6.4%	202	22.3%	**908**
	secondary education	37	6.0%	88	14.3%	**613**
	higher education	2	5.1%	5	12.8%	**39**
	don't know	1		6		**22**
Total		**110**	**6.4%**	**337**	**19.5%**	**1731**

Lower educational levels are associated with increased risk of violence. Women appear to gain some protection from primary school education, however the most significant protective effect of education does not appear to start until women achieve secondary education (see Table 5.12). It is important to note however, that while education does appear to have an important protective affect, women of all levels of education still experience intimate partner violence.

Table 5.13: Prevalence of partner violence (among ever partnered women), by when it took place and partnership status

		current (last 12 months)		lifetime		**Total women**
		number	%	number	%	
current partnership status	currently married	82	6.4%	243	19.0%	**1279**
	current regular partner, living apart	15	5.4%	44	15.9%	**276**
	formerly married, divorced/separated	8	10.0%	36	45.0%	**80**
	currently no partner, widowed	0	0.0%	3	*	**14**
	former dating	5	6.1%	11	13.4%	**82**
Total		**110**	**6.4%**	**337**	**100.0%**	**1731**

* percentage based on fewer than 20 respondents suppressed

Table 5.13 shows that women who were separated or divorced reported significantly higher lifetime prevalence of all forms of violence than currently married women (45% compared with 19%). This suggests that violence may be an important cause of marriage breakdowns. Given the high rate of divorce in the Maldives, this is an area that could be targeted. Another possible explanation is that separated women are more willing to disclose experiences of violence because they have less fear of what may happen if they disclose.

Interestingly the rate of current violence is also highest among women who have been divorced or separated. This could be because the divorce or separation from a violent partner was very recent (less that 12 months before the interview). In the Maldives it is quite common for married couples to divorce and then remarry each other again. It is possible that women who have left a relationship because of abuse remarry the same person at a later stage and the abuse continues. Qualitative research in the Maldives confirms this pattern where women divorce abusive husbands but remarry when he promises to reform his ways, unfortunately despite such promises the abuse often continues. It is also possible that violence sometimes continues to be perpetrated even after separation. International research often suggests that women are at their most vulnerable when they first leave an abusive relationship. In such a small place as the Maldives where it would be virtually impossible for a woman to leave an abusive husband and keep her whereabouts secret, it is possible that abusive ex-partners seek out women and continue the abuse.

The rate of violence for those who are not married, just dating was lower than for those who are currently married. A possible explanation is that violence tends to start after marriage and living together rather than just dating. More in-depth analysis to explore the associations between violence and age, education or partnership status will be included in report two of this series.

Situations leading to violence

Table 5.14: Situations leading to violence, among women who have ever been physically abused by a partner (N=311)[7]

	N	%
no reason	101	32.5%
Disobedience	76	24.4%
Jealousy	64	20.6%
refusing sex	32	10.3%
no food at home	28	9.0%
problems with family	27	8.7%
when intoxicated	24	7.7%
money problem	20	6.4%
difficulties at work/ when unemployed	20	6.4%
Pregnant	9	2.9%
other reason for violence	12	3.9%

Women who reported physical partner violence were asked if there were any particular situations that tended to lead to violence. Table 5.14 shows the results of this question. 32.5% of women reported that there was no particular situation that tended to lead to violence. Otherwise, the most common answers given were: when he was jealous, when she was disobedient, or when she refused sex. This seems to indicate that violence is often used as a means of controlling women's behaviour or punishing and disciplining them for what is seen as disobedience or a lack of compliance with his demands.

A number of women also mentioned times when he was intoxicated (alcohol or drugs), when there were money problems, no food at home or problems with his or her family. Advocacy and educational campaigning is needed to highlight to men and women that no matter what the reason, violence is never acceptable.

Women's attitudes towards violence

In order to explore women's attitudes towards intimate partner violence and whether such behaviour is normative, a series of questions were asked to all respondents (including those who were never partnered). The first set of questions asked women if they agreed or disagreed with a number of statements that explored ideas about families and what is acceptable or desirable behaviour for men and women in the home. Table 5.15 shows that nearly all women (92.9%) agreed with the statement, 'a good wife obeys her husband even if she disagrees' and that 'a man should show his wife who is the boss' (79.8%). The majority of women also felt that it is a wife's obligation to have sex with her husband even if she does not feel like it. Such findings are of concern because they indicate that the subordinate status of women within the marital relationship is generally accepted by women themselves. However, a promising result is that 89% of women believe that if a man mistreats his wife, others outside the family should intervene. This shows that women do not see partner violence as only a family issue and believe that women in such circumstances should receive help. Furthermore, it shows that, according to the respondents, people who are aware of situations of violence against women have a responsibility to act.

[7] The percentages in Table 5.12 add up to more than 100% because more than one answer could be given to this question.

Table 5.15: Women's attitudes about families and the roles of men and women in the home (N=1900)

	Agree		Disagree		Don't know	
	number	%	number	%	number	%
Good wife obeys husband even if she disagrees	1762	92.9%	128	6.8%	10	0.5%
Family problems should only be discussed within the family	957	50.6%	930	49.1%	13	0.7%
A man should show his wife who's boss	1509	79.8%	365	19.3%	26	1.4%
Women should be able to choose own friends	907	47.9%	978	51.6%	15	0.8%
Wife obliged to have sex with her husband, even if she doesn't want	1101	58.2%	755	39.9%	44	2.3%
If man mistreats his wife, others outside the family should intervene	1689	89%	199	10.5%	12	0.6%

The second set of questions was designed to determine the situations under which it is considered acceptable for a man to hit or mistreat his wife. Table 5.16 shows the percentage of women who believed that a man has the right to beat his wife under certain circumstances such as not completing housework adequately, refusing sex, disobeying her husband or being unfaithful. 70% of women agreed with one or more justification for a husband hitting his wife. The reasons that women most commonly agreed with as a justification for violence was if a wife was unfaithful (56.8%) or if a wife disobeys her husband (50.1%). 29.3% of respondents believed that if a wife refuses sex then it is acceptable for her husband to beat her. The rate of concordance with these beliefs was lower in Male' than in the atolls; 59.4% of women agreed with one or more justification for partner violence. Interestingly concordance was highest in the north central region where 82.7% of women agreed with at least one justification for a husband hitting his wife. This does not correlate with the rates of intimate partner violence which was relatively low in the north central region. Overall, the rate of acceptance of various justifications for violence was slightly higher among women who had experienced partner violence than among those who had not (73% compared with 70%). However, the variation was not as significant as found in other countries who participated in the WHO Multi-country Study.

Table 5.16: Ever-partnered women's attitudes towards intimate partner violence, by location

A man has good reason to beat his wife if:	MDV	North	North Central	Central	South Central	South	Male'
She doesn't complete housework to his satisfaction	20.5%	23.4%	25.3%	17.9%	25.4%	21.0%	12.8%
She disobeys him	50.1%	52.0%	62.0%	45.8%	56.7%	52.1%	36.7%
She refuses to have sex with him	29.3%	37.0%	39.5%	28.4%	35.3%	27.2%	14.9%
She asks him whether he has other girlfriends	12.1%	15.9%	12.3%	14.2%	17.4%	13.3%	4.4%
He suspects that she is unfaithful	21.8%	25.5%	24.1%	22.2%	27.2%	23.8%	12.6%
He finds out that she has been unfaithful	56.8%	54.1%	66.4%	50.0%	60.3%	60.8%	49.5%
Percentage of women who agreed with one or more justification above	70.2%	70.9%	82.7%	64.4%	74.6%	71.4%	59.4%

Table 5.17 examines sexual autonomy of women in marital relationships. The questionnaire asked women if they believed that a woman has a right to refuse sex with her husband in a number of situations such as if she is sick, does not want to or if he is intoxicated. The reason that most women thought to be an 'acceptable' reason to refuse sex was if he asked her to do something against Islam. The least 'acceptable' reason was if she did not want to. The proportion of women in the Maldives who agreed that a wife can refuse sex under all circumstances was 55.9%. The proportion of women who felt that women could not refuse sex under any circumstances was 4.5% for the country as a whole. Sexual autonomy was highest in Male' (69%) and lowest in the South (47.4%).

Table 5.17: Sexual autonomy: women's views on when it might be 'acceptable' for a woman to refuse sex with her husband, by location

A woman has the right to refuse sex with her husband if:	Maldives	North	North Central	Central	South Central	South	Male'
she does not want to	64.1%	58.6%	61.4%	67.4%	61.4%	39.5%	74.3%
he is drunk	88.0%	85.3%	86.4%	92.1%	89.7%	82.1%	93.8%
she is sick	89.2%	88.0%	85.8%	94.2%	90.1%	83.8%	94.7%
he mistreats her	83.8%	83.8%	79.6%	85.3%	83.4%	79.7%	89.9%
he asks her to do something against Islam	90.5%	89.8%	88.0%	94.7%	95.1%	82.1%	96.3%
All of the reasons listed	55.9%	51.4%	53.1%	58.6%	53.6%	47.4%	69.0%
none of the reasons listed	4.5%	5.1%	6.2%	2.1%	2.2%	7.4%	2.3%
Total number of women	**1900**	**333**	**324**	**191**	**224**	**392**	**436**

Weighted analysis

As discussed previously, there may have been some degree of bias introduced by using the selection criteria of one woman per household, which made the age distribution of the respondents slightly inconsistent with the national distribution. In order to assess this potential bias, the prevalence estimates for violence were compared with the weighted estimates, taking into account the number of eligible women in each household. Table 5.18 shows the unweighted and weighted prevalence of partner violence.

Table 5.18: Prevalence of violence against women by an intimate partner among ever-partnered women

Type of violence	Unweighted prevalence (%)	Prevalence weighted for number of eligible women in hh (%)	95% CI assuming simple random sample
Physical violence	17.9%	15.8%	16.1-19.8
Sexual violence	6.7%	6.2%	5.5-7.9
Physical and/or sexual violence	19.5%	17.4%	17.6-21.3

The weighted estimate for physical violence is slightly lower and outside the 95% confidence interval, whereas there is no significant difference for sexual violence. In our unweighted sample the younger women (in households with multiple eligible women) are underrepresented compared to the age groups around 30-40 (Graph 4.1). Weighting corrects for this. The fact that the prevalence for physical violence is lower in the weighted analysis implies the women in larger households are relatively protected against physical violence. This could be because there are more persons in the household but also because these women are younger and not yet living together with their partners (other analysis in this report shows that married women have a larger risk of violence than dating women).

Perhaps this indicates that women who live with other women are a little more protected, perhaps because it would be less acceptable if other family members found out about the violence. This will be discussed further in the second report where we can correlate the degree of crowding with experiences of partner violence.

Discussion

The Maldives Study found that 19.5% of ever-partnered women, aged 15-49, reported experiencing at least one act of physical or sexual violence, or both, by an intimate partner at some point in their lives. That is approximately 1 in 5 women aged 15-49. This may come as a surprise to many Maldivians who have believed that violence against women is not a serious issue in this country. The reality is that violence against women exists in all countries around the world and unfortunately the Maldives is no exception. However, in comparison with other study sites where the WHO Study was undertaken, we see that the rate of partner violence in the Maldives is relatively low. The rates in other participating countries ranged from 15% to 71% with most sites reporting prevalence rates in the range 30-60% indicating that intimate partner violence is a common experience for a large number of women throughout the world (Garcia-Moreno et al., 2005: 41).[8] At the same time this does not detract from the seriousness of the issue faced in the Maldives or our obligation to address it.

The fact that women in the Maldives are more likely to experience severe forms of violence by an intimate partner that likely result in injuries, rather than just moderate forms of violence is of particular concern. It is also noteworthy that few women exclusively experience sexual violence by an intimate partner, and that most women experience either a combination of physical and sexual violence or physical violence alone. Findings from the WHO Study suggests that this pattern is true for many countries. The Study in the Maldives also shows that intimate partner violence rarely constitutes a one-off violence incident but most often women experience violent act a few or many times.

Emotional abuse and controlling behaviour by intimate partners was also found to be highly prevalent. Women who experience physical and/or sexual partner violence are more likely to report controlling behaviours by intimate partners. This finding was consistent across all countries who undertook the WHO Multi-country Study (Garcia-Moreno et al., 2005: 36). Emotional abuse is very difficult to measure and thus these results should not be taken as the overall prevalence of emotional violence. In this report

[8] A full list of the prevalence of intimate partner violence in other countries who participated in the WHO Study can be found at Appendix Table 5.

the associations between experiences of emotional abuse and health consequences are not explored. This is not because emotional abuse does not impact on women's health, but because it is such a complex issue and would require further work. It should be noted that in qualitative research in the Maldives and in other countries showed that women frequently consider emotionally abusive acts to be more devastating than acts of physical violence (Garcia-Moreno et al., 2005: 35).

The relatively low rate of partner violence in Male' compared with the atolls (in general) is consistent with international figures which suggests that partner violence tends to be higher in rural areas and lower in cities (Garcia-Moreno et al., 2005: 29). Although the reasons for the variation are likely to differ from region to region and even from island to island in the Maldives, a number of general factors could explain this global pattern. For example, there tends to be more support services available to women in cities than in provinces or islands (in the case of the Maldives) which could mean that women in cities are more easily able to escape violent relationships early on. It may also be easier for women in cities (Male') to access the court system. Women in cities also tend to have higher levels of education and access to paid employment opportunities – sources of empowerment which could be a protective factor in preventing violence. Expectations about men and women's roles in the husband/wife relationship and social definitions of what is acceptable behaviour vary from region to region in the Maldives. For example, the percentage of women who agreed with one or more justification for a husband beating his wife was lowest in Male'. Also, women in Male' were most likely to believe that a woman can refuse sex with her husband under all circumstances. On the other hand, lower rates of reported violence in Male' could be because urban women who are perhaps considered more 'modern' and educated may feel even greater shame in being victims of violence and be less likely to report an incident.

The variation between the North and the South is quite a complicated story that is difficult to fully unpack. The results indicated that women who are educated, particularly at secondary level face lower levels of violence. This finding is supported by the case of Male' with a high level of education and a relatively low rate of partner violence as well as the central region which has relatively low secondary level education (see Table 4.4) and the highest rate of intimate partner violence. However, the finding of lower rates of intimate partner violence in the North and higher rates in the South contradict this finding somewhat because women in the South have relatively high rates of education and economic autonomy compared to the North. For example, the respondents in the northern region had the lowest level of secondary education and yet the lowest rate of reported physical and sexual partner violence. On the other hand, there is a somewhat common understanding among Maldivians that the southern atolls have a more violent 'culture' than other regions. It is also a familiar stereotype that women in the North, despite lower levels of education, are particularly powerful and strong leaders in their communities. Although these are merely stereotypes that should not be accepted as strong evidence, local understandings of cultural differences between islands and atolls should not be totally discounted either.

Clearly there are many complex factors at play here and it is not possible to conclusively ascertain whether lower prevalence rates in the North accurately reflect that intimate partner violence is less of a problem in the North than in the South, or whether women in the North felt less able to disclose their experiences of violence. The relatively low rate of physical and sexual violence may be explained by lower rates of disclosure. Research teams in these regions reported some problems with uncooperative and

suspicious communities. The North Central team in particular faced some hostile men who expressed their unhappiness with women being interviewed privately. Nevertheless the individual response rates were still high in the North and a high standard of interviewing and ethical and safety standards were adhered to which would imply that underreporting should not have been significantly higher in the North than in the South.

A pattern of increased risk of violence among younger women that emerged in the Maldives has also been documented in other countries that undertook the WHO Multi-Country Study (Garcia-Moreno et al., 2005: 32-33) as well as in Canada (Johnson, 1996) and the United States (Tjaden and Thoennes, 2000). It therefore seems that violence may start early in a marriage, which then may break up over time. It is also possible that older women in abusive relationships develop strategies that decrease the frequency of violence, or that they are less likely to report violence. This pattern may reflect, in part, that younger men tend to be more violent than older men, and that violence tends to start early in many relationships. Qualitative interviews with survivors of violence have revealed that often violence started very soon after marriage, for example, within the first year, or after a woman's first pregnancy.

The protective effect that Secondary level education appears to have has significant implications for targeting education for women. This finding is consistent with other international studies which show the protective impact of education, even after controlling for income and age. The protective effect may be related to the fact that women with higher levels of education tend to have partners who are also more educated. More highly educated women may also have greater choices in partners, and more freedom to choose when to marry, and are able to negotiate greater autonomy and control of resources. On the other hand, it is possible that educated women may be less likely to disclose violence because of social stigma.

All of such risk and protective factors, including regional differences will be explored in much more detail in the second report.

Women's attitudes to family life and partner violence were interesting but also concerning. The majority of women indicated that women's subordinate position within the marital relationship was the norm and desirable. For example, a large proportion of women (70%) believed that under certain circumstances a man was justified in beating his wife. Compared to other countries who undertook this research this percentage was relatively high (Garcia-Moreno et al., 2005: 38-39). Only Bangladesh province, Ethiopia province, Peru province and Samoa reported higher rates. This shows that partner violence is considered by many to be an acceptable form of discipline for female behaviour that contravenes certain expectations. Women seem to make distinctions about the specific circumstances under which beating is justifiable. The most commonly accepted justifications in the Maldives, infidelity and disobeying a partner, were also the most common justifications in other countries. The majority of women felts that there were a number of circumstances where a woman could refuse sex with her husband. However, the lack of sexual autonomy expressed by some women is a serious concern.

CHAPTER 6: PREVALENCE OF VIOLENCE BY PERPETRATORS OTHER THAN INTIMATE PARTNERS, SINCE AGE 15

MAIN FINDINGS

- **8.6% of women aged 15-49 reported experiencing physical violence by someone other than an intimate partner (a non-partner) since the age of 15.**
- **6.2% of women aged 15-49 reported experiencing sexual violence by a non-partner since the age of 15.**
- **Combined, the national prevalence rate (among women aged 15-49) of non-partner physical and/or sexual violence since the age of 15 is 13.2%.**
- **Reported rates of non-partner violence were higher in Male' than in the atolls.**
- **Male family members including fathers and step-fathers were identified as the most common perpetrators of physical non-partner violence while male acquaintances were identified as the most common perpetrators of sexual violence by someone other than an intimate partner.**
- **28.4% of all women aged 15-49 had experienced physical or sexual violence, or both, by partners or non-partners, since the age of 15 years.**
- **Women's greatest risk of violence is from her current or previous partner.**

"One night while I was sleeping he (family friend) took me to his room, placed me on the bed, tied my hands with a towel, my feet with a sarong and raped me. My brothers were home at the time, but I couldn't shout because I was embarrassed my brother's would fine out. I became pregnant with his baby…"

This chapter explores women's experiences of physical and sexual violence perpetrated by people other than an intimate partner, male or female (non-partner violence) from age 15 onwards.

Women were asked whether, since the age of 15 anyone other than their intimate partner had ever beaten or physically mistreated them in any way. Follow on questions were used to identify the perpetrators and frequency of violence. Respondents were also asked whether, since the age of 15, they had ever been forced to have sex or perform a sexual act when they did not want to, by anyone other than an intimate partner.

Table 6.1: Percentage of women aged 15-49 reporting physical or sexual violence by someone other than a partner after the age of 15, by region

	Non-partner physical >15		Non-partner sexual >15		Non-partner physical and/or sexual >15	
	number	%	number	%	number	%
North (N=331)	24	7.3%	18	5.4%	37	11.2%
North central (N=324)	29	9.0%	17	5.2%	40	12.3%
Central (N=190)	17	8.9%	10	5.3%	26	13.7%
South central (N=224)	15	6.7%	13	5.8%	25	11.2%
South (N=392)	27	6.9%	27	6.9%	49	12.5%
Male' (N=435)	51	11.7%	32	7.4%	73	16.8%
Maldives (N=1900)	163	8.6%	117	6.2%	250	13.2%

The results show that women in the Maldives face both physical and sexual violence from people other than intimate partners and that these forms of violence take place across all parts of the country, however physical non-partner violence is higher than sexual non-partner violence. The overall prevalence rate of non-partner physical and/or sexual violence for the country is 13.2%. In Male' the rate of physical violence by someone other than a partner was 11.7% and the rate of sexual violence by someone other than a partner was 7.4%. While intimate partner violence tended to be higher in the atolls than in Male', non-partner violence shows the opposite trend, with rates of physical and sexual violence highest in Male'. The south central region had the lowest rate of non-partner physical violence (6.7%), however the north central region recorded the lowest rate of non-partner sexual violence (5.2%).

7.3% of women reported physical violence by only one perpetrator and 1.3% reported being beaten by two or more perpetrators. In terms of the frequency of violence by non-partners, of the women who reported experiencing physical non-partner violence, 35.3% said they had experienced violence once or twice while the majority of women, 64.7% reported that they had experienced physical violence by a non-partner three or more times. This indicates that physical violence against women by non-partners (as with partners) is usually not a one off incident but repeated abuse.

Perpetrators of non-partner violence

Male family members including fathers and step-fathers were identified as the most common perpetrators of non-partner physical violence. Interestingly female family members (most often the mother) were also identified as frequent perpetrators of physical violence against women after the age of 15, demonstrating that violence is not only perpetrated by men. In extended family living situations that are common in the Maldives such incidents also most likely occur inside the home. Acquaintances such as teachers, friends of the family, and work colleagues were also identified as perpetrators. Physical violence from strangers was the least common.

For sexual violence by non-partners, the situation is somewhat different. Fathers and step-fathers were very rarely identified as perpetrators of sexual violence against women after the age of 15. Most commonly, male acquaintances such as male friends of the family, teachers and work colleagues were identified as perpetrators. In contrast to physical violence, strangers were also identified as relatively common perpetrators of sexual violence.

Table 6.2: Prevalence, frequency and perpetrators of non partner violence against women, among women reporting non-partner physical and sexual violence after age 15

	Physical>15		Sexual >15	
	number	%	number	%
Frequency				
1-2 time	58	35.6%	45	38.5%
>3 time	105	64.4%	72	61.5%
Multiple perpetrators				
1 perpetrator	138	84.7%	107	91.5%
2 or more perpetrators	25	15.3%	10	8.5%
Perpetrators[9]				
Father / Step-father	38	23.3%	5	4.3%
Male family member	49	30.1%	20	17.1%
Female family member	63	38.7%	2	1.7%
Acquaintance (teacher, friend of family, work colleague)	29	17.8%	58	49.6%
Stranger	12	7.4%	41	35.0%
Total number of women reporting violence	**163**	**100%**	**117**	**100%**

Partner violence compared with non-partner violence

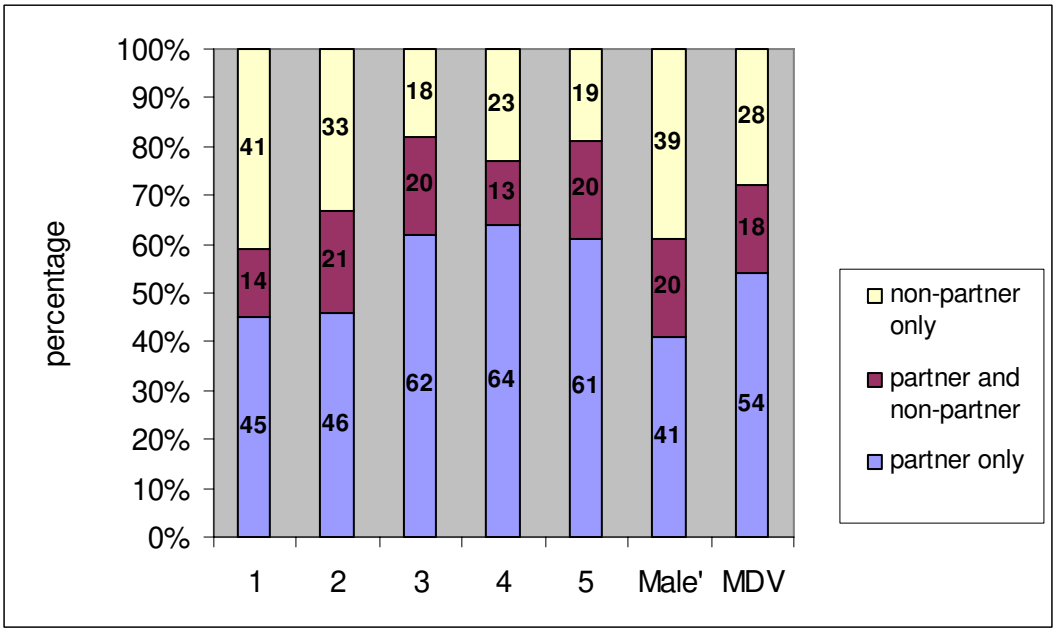
A measure of overall prevalence of physical and sexual violence, or both, since the age of 15, regardless of the perpetrator, was compiled. That is, combining partner and non-partner violence without double counting any overlap of different forms of violence that a woman reported experiencing. For the country as a whole the rate is 28.4%. See Table 6.3 for the rates by region.

Table 6.3: Overall prevalence of physical or sexual violence, or both, since age 15, regardless of perpetrator, by region

	number	%	N
North	65	21.7%	299
North Central	70	24%	292
Central	65	35.9%	181
South Central	65	31%	210
South	116	31.6%	367
Male'	115	28.9%	398
Maldives	498	28.4%	1747

[9] More than one perpetrator could have been mentioned therefore the total percentage is greater than 100%.

Graph 6.2: Frequency distribution of partner and non-partner sexual or physical violence, or both among women reporting abuse since 15 years



Graph 6.2 can be used to compare the relative proportions of women experiencing violence by partners and non-partners. We see that across all regions, women's greatest risk of violence is from her partner. For example, at the national level, less that one third of women abused since the age of 15 have been abused only by a non-partner. The proportion is even smaller for women in most atolls. This challenges the common assumption that women are most at risk of violence from people they don't know, for example stranger rape.

Graph 6.2 also shows that there is some overlap between women who have experienced partner violence and those who have experienced non-partner violence. That is, out of the women who reported either non-partner or partner violence, between 14% and 21% had experienced *both* forms of violence.

Discussion

In the Maldives, more than a quarter of all women surveyed had experienced physical or sexual violence, or both, by partners or non-partners, since the age of 15 years. The results show that women are at greatest risk of violence from their intimate partners. This is a common pattern around the world. In fact, in all but one (Samoa) of the 15 study sites where this survey was conducted women were significantly more likely to experience sexual or physical violence, since the age of 15, by an intimate partner, rather than by other men, or women (Garcia-Moreno et al., 2005: 47).

Despite women being more at risk of violence from intimate partners than from others, the Study also confirms that violence by non-partners is also relatively common. The national prevalence rate for non-partner physical and/or sexual violence was found to be 13.2%. Non-partner violence was found to be higher in Male' than in the Atolls which is the opposite of partner violence. This is likely to be because Male' is a city environment where crime and violence from strangers is more common than in small island communities.

It is also a common finding among the countries that took part in the WHO Study that the non-partner perpetrators of physical violence are different from the non-partner perpetrators of sexual violence. Like in the Maldives, in most sites, family members were identified as the most common group of non-partner perpetrators of physical violence whereas non-partner sexual violence was most commonly perpetrated by acquaintances and strangers. Moreover there does not seem to be the same degree over overlap between physical and sexual non-partner violence as with partner violence. Therefore non-partner violence seems to be a different phenomenon than partner violence which has important implications for how best to focus anti-violence programs.

CHAPTER 7: GIRL CHILD SEXUAL ABUSE PRIOR TO AGE 15

MAIN FINDINGS

- **12.2% of women aged 15-49 reported that they had been sexually abused as a child (under the age of 15).**
- **Girl child sexual abuse was found to be highest in Male' at 16.3%.**
- **Among girls aged 15-17 at the time of the interview 14.5% have experienced some form of sexual violence at least once in their lifetime.**
- **Girl child sexual abuse was most often a repeated form of abuse rather than a once off occurrence.**
- **Male family members (other than fathers and step-fathers) and secondly male acquaintances were identified as the most common perpetrators of girl child sexual abuse.**
- **9.8% of women reported that their first sexual experience was either coerced or forced.**
- **The younger a woman was when she had her first sexual experience, the more likely that it was coerced or forced.**
- **Overall, 1 in 3 women (34.6%) aged 15-49 reported experiencing physical and/or sexual violence at some point in their lives, including childhood sexual abuse**

"My parents got divorced because my father abused my sister sexually. But later my mother remarried my father again hoping he would change. After they remarried, I would wake up every morning to find my zip undone. I told my mum about it and one night she caught him red-handed as he was trying to abuse me sexually."

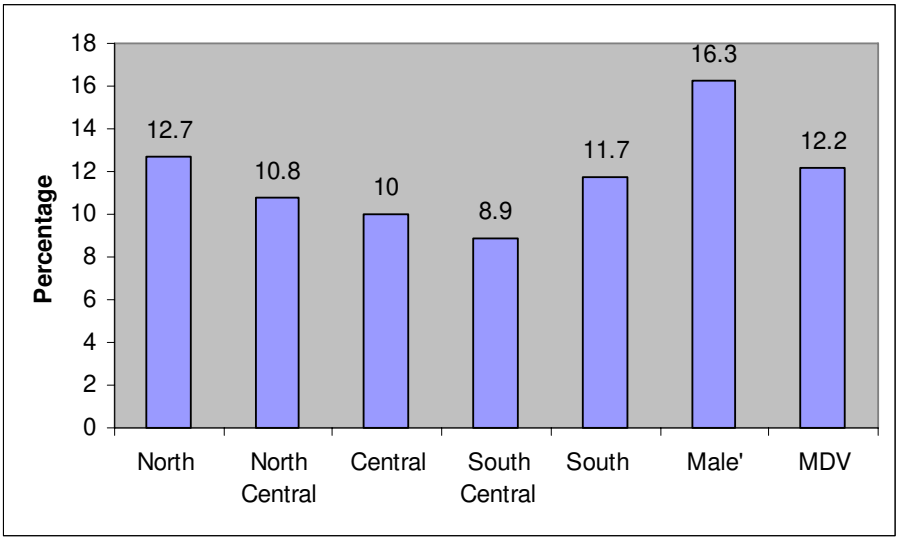
Prevalence of girl child sexual abuse (under age 15)

The following chapter explores the rate of girlhood sexual abuse. The methods used to examine girl child sexual abuse are outlined in detail in Chapter 2. The following prevalence rates are based on questions asked to women aged 15-49 about their experiences prior to the age of 15. As explained in Chapter 2, a number of strategies were used to ensure to highest rate of disclosure on the very sensitive subject of childhood sexual abuse (CSA). The use of the child face card was particularly effective. The overall national prevalence rate of reported child sexual abuse from question 1003 in the questionnaire was 6.6%. However, including the results obtained from the face card, 12.2% of women aged 15-49 reported that prior to the age of 15 someone had touched them sexually or made them do something sexual that they did not want to.

Graph 7.1 outlines the prevalence rates for the various regions throughout the country. The rate of reported girl child sexual abuse is highest in Male', at 16.3% and lowest in the South Central region at 8.9%. Although girl child sexual abuse exists across all parts of the country we see quite significant variations across regions.

Out of the women who reported child sexual abuse, 40% reported that the abuse had happened once or twice, while 60% reported that the incidents had occurred three or more time, indicating that girl child sexual abuse is most often a repeated form of abuse.

Graph 7.1: Prevalence of girl child sexual abuse < 15, by region



Physical and sexual abuse of girls under 18 years of age

In the Maldives the law defines children as anyone under the age of 18. The Convention on the Rights of the Child similarly defines children as under 18 years of age. While we asked all women whether they had experienced sexual abuse under the age of 15 it is also useful to examine what girls under the age of 18 reported about their experiences of violence. This section explores the reported rates of physical and sexual abuse for girls under 18 years who took part in the survey.

220 interviews were completed with girls under the age of 18 and 109 reported that they were in an intimate relationship. Among girls under 18 years of age at the time of the interview who reported being in an intimate relationship, 22% reported experiencing emotional abuse by a partner, 5.5% reported experiencing physical violence by a partner, 3.7% reported sexual violence by an intimate partner and 7.3% had experience physical and/or sexual partner violence (see Table 7.1). These rates are lower than the national average for women aged 15-49 which is to be expected because the majority of girls under 18 years have not yet entered into significant, live-in relationships where violence most often occurs. Nevertheless, this shows that young women in dating relationships, who are not necessarily married are still at risk of emotional, physical and sexual abuse by their partners.

Table 7.1: Percentage of women aged 15-17, who are in an intimate relationship, reporting different types of intimate partner violence (N=109)

emotional partner violence		physical partner violence		sexual partner violence		sexual or physical violence by partner	
number	%	number	%	number	%	number	%
24	22%	6	5.5%	4	3.7%	8	7.3%

All participants in the survey were asked about violence they may have experienced by people other than their partners. Among respondents under the age of 18 (15-17) at the time of the interview, 12.7% reported that they had experienced physical violence by someone other than a partner, 4.1% reported non-partner sexual violence after the age of 15 and 13.6% reported sexual violence prior to the age of 15. If we combine these two forms of sexual abuse, taking into account any overlap, we get a percentage of 14.5%. That is, 14.5% of girls aged 15-17 have experienced some form of sexual abuse at least once in their lifetime. This could be considered to be the rate of girl child sexual abuse for under 18 compared with under 15, as reported previously. Combining physical and sexual violence since the age of 15, and taking into account possible overlap, we find that 15% of girls aged 15-17 have experienced at least one act of physical or sexual violence during these years (see Table 7.2).

Table 7.2: Percentage of women aged 15-17 reporting different types of non-partner violence (N=220)

non-partner physical violence >15		non-partner sexual violence>15		non-partner sexual violence<15		non-partner sexual violence <>15		non-partner physical and/sexual violence>15	
number	%	number	%	number	%	number	%	number	%
28	12.7%	9	4.1%	30	13.6%	32	14.5%	33	15%

Perpetrators of girl child sexual abuse

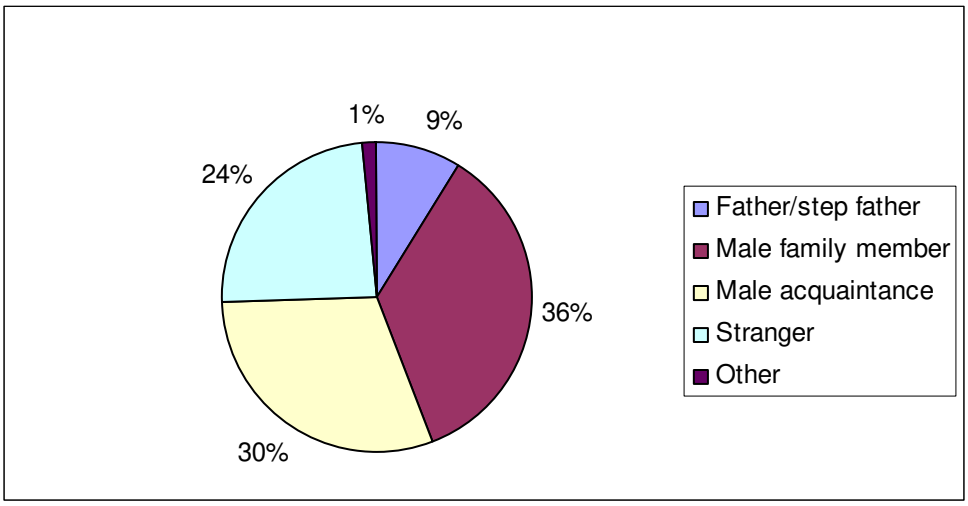
Respondent who reported having been sexually abused before the age of 15 years were asked who the perpetrator was.[10] Table 7.3 groups the perpetrators into five groups: father/step-father, male family member, male acquaintances, strangers and other. Out of all the reported cases of girl child sexual abuse where the perpetrator was identified, 36% of women reported a male family member (other than father and step father) to be the perpetrator. The second most common group of perpetrators identified was male acquaintances which included male friends of the family, neighbours, teachers or religious leaders. In 24% of the reported cases of GCSA, the perpetrator was a stranger, however overall girls are most at risk of child abuse by someone they know relatively well, rather than a stranger.

[10] Women who disclosed child sexual abuse only though the anonymous face card were unable to be asked the follow-on questions related to perpetrators and frequency of abuse because the interviewer would not have been aware that the respondents was a victim of CSA.

Table7.3: Perpetrators of girl child sexual abuse, among women who reported being sexually abused before the age of 15 (N=132)[11]

Perpetrator	number	% of women reporting CSA
Father/step father	11	8.3%
Male family member	47	35.6%
Male acquaintance	40	30.3%
Stranger	32	24.2%
Other	2	1.5%

Graph 7.2: Perpetrators of girl child sexual abuse, among women who reported being sexually abused before age 15



First sexual experience

Table 7.4: Age of first sex

	number	%
Not had sex	455	24.1%
<15	119	6.3%
15-17	479	25.4%
18-21	616	32.6%
22+	218	11.6%
Total	**1887**	**100.0%**

Respondents who reported ever having had sex were asked at what age they had their first sexual intercourse. Table 7.4 shows women's age when they first had sex. 24.1% of women reported that they had not had sex yet.

The majority (32.6%) had sex between the ages of 18-21. 25.4% reported that their first sexual experience was between 15 and 17, 6.3% reported that they lost their virginity before the age of 15 and 11.1% after the age of 22. To explore the degree to which this first intercourse was fully voluntary, respondents were asked whether they would

[11] Multiple perpetrators could have been mentioned so the total percentage does not add up to 100%.

describe their first experience of sexual intercourse as something that they had wanted to happen, that they had not really wanted but that happened anyway (coerced), or that they had been forced to do (rape).

Table 7.5: How was first time sexual intercourse, among respondents who reported having had sex

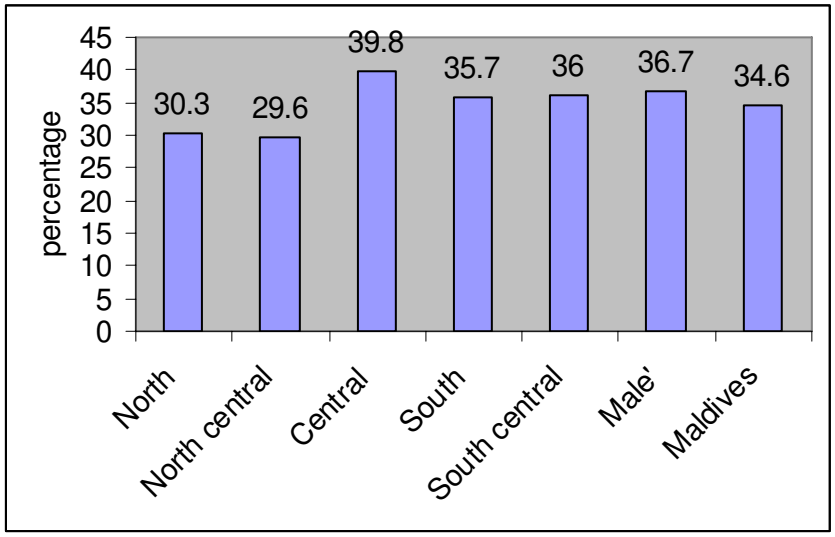
	How was first time sex?						
	wanted to		didn't want to but happened (coerced)		was forced		
age at first sex	number	%	number	%	number	%	**Total**
<15	76	64.4%	18	15.3%	24	20.3%	**118**
15-17	409	85.9%	53	11.1%	13	2.7%	**475**
18-21	570	92.8%	35	5.7%	8	1.3%	**613**
22+	215	98.6%	2	0.9%	1	0.5%	**218**
Total	**1270**	**89.1%**	**108**	**7.6%**	**46**	**3.2%**	**1424**

Table 7.5 shows that for the majority of women in the Maldives, their first sexual experience was voluntary (89.1%). However, it is of concern that for 7.6% of women, their first sexual experience was somewhat coerced and for 3.2% of women their first sexual experience was forced. There appears to be a clear correlation between the younger women were when they first had sex and the likelihood that their first sexual experience was not fully voluntary, that is, either coerced or forced. For example, 20.3% of women who had their first sexual experience before the age of 15, reported that it was forced and only 64.4% of them reported that the experience was fully voluntary. However, as we move down the table we see that for women who had their first sexual experience between the ages 15-17, only 2.7% reported that their first sexual experience was forced, and for the 18-21 age-group the rate is even lower at 1.3%. For women who had their first sexual experience after the age of 22, almost all of them had wanted to at the time.

Combining all types of violence against women to get a national prevalence rate

A measure of overall prevalence of physical and/or sexual violence against women, regardless of the perpetrator accounting for overlap of different types of abuse, including childhood sexual abuse, was compiled. For the country as a whole the rate is 34.6%. That is, more than 1 in 3 women aged 15-49 have experienced some form of physical or sexual violence, or both, at some point in their lifetime. Graph 7.3 shows the overall rate of violence against women in the Maldives by location. The reported rate of violence against women is highest in the central region and lowest in the north central region.

Graph 7.3: Lifetime prevalence of physical and/or sexual violence against women (aged 15-49) regardless of perpetrator, by location



Discussion

The findings in this chapter show the rate of sexual abuse among young girls (under 15 years) and secondly the extent to which the first sexual experience is forced. The rate of girl child sexual abuse in the Maldives is relatively high compared with other countries who have undertaken this research. The rate of 16.3% in Male', for example, is higher than all but three sites (Namibia city, Peru city and Peru Province) where the WHO Study was undertaken (see Graph 7.4). This is of great concern as such abuse is a severe violation of young girl's basic rights and bodily integrity and may have profound health consequences both immediately and in the longer term. A number of recent studies show significant associations between CSA and behavioural and psychological problems, negative reproductive health outcomes, relationship problems, sexual dysfunction, depression, thoughts of suicide, deliberate self harm, alcohol and substance abuse and sexual risk taking (Beitchman, 1992; Boyer and Fine, 1992; Cheasty et al., 1998).

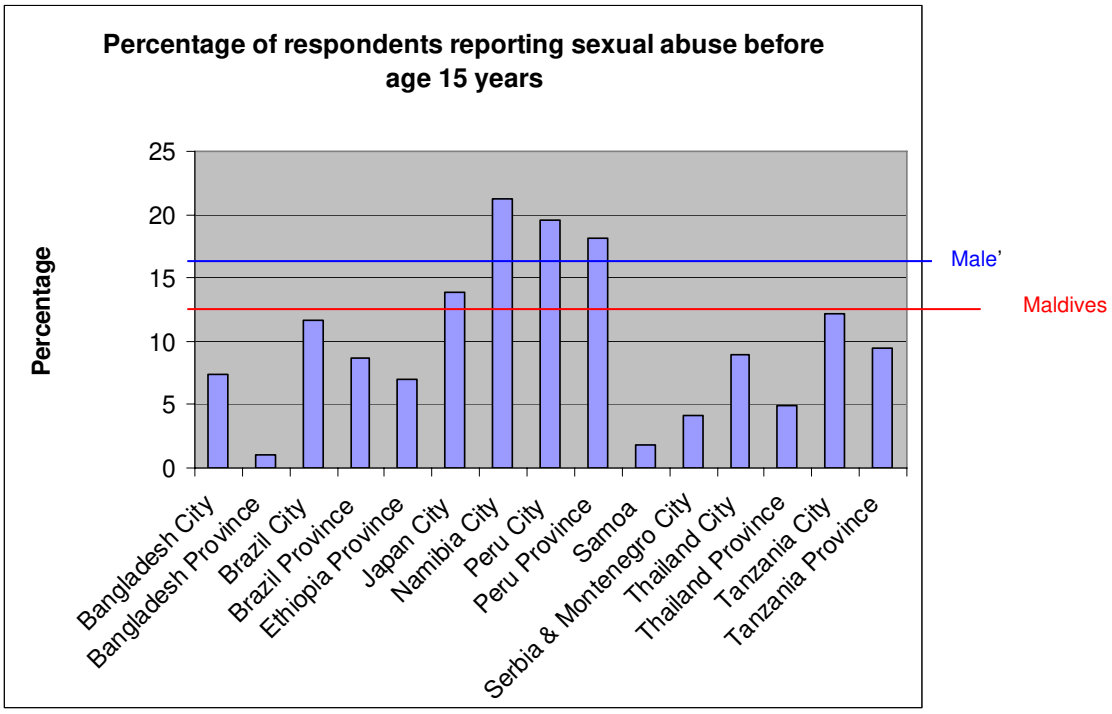
One reason why girl child sexual abuse may be highest in Male' is the high population density and overcrowding. In houses where young girls are sharing rooms for sleeping with many other people, especially older males, they may be more vulnerable to abuse. In addition, students who come to Male' to study and live with relatives, friends, or board with strangers may be put at increased risk by being away from the protection of their immediate family. The fact that perpetrators are often male family members may also help to explain the relatively high rate of reported abuse in Male' compared with the other regions. Perhaps, in Male' where extended families live together, often in crowded conditions, young women and girls are more at risk from their male family members that they live with.

The differences between the prevalence of childhood sexual abuse disclosed in face-to-face interviews versus the anonymous card method is consistent with what was observed in other countries in the WHO Study and also other studies around the world. It has been found that respondents often find it easier to disclose child abuse, which is

highly stigmatized, using anonymous formats (Garcia-Moreno et al., 2005; Olsson, 2000).

For some women who participated in the survey, their first experience of sexual intercourse was not wanted, but rather coerced or forced. In other countries who participated in the WHO Study, the rate of forced sexual initiation ranged from less than 1% to 30%. We see that Maldives fits at the lower end of the spectrum at 3.2%. In all sites except Ethiopia province, the younger a women at the time of her first sexual experience, the greater the likelihood that her sexual initiation was forced (Garcia-Moreno et al., 2005: 51). In some cases, the rate of coerced sexual initiation, particularly in the under 15 age group may refer to sexual initiation by a husband at a time when marriage at a young age was legal and relatively common. A number of interviewers, particularly in the south, found that a number of middle-aged women who had been married at around 14 years of age, described their first sexual experience with their husband as unwanted.

Graph 7.4: Percentage of respondents reporting sexual abuse before age 15, by site



CHAPTER 8: ASSOCIATIONS BETWEEN VIOLENCE BY INTIMATE PARTNERS AND WOMEN'S PHYSICAL AND MENTAL HEALTH

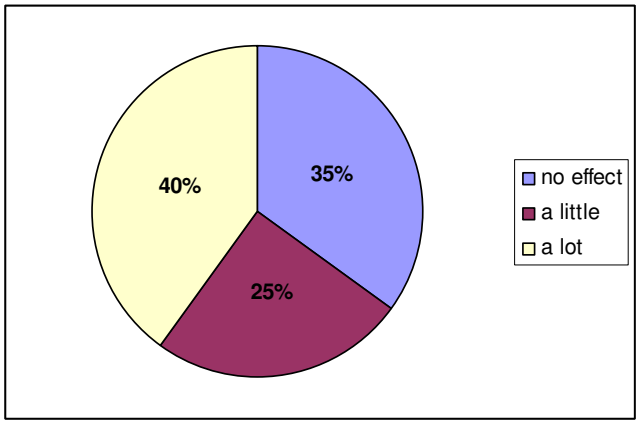
MAIN FINDINGS

- **Women who had experienced violence were significantly more likely to have health problems, emotional distress and thoughts of suicide.**
- **35.5% of women who had ever experienced physical or sexual partner violence reported being injured at least once.**
- **Women who had experienced intimate partner violence visited health professionals more often than women who had not, but often did not reveal the real cause of their injuries.**
- **Women who had experienced intimate partner violence were found to have been hospitalized more often and had more operations in the past 12 months than women who had not experienced violence.**
- **Often women did not receive the required health care for injuries caused by intimate partner violence; in fact 1 in 3 women reported that they never received health care for injuries when they needed it.**

"Even though he keeps on aggressively beating me to death, the neighbours never try to stop him. They just stay there and watch the commotion. If I got any help from them my injuries would be smaller."

The following chapter explores the impact of intimate partner violence on women's physical and mental health. Women who reported physical and or sexual violence were asked whether they thought their husband's violence towards them had affected their physical or mental health. If they responded positively they were asked whether they thought it had affected their health a little, or a lot. 65% of women reported that their mental and/or physical health had been affected by their partner's violence towards them (38.9% a lot and 25.6% a little). See Graph 8.1.

Graph 8.1: Percentage of women who reported that their physical or mental health was affected by partner violence, among women who reported physical and or sexual partner violence (N=337)



Injuries as a result of intimate partner violence

Women who reported physical and or sexual intimate partner violence were asked whether their partner's acts had resulted in injuries. Frequency of injuries, type of injuries and use of health services were also explored.

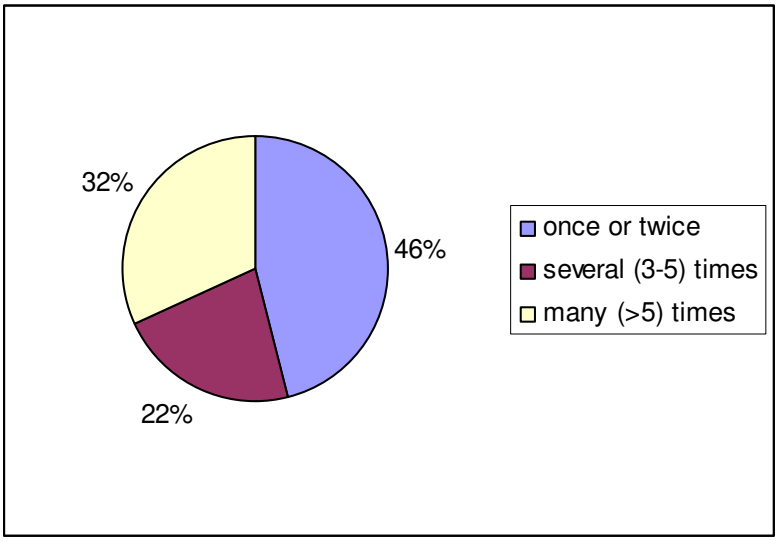
35.5% of women who had ever experienced physical or sexual partner violence reported being injured at least once. Out of those, 36% reported being injured in the past 12 months. Graph 8.2 shows that the majority of women reported being injured once or twice, although a significant proportion (32%) of women reported being injured many times. It is noteworthy that out of the women who reported injuries, half had experienced severe injuries, such as gashes, fractures, broken bones or internal injuries. 10% reported moderate injuries and 37% reported mild injuries (see Table 8.1).[12] Of those who reported being injured by an intimate partner, 13.3% reported that they had "lost consciousness" because of a violent incident.

Table 8.1: Severity of injuries sustained from partner violence, among women who reported injuries

	number	%
unknown	4	3.5%
mild	42	36.5%
moderate	12	10.4%
severe	57	49.6%
Total	115	100.0%

[12] Mild = cuts, punctures, bites, scratches, abrasions, bruises. Moderate = sprains, dislocations, burns. Severe = penetrating injuries, deep cuts, gashes, broken eardrum, eye injuries, fractures, broken bones, broken teeth, internal injuries

Graph 8.2: Frequency of injuries caused from partner violence, among women who reported ever having been injured by partner violence (N=115)



Partner violence and women's general health

All women regardless of their partnership status were asked whether they considered their general health to be excellent, good, fair, poor or very poor. They were then asked whether they had experienced a number of symptoms during the 4 weeks prior to the interview, such as problems walking, pain, memory loss, dizziness, and virginal discharge. Although in a cross-sectional survey it is not possible to demonstrate causality between violence and health problems, the findings give an indication of the forms of association.

Table 8.2: Percentage of women, who have ever been in a relationship, reporting selected symptoms of ill-health, according to their experience of physical and/or sexual partner violence

	never experienced partner violence (N=1394)		experienced physical and/or sexual partner violence (N=337)		P value (significance levels) Pearson chi-square test
	number	%	number	%	
poor/very poor general health	104	7.5%	45	13.4%	P=0.003
problems walking	167	12.0%	55	16.3%	P=0.106
difficulties with activities	165	11.8%	72	21.4%	P<0.001
recent pain	436	31.3%	167	49.6%	P<0.001
problems with memory	138	9.9%	63	18.8%	P<0.001
recent dizziness	368	26.4%	123	36.5%	P=0.001
vaginal discharge	167	12.0%	53	15.7%	P=0.100

Women who reported violence by an intimate partner were significantly more like to than women who had not experienced violence to report that their general health was poor or very poor. Table 8.2 shows that there are consistent differences at the bivariate level between women who reported experiences of violence by an intimate partner and those who did not report violence, for most symptoms of ill-health that were asked about. For

example, 13.4% of women who had experienced intimate partner violence reported poor or very poor health compared with only 7.5% of women who had not experienced partner violence. 18.8 % of women who had experienced partner violence reported problems with memory compared with only 9.9% of women who had not experienced intimate partner violence.

The P-value column shows whether the association between the relevant health variable and the respondent's experience of physical and/or sexual partner violence is statistically significant, based on a Pearson chi-square test. When the P-value is less that 0.05, the association is defined as statistically significant; the lower the P-value, the more significant the association.[13] At the bivariate level, the P-values for all the health variables except for 'problems walking' and 'vaginal discharge' show that the association between these health outcomes and experiences of physical and/or sexual partner violence are highly statistically significant.

Multivariate logistic regression modeling was performed to explore the associations between violence by an intimate partner and health problems, adjusting for potential confounding variables. Crude and adjusted odds ratios, with 95% confidence intervals, were calculated for the odds of health problems in ever-partnered women who have experienced violence by an intimate partner, relative to the odds of health problems in women who have not experienced violence by an intimate partner. The logistic regression analyses were performed on a data set of all respondents, adjusting for age, education and marital status. The crude and adjusted odds ratios for each health problem are presented in Table 8.3. For example, the odds of women who have experienced partner violence reporting that their health is poor or very poor is 1.7 times the odds of women who have not experienced violence reporting poor or very poor health. The odds that women who have experienced partner violence having moderate or severe pain within the past 4 weeks is 2.1 times the odds of women who have not experienced violence reporting pain.

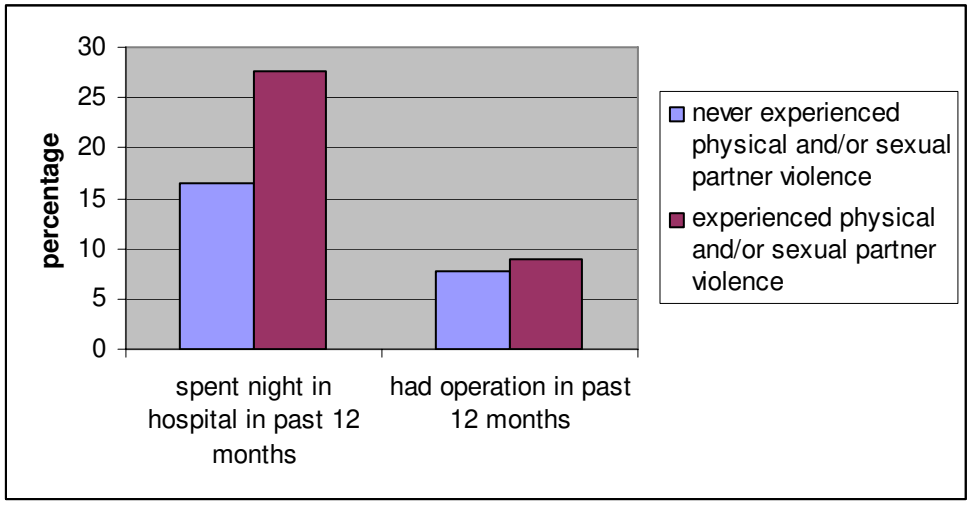
Table 8.3: Logistic regression models for the associations between selected health conditions and experiences of intimate parter violence among ever-partnered women

Health condition	COR	95% CI	AOR	95% CI
Poor/very poor health	1.8	1.2-2.7	1.7	1.1-2.5
Problems walking	1.3	0.9-1.9	1.2	0.9-1.7
Difficulties with activities	2.0	1.4-2.7	1.8	1.3-2.5
Recent pain	2.1	1.7-2.7	2.1	1.6-2.7
Problems with memory	2.0	1.5-2.8	2.0	1.4-2.8
Recent dizziness	1.6	1.2-2.0	1.5	1.2-2.0
Vaginal discharge	1.3	0.5-1.9	1.4	1.0-2.0

COR, crude odds ration; AOR, adjusted odds ratio (adjusted for site, age group, marital status and educational level); CI, confidence interval

[13] The data analysis program SPSS calculates up to three decimal places, therefore, P<0.001 is the lowest possible P value indicating the highest possible significance level.

Graph 8.3: Comparison of severe health outcomes (hospitalization and operation) for ever-partnered women according to their experiences of physical and/or sexual violence by partner



The Maldives Study showed that 46% of women who had experienced violence had visited a health care professional in the past 4 weeks compared with only 33% of women who had not experienced violence. In addition, Graph 8.3 shows that 16.4% of women who had never experienced physical or sexual partner violence had spent a night in hospital in the past 12 months. In contrast, 27.7% of women who had experienced some form of physical or sexual intimate partner violence had spent a night in hospital in the past 12 months. Women were also asked if they had had an operation, other than a caesarean section in the past 12 months. 7.7% of women without a history of partner violence reported having an operation in the past 12 months compared with 9% of women who had experienced physical and/or sexual partner violence.

We also found that, of the women who received health care for their injuries, more than half (54%) did not tell the health worker the real cause of her injuries. In addition, of those who reported needing health care for an injury, a staggering 33% (that is 1 in 3) *never* received health care and only 11% *always* received health care when they needed it.

Violence and mental health

Table 8.4: Mean SQR scores for emotional distress among women, who have ever been in a relationship, according to their experience of physical and/or sexual violence by an intimate partner

type of partner violence experienced	number	Mean
no violence	1394	3.6
physical violence only	26	5.5
sexual violence only	221	6.3
both sexual and physical violence	90	7.9
Total	1731	4.1

Mental health was assessed using a self-reporting questionnaire of 20 questions (SRQ-20) developed by WHO as a screening tool for emotional distress, which has been validated in a wide range of settings. It asks respondents whether, within the 4 weeks prior to the interview, they had experienced a series of symptoms that are associated with emotional distress, such as crying, tiredness, and thoughts of ending life. The number of items that women respond yes to are added up for a possible maximum score of 20, where 0 represents the lowest level of emotional distress and 20 represents the highest.

Table 8.4 shows that the mean SQR scores for women who had experienced domestic violence were significantly higher than for non-abused women, indicating higher levels of emotional distress. The SQR score was higher for sexual violence than for physical violence but was highest among women who had experienced both physical and sexual intimate partner violence. The Spearman's Rho coefficient of 0.229 ($P< 0.01$) indicates a significant correlation between domestic violence and emotional distress.

Women were also asked whether they had ever had suicidal thoughts. In the Maldives, 18.7% of women who had experienced partner violence reported having thoughts of suicide compared with only 7.1% of women who had never experienced partner violence (see Table 8.5). Multivariate logistic regression on the association between suicidal thoughts and experiences of violence by an intimate partner, adjusting for age, education and marital status confirmed that women who had experienced physical and/or sexual violence were very significantly ($P<0.001$) more likely to have thought of ending their lives. The adjusted odds ratio (AOR, 4.0; 95%CI, 2.8-5.8) demonstrates that the odds of women who have experienced partner violence having suicidal thoughts is *four* times the odds that women who have not experienced partner violence have thought about ending their lives. See Table 8.6.

Those who reported that they had, at least once, thought about ending their life were also asked if they had actually attempted suicide at any point in their lives. Suicide is a very taboo subject in Maldivian society because it is prohibited according to Islam. Nevertheless, the research team concluded after extensive consultation that suicide was still important to explore given the proven correlation between experiencing intimate partner violence and attempting suicide in other study sites. While suicidal thoughts were reported to be more common, actual suicide attempts are relatively rare, most likely because religion is a protective factor.

Even though the reported cases from the survey are low in percentage terms the results are interesting. 8.6% of women who had never experienced partner violence reported that they had tried to take their own life whereas for women who had experienced partner violence 14% reported that they at some point in their lives attempted suicide. Because of the few cases, there is not sufficient power to show a statistically significant difference, however it should be noted that the crude odds ration and adjusted odds ratio is approximately 2.0. The lack of statistical significance in this case could be due to the relatively low response rate.

Table 8.5: Comparison of suicidal ideation and behavior for ever-partnered women according to their experiences of physical partner violence

		Never experienced physical partner violence		Experienced physical partner violence	
		number	%	number	%
ever thought about ending life	yes	105	7.4%	57	18.3%
	no	1312	92.6%	254	81.7%
Total women		1420	100%	311	100%
ever tried taking life*	yes	9	8.6%	8	14.0%
	no	96	91.4%	49	85.9%
Total women		105	100%	57	100%

*Among women who reported suicidal thoughts

Table 8.6: Logistic regression models for associations between suicidal thoughts and experiences of intimate partner violence

	COR	95% CI	AOR	95% CI	P-value (significance levels), Pearson chi-square test
Ever though about ending life	3.1	2.2-4.3	4.0	2.8-5.8	P<0.001
Ever tried taking life	2.0	0.7-5.5	1.9	0.6-6.2	P=0.19

COR, crude odds ration; AOR, adjusted odds ratio (adjusted for site, age group, marital status and educational level); CI, confidence interval

Discussion

The Maldives Study on Women's Health and Life Experiences shows that current and previous experiences of intimate partner violence are associated with a wide range of physical and mental health problems among women. Women who have experienced violence are significantly more likely to have health problems, emotional distress and thoughts of suicide. This is consistent with the experiences of other countries who undertook the WHO Multi-Country Study, as well as other studies from around the world that show that women who are physically abused often have many less-defined somatic complaints, including chronic headaches, abdominal and pelvic pains, and muscle aches (Garcia-Moreno et al., 2005; Watts et al., 1998).

These findings suggest that violence is not only a significant health problem because of direct injuries, but also because it indirectly impacts on a number of health outcomes (Garcia-Moreno et al., 2005). It is particularly noteworthy that the survey found an association between recent experiences of ill-health (within the last 4 weeks) and lifetime experiences of partner violence. This suggests that the impact of violence may last long after the actual violence has ended.

In all of the other sites where the WHO Study was undertaken, the mean SQR score (indicating level of emotional distress) for women who had experienced abuse was significantly higher than for non-abused women.(Garcia-Moreno et al., 2005) Similarly other research shows that recurrent abuse can place women at risk of psychological problems such as fear, anxiety, fatigue, sleeping and eating disturbances, depression and post-traumatic stress disorder (Watts et al., 1998). Links have also been found in

other countries between physical abuse and higher rates of psychiatric treatment, attempted suicide, and alcohol dependence (Plitcha, 1992).

The Maldives Study also shows that, as in other countries, women living with violence visit health services more frequently than non-abused women (Heise et al., 1994). Thus, health professionals in the Maldives are treating domestic violence victims all the time, even if they are not aware of it. As such, health professionals can play a crucial role in detecting, referring and caring for women living with violence. But first, violence against women must be recognized as a serious public health issue in the Maldives and an environment must be created where women feel safe enough to first seek health care for violence related problems, and then reveal the true nature of their medical history. Only then can interventions by health providers mitigate both the short- and long-term health effects of violence against women and their families.

CHAPTER 9: INTIMATE PARTNER VIOLENCE, WOMEN'S REPRODUCTIVE HEALTH AND THEIR CHILDREN

MAIN FINDINGS

- **6.3% of women, who had ever been pregnant, reported being beaten during pregnancy.**
- **Women who had experienced violence, particularly during pregnancy, were significantly more likely to report miscarriages, still births and having a child who died.**
- **A significant association was found between intimate partner violence and higher birth rates.**
- **Women who had experienced intimate partner violence were more likely to have unplanned or unwanted pregnancies compared with women who had not experienced partner violence.**
- **There were significant associations found between women's experiences of intimate partner violence and emotional and behavioural problems with her children such as having nightmares, being aggressive and running away from home.**

"He (my husband) tied me up face down on a bed with woven rope. I was 8 months pregnant then…I had to stay like that for 4 hours. When he untied me, my hands and feet were swollen and cut. My tummy hurt really badly because I was tied face down…I cried. I had a still birth and the midwife told me that it was probably due to the violence from my husband."

This chapter explores the impact of intimate partner violence on women's reproductive health as well as the impact on the well-being of her children.

Women who had ever been pregnant were asked if they had been physically abused by an intimate partner while pregnant. Table 9.1 shows the prevalence and characteristics of physical violence during pregnancy. Overall, 6.3% of women, who had ever been pregnant, reported being physically abused during at least one pregnancy. Among the women who reported violence during pregnancy 39% were severely abused, that is, punched or kicked in the abdomen. In virtually all cases (97.6%) of those cases the woman was beaten by the father of the child. In most cases, women who were physically abused during pregnancy had been beaten prior to getting pregnant, but a significant number (38.3%) reported that the beating had actually started during pregnancy. For the majority of women who were abused before and during pregnancy, the violence stayed that same or was less severe. However, 18% of women reported that the violence actually became worse during pregnancy.

Table 9.1: Forms of violence during pregnancy, among women who have ever been pregnant

	number	%
Beaten while pregnant (N=1302)	82	6.3%
Punched or kicked in abdomen (N=82)	32	39.0%
Beaten in most recent pregnancy by father of child (N=82)	80	97.6%
Living with person who beat while pregnant (N=82)	80	97.6%
Same person had beaten before pregnancy (N081)	50	61.7%
Beating got worse compared to before pregnancy (N=50)	9	18.0%

Reproductive health outcomes

Table 9.2 shows that women who had experienced partner violence, particularly during pregnancy, were significantly more likely to report miscarriages, abortions, still births and having a child who had died. For example, 36.6% of women who had been beaten while pregnant had experienced a miscarriage compared with only 21.9% of women who had not been beaten while pregnant. 9.5% of women who had been abused by a partner reported a stillbirth compared with only 5.5% of women who had not experienced abuse. Furthermore, 24.7% of women who had experienced partner violence had a child who had died compared with only 17.5% of women who had not experienced partner violence.

While abortions are illegal in the Maldives (except for explicit medical reasons) and considered to go against Islam, according to the UNFPA Reproductive Health Survey they do take place, sometimes illegally within the Maldives, overseas or attempts at self abortion. Women are likely to underreport abortions for fear of legal repercussions and because of the social stigma associated with them. Despite this some women did report having had abortions. The results show that 1.8% of women who had not experienced partner violence reported having had an abortion compared with 4.4% of women who had experienced partner violence reporting having had an abortion. Logistic regression showed that there is a statistically significant association between women's experiences of intimate partner violence and having an abortion.

Table 9.2: Percentage of ever-pregnant women reporting having had a miscarriage, abortion, stillbirth or child who died, according to their experience of partner violence

	ever experienced sexual or physical violence by partner				beaten while pregnant			
	No		yes		no		yes	
	number	%	Number	%	number	%	number	%
respondent ever pregnant*	1020	73.2%	296	87.8%	1224	100.0%	82	100.0%
Ever-partnered women	**1394**	**100.0%**	**337**	**100.0%**	**1224**	**100.0%**	**82**	**100.0%**
ever had miscarriage**	213	20.9%	88	29.7%	268	21.9%	30	36.6%
ever had stillborn**	56	5.5%	28	9.5%	74	6.0%	10	12.2%
ever had abortion**	18	1.8%	13	4.4%	28	2.3%	2	2.4%
ever had a child who died**	179	17.5%	73	24.7%	234	19.1%	18	22.0%
Ever-pregnant women	**1020**	**100.0%**	**296**	**100.0%**	**1224**	**100.0%**	**82**	**100.0%**

* among ever-partnered women **among ever pregnant women

Multivariate logistic regression modeling was performed to explore the associations between violence by an intimate partner and reproductive health problems, adjusting for potential confounding variables. The significance levels in Table 9.3 demonstrate that the associations between various reproductive health outcomes and experiences of intimate partner violence are statistically significant. The crude and adjusted odds ratios for each reproductive health problem are presented in Table 9.3. For example, the odds of women who have experienced partner violence reporting having had a miscarriage is 1.6 times the odds of women who have not experienced violence reporting having had a miscarriage. The odds of women who have experienced partner violence reporting having an abortion is 2.9 times the odds of women who have not experienced violence reporting an abortion, adjusted for age, marital status and education of the respondent.

Table 9.3: Logistic regression models for the association between selected reproductive health outcomes and experiences of intimate partner violence, among ever-pregnant women

	COR	95% CI	AOR	95% CI	P-value
ever had miscarriage	1.6	1.2-2.1	1.6	1.2-2.2	P=0.003
ever had stillbirth	1.8	1.1-2.9	1.8	1.1-2.9	P=0.020
ever had an abortion	2.6	1.2-5.3	2.9	1.3-6.1	P=0.011
ever had a child who died	1.5	1.1-2.1	1.5	1.0-2.1	P=0.009

COR, crude odds ration; AOR, adjusted odds ratio (adjusted for site, age group, marital status and educational level); CI, confidence interval

Parity

Table 9.4 presents data on the number of live births reported by women according to their experience of violence by an intimate partner. Women who experienced violence were more likely to have more children than non-abused women. Table 9.5 shows mean number of live births for women according to their experiences of intimate partner violence. Women who have not experienced intimate partner violence have a mean number of live births of 1.3 and women who have experience both physical and sexual partner violence have a mean of 1.8. The Spearman's Rho coefficient of 0.151 ($P < 0.01$) indicates a significant correlation between domestic violence and higher birth rates.

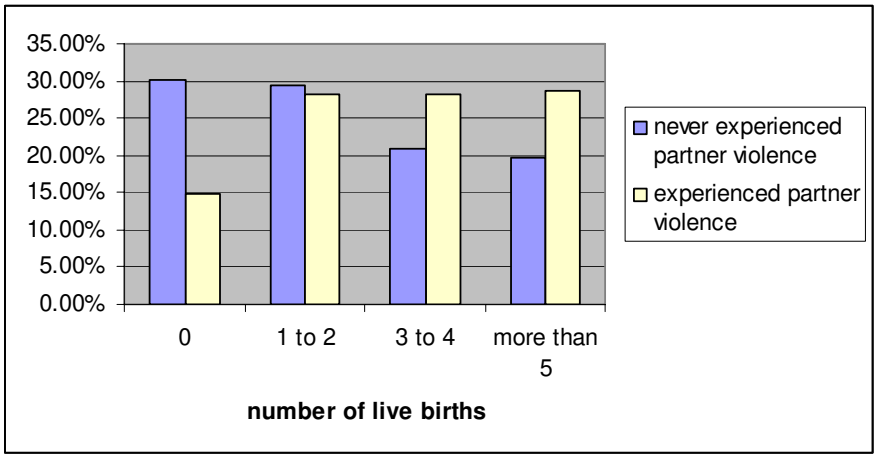
Table 9.4: Number of live births reported by ever-partner women according to their experience of physical and/or sexual violence by an intimate partner

		ever experienced sexual or physical violence by partner				beaten while pregnant			
		no		yes		no		yes	
		number	%	number	%	number	%	number	%
number of children born alive	0	421	30.2%	50	14.8%	54	4.4%	2	2.4%
	1-2	409	29.4%	95	28.2%	479	39.1%	20	24.4%
	3-4	290	20.8%	95	28.2%	349	28.5%	34	41.5%
	>=5	273	19.6%	97	28.8%	342	27.9%	26	31.7%
	Total	1394	100.0%	337	100.0%	1224	100.0%	82	100.0%

Table 9.5: Mean number of live births of ever-partnered women, according to their experience of intimate partner violence

type of partner violence experienced	Mean	number
no violence	1.3	1394
sexual only	1.4	26
physical only	1.7	221
both sexual and physical	1.8	90
Total	**1.4**	**1731**

Graph 9.1: Number of live births reported by ever-partnered women according to their experience of physical and/or sexual violence by an intimate partner



Contraceptive use

Respondents who reported being in a relationship, married or otherwise, were asked if they had ever used a contraceptive method to avoid getting pregnant. Follow-on questions asked if they were currently using contraception, what method they were using, whether their partner knew that they were using contraception and if their partner had ever refused to use or tried to stop them from using a method of contraception. Table 9.6 shows the results from these questions, according to the respondent's experience of intimate partner violence.

Among women who had never experienced physical and/or sexual partner violence, 50.7% reported that they had used family planning, 49.3% had not. Among women who had experienced physical and/or sexual partner violence, 64% reported that they had used a family planning method, 36% reported that they had never used family planning methods. Interestingly the rate of contraceptive use is higher among women who had experienced partner violence. For those who had been beaten during pregnancy the rate of contraceptive use was also higher than for those who had never been beaten during pregnancy.

In contrast to these findings, the rate of *current* contraceptive use is higher for women who have never experienced violence than for those who have been abused by an intimate partner. Those who reported having ever used a form of contraception were then asked if they were currently using any contraceptive method. Among women who had not experienced partner violence and had reported ever using contraception, 53.5% were currently using contraception compared with 48.5% of women who had experienced violence.[14] For women who had been beaten during pregnancy the disparity was higher; 53.9% compared with 37.8%. In almost all cases (between 96.3-100%), regardless of experiences of partner violence, the respondent's partner knew she was using a method of family planning.

4.5% of women who had not experienced partner violence reported that their partner had refused or tried to stop them using a method of contraception, and among women who had experienced partner violence the rate was 12.1%. This supports earlier evidence that women who have experienced partner violence are more likely to encounter controlling behaviour by a partner, in this case over their own reproductive health choices.

[14] The government estimates that 39% of women are current users of contraceptives.

Table 9.6: Use of contraceptives among currently partnered women, according to their experiences of intimate partner violence

	ever experienced sexual or physical violence by partner				beaten while pregnant			
	no		yes		no		yes	
	number	%	number	%	number	%	number	%
ever used family planning	535	50.7%	169	64.0%	631	58.7%	45	65.2%
Total	**1204**	**100.0%**	**273**	**100.0%**	**1075**	**100.0%**	**69**	**100.0%**
Currently using family planning*	286	53.5%	82	48.5%	340	53.9%	17	37.8%
Total	**535**	**100.0%**	**169**	**100.0%**	**631**	**100.0%**	**45**	**100.0%**
Husband/partner knows about family planning	165	96.5%	60	96.8%	209	96.3%	14	100%
Total	**171**	**100.0%**	**62**	**100.0%**	**217**	**100.0%**	**14**	**100.0%**
Partner ever tried to stop family planning	47	4.5%	32	12.1%	66	6.1%	12	17.4%
Total	**1056**	**100.0%**	**256**	**100.0%**	**1076**	**100.0%**	**69**	**100.0%**

*Among women who reported ever using contraception

Unplanned pregnancies

Women who reported having had a live birth in the past 5 years were asked whether, at the time they became pregnant (the last pregnancy), they had wanted to become pregnant then, wanted to wait until later, did not want (more) children, or did not mind either way. The respondent was asked the same questions about her partner; did he want her to become pregnant then, wait until later, did not want (more) children or did not mind either way. Table 9.7 shows the results of these questions according to the respondent's experience of physical and/or sexual partner violence. 64.3% of respondents who had never experienced physical or sexual intimate partner violence reported that, at the time of their last pregnancy, they had wanted to become pregnant then. In contrast, only 41.5% of women who had experienced intimate partner violence reported that they had wanted to become pregnant then. 37.4% of women who had experienced partner violence said that when they became pregnant they did not want (more) children or had wanted to wait until later compared with only 20.7% of women who had not experienced violence by and intimate partner. Table 9.8 shows that there is a statistically significant association between women experiencing partner violence and their last pregnancy being unwanted or unplanned. That is, women who have experienced intimate partner violence are more likely to have unplanned or unwanted pregnancies compared with women who have not experienced partner violence.

As for the feelings of the respondent's partner about the pregnancy; among women who had not experienced partner violence, 67.2% reported that their partner wanted her to become pregnant then compared with 48.9% of women who had experienced partner violence. 26.1% of women who had been physically or sexually abused by an intimate partner reported that, at the time of her last pregnancy, her partner did not want (more) children or wanted to wait until later. In comparison, 18.4% of women who had not been abused by an intimate partner reported that their partner wanted to wait or did not want (more) children.

Table 9.7: Physical and/or sexual partner abuse and circumstances of last pregnancy, among women who gave birth in last 5 years

		ever experienced sexual or physical violence by partner			
		no		yes	
		number	%	number	%
respondent wanted last pregnancy?	wanted to become pregnant then	308	64.3%	59	41.5%
	wanted to wait until later/ did not want (more) children	99	20.7%	53	37.4%
	did not mind either way	72	15.0%	30	21.1%
Total		**479**	**100.0%**	**142**	**100.0%**
partner wanted last pregnancy?	wanted to become pregnant then	322	67.2%	69	48.9%
	wanted to wait until later/ did not want (more) children	88	18.4%	37	26.1%
	did not mind either way	66	13.8%	34	23.9%
	don't know	3	0.6%	2	1.1%
Total		**479**	**100.0%**	**142**	**100.0%**

Table 9.8: Logistic regression models for the association between unplanned pregnancies and experiences of intimate partner violence, among ever-pregnant women

	COR	95% CI	AOR	95% CI	P-value
Woman did not want last pregnancy	2.3	1.5-3.5	1.8	1.2-2.8	P<0.001
Partner did not want last pregnancy	1.6	1.0-2.5	1.2	0.8-2.0	P=0.040

COR, crude odds ration; AOR, adjusted odds ratio (adjusted for site, age group, marital status and educational level); CI, confidence interval

Antenatal and post-natal care

Women who reported having had a live birth in the past 5 years were asked whether they had used antenatal and post-natal care services for their last pregnancy. They were also asked whether their partner stopped them, encouraged them, or had no interest in whether they received antenatal care for their pregnancy. It is pleasing to see that a very high percentage of women received antenatal care for their most recent pregnancy; 98.3% for women who had never experienced partner violence and 97.2% for women who had experienced partner violence. The proportion of women who reported having attended an antenatal service was only slightly higher among those who had not experienced partner violence than among women who had. For women who reported being beaten by an intimate partner during pregnancy, the results were similar.

Virtually no respondents reported that their partners had actually prevented them from using antennal care. However, a higher proportion of women who had not experienced partner violence reported that their partner actively encouraged them to access antennal care than those who had been abused by their partner (95.4% compared with 81.6%). 17.7% of respondents who reported partner violence said that their partner had no interest in whether she had antennal care for her pregnancy compared with only 4.4% of women who had not been abused by an intimate partner. The difference is even more significant for women who reported being beaten by an intimate partner while pregnant. While 94.1% of women who had not been beaten while pregnant reported that their partner had encouraged her use of antennal care services, among women who had been beaten during pregnancy the proportion was only 64.1%.

Overall the percentage of women who received post-natal care was less than those who received antenatal care; 83.3% for women who had not experienced partner violence and 83.8% for women who had. The impact of experiences of intimate partner violence on the use of post-natal care services seems virtually negligible.

While many men in the Maldives smoke, it is still relatively uncommon and somewhat socially unacceptable for women to smoke. According to this survey, 6.7% of women who have not experienced intimate partner violence reported that they smoked during pregnancy. In comparison, 15.5% of women who had experienced violence by an intimate partner reported smoking during pregnancy. This is a significant difference, which shows that the experience of violence is associated with risky behaviour, which in this case has potentially negative effects on pregnancy outcome.

Table 9.9: Physical and/or sexual partner abuse and circumstances of last pregnancy, among women who gave birth in last 5 years

	ever experienced sexual or physical violence by partner				beaten while pregnant			
	no (N=479)		yes (N=142)		no (N=579)		yes (N=39)	
	N	%	N	%	N	%	N	%
received antenatal care	474	98.3%	138	97.2%	571	98.1%	38	97.4%
partner stopped antenatal care	1	0.2%	1	0.7%	2	0.4%	0	0%
partner encouraged antenatal care	457	95.4%	116	81.6%	545	94.1%	25	64.1%
partner had no interest in antenatal care	21	4.4%	25	17.7%	32	5.5%	14	35.9%
smoked tobacco during pregnancy	32	6.7%	22	15.5%	45	7.8%	9	23.1%
received post-natal check-up	398	83.3%	119	83.8%	482	83.4%	32	82.1%

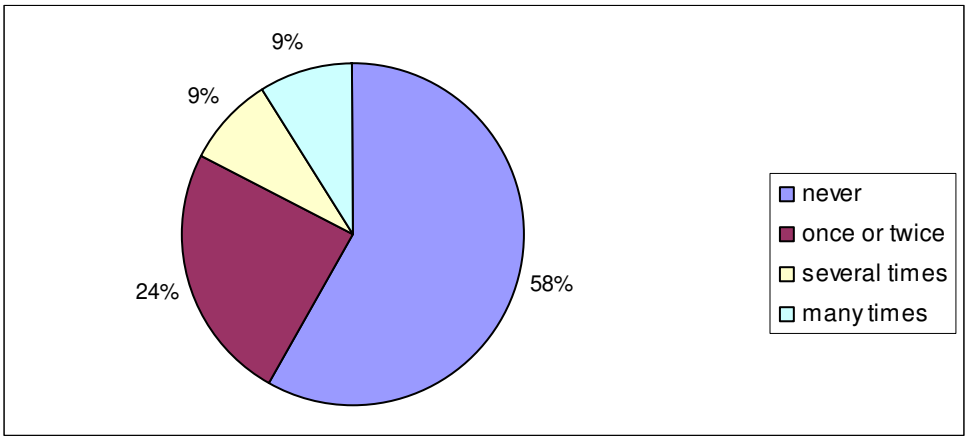
Effects of partner violence on children

For women who reported experiencing at least one incident of physical partner violence and had a child who was alive, they were asked whether her children were ever present or overheard her being beaten. If she answered yes, she was asked whether this happened once or twice, several times, or most of the time.

We see from Graph 9.1 that 58% of women reported that their children were never present during the incidents of physical violence. However, 24% of women reported that

their child/ren were witness to or overheard the violence once or twice. 9% of respondents reported that their children were witness several times and the same percentage reported that their children were a witness most of the time.

Graph 9.1: children present during physically violent incident (N=250)



For respondents who had one or more child 5-12 years old and living at home with the respondent, a number of questions were asked which explored emotional and behavioural issues that the child/ren may have faced. These questions were asked regardless of whether the woman reported intimate partner violence or not. While it is impossible to draw a direct correlation between a woman's experience of intimate partner violence and the impact on her children, we can draw some associations.

Table 9.10: Effects of violence on children, among women with one or more child 5-12 years living at home

	ever experienced sexual or physical violence by partner			
	No (N=627)		Yes (N=192)	
	number	%	number	%
child has nightmares	80	12.8%	37	19.3%
child wet bed	80	12.8%	42	21.9%
child timid	105	16.8%	54	28.1%
child aggressive	208	33.2%	98	51.0%
one or more child run away from home	10	1.6%	11	5.7%
	No (N=605)		Yes (N=187)	
	number	%	number	%
child had to repeat year at school	24	4.0%	12	6.4%
child stopped school	13	2.1%	8	4.3%

Table 9.10 shows that there are significant associations between women's experience of intimate partner violence and her children having emotional and behavioural problems such as having nightmares, being aggressive and wetting the bed. For example, 12.8% of women who had not experienced partner violence reported that at least one of her children aged 5-12 experienced frequent nightmares, while among women who had

experienced partner violence the percentage was 19.3% (P=0.018). Among women who had been abused by a partner, 28.1% reported that their children were very timid or withdrawn while only 16.8% of women who had not experienced partner violence reported this problem (P=0.001). More than half of the respondents (51%) who reported intimate partner violence answered that their child/ren were aggressive with her or other children, while only 33.2% of women who had not been abused answered yes to this question (P<0.001). Table 9.10 also shows that children of victims of partner violence are more likely to run away from home. The findings for 'child had to repeat a year at school' was not statistically significant, which is related to the low reporting of this problem.

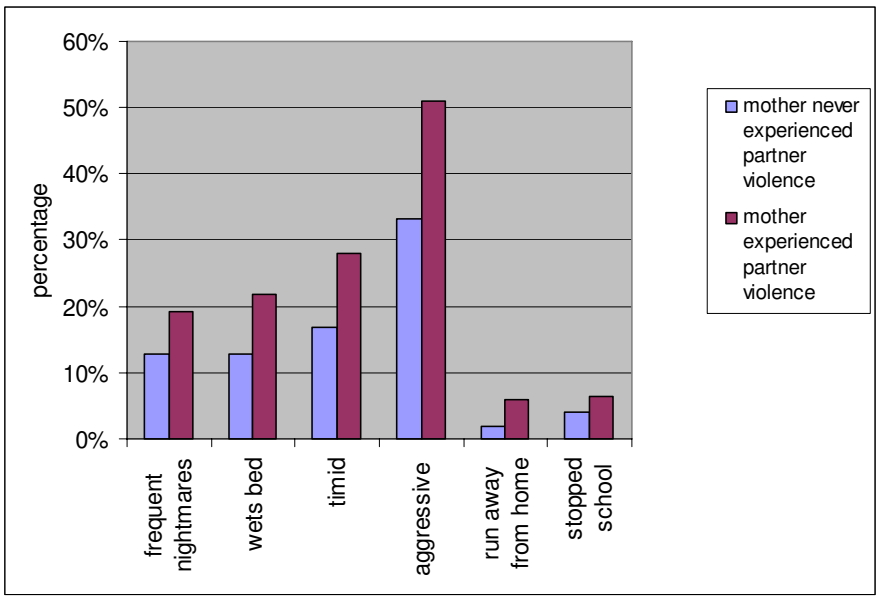
According to the data, the impact of intimate partner violence on children is significant, despite the fact that most women who are victims of partner violence reported that their children were not present at the time of the violent incidents.

Table 3: Logistic regression models for the association between a woman's experiences of intimate partner violence, and behavioural and emotional problems in her children

	COR	95% CI	AOR	95% CI	P-value
child has frequent nightmares	1.7	1.1-2.6	1.8	1.1-2.8	P=0.018
child often wets bed	2.0	1.3-3.0	2.1	1.3-3.2	P=0.001
child very timid or withdrawn	2.0	1.4-2.9	1.9	1.3-2.8	P<0.001
child aggressive	2.1	1.5-2.9	1.9	1.3-2.7	P<0.001
child stopped school	2.0	0.8-4.9	1.8	0.7-4.7	P=0.125
one or more child run away from home	3.7	1.6-8.9	2.9	1.1-7.7	P=0.003

COR, crude odds ration; AOR, adjusted odds ratio (adjusted for site, age group, marital status and educational level); CI, confidence interval

Graph 9.2: Impact of partner violence on victim's children



Discussion

6.3% of women who have ever been pregnant reported being abused while pregnant. Among the women who reported violence during pregnancy 39% were severely abused, that is, punched or kicked in the abdomen. In most cases, women who were physically abused during pregnancy had been beaten prior to getting pregnant, but a significant number (38.3%) reported that the beating had actually started during pregnancy and for 18% of women the violence actually became worse during pregnancy.

The Maldives Study shows that women who have experienced violence, particularly during pregnancy, are significantly more likely to report miscarriages, abortions, still births and having a child who died. Similarly, 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.(Watts et al., 1998) In a number of other countries, physical abuse has also been found to be associated with higher rates of abortion, miscarriages, stillbirths and delayed entry into prenatal care (Evins and Chescheir, 1996; Kishor and Johnson, 2004a; Velzeboer et al., 2003).

Some international research has suggested that women who have experienced intimate partner violence are less likely to use family planning methods. In the Maldives, current use of contraception is lower among women who have experienced intimate partner violence than women who had not experienced violence. Women who had experienced partner violence were more likely to have had a partner who refused to use or tried to stop the respondent using a method to avoid getting pregnant. This to indicates that women who have experienced violence have less control over their reproductive health choices.

The Study also supports findings in other countries that abused women face a greater risk of unintended pregnancies (Ellsberg, 2000). That is, women who have experienced intimate partner violence were found to be more likely to have not wanted to become pregnant when they did, compared with women who have not experienced partner violence. Also, it is more likely that the respondent's partner did not want the pregnancy if she had been a victim of partner violence than if she had not. It has been suggested that this is because "abused women living in an environment of fear and male dominance lacked the ability to control their fertility" (quoted in Garcia-Moreno et al., 2005: 69).

A high proportion of women who were pregnant received antenatal care and post-natal care, although post-natal care appears to be accessed less. The results of the survey suggest that violence by an intimate partner does not significantly interfere with access to antenatal and post-natal care, which is most likely related to the universal access of such services in the Maldives. Nevertheless, the research showed that women who had experienced violence were more likely to have had a partner who showed no interest in whether she accessed antennal care services while she was pregnant.

In support of research in other countries, this study shows statistically significant associations between women's experiences of intimate partner violence and emotional and behavioural problems with her children. This provides strong evidence to suggest that violence against women has a negative impact on the well-being of her children.

CHAPTER 10: WOMEN'S COPING STRATEGIES AND RESPONSES TO INTIMATE PARTNER VIOLENCE

MAIN FINDINGS

- **39% of women who had experienced physical and/or sexual partner violence reported that they had not told anyone about the violence.**
- **When women did tell someone about their partner's behaviour they most often confided in their friends and family.**
- **The majority of women who had experienced partner violence had never gone to formal services for help.**
- **Among those who had sought help from formal services, women most often went to health centres or the courts.**
- **The most common reasons women mentioned for seeking help were that she could not endure anymore or that she was badly injured.**
- **The most common reasons for not seeking help were that violence was seen as 'normal' or 'not serious' or that she was afraid of the consequences of reporting.**
- **More than half the women who experienced partner violence reported having fought back at least once and that the effect of fighting back was, more often than not, to reduce or stop the violence.**

It is vital to acknowledge that women who experience violence are not merely victims but survivors. Even while there are limited formal support services such as shelters available to women in the Maldives, they have developed their own coping strategies and mechanism which draw on informal networks such as family and friends as well as more formal government or nongovernmental agencies. This chapter explores such coping strategies and responses to partner violence. In the Maldives Study, to explore these issues further, respondents who reported that their intimate partner was physically or sexually violent were asked a series of questions about whom they had talked to about their partner's behaviour, where they had sought help, who had helped them, and whether they had ever fought back or left their partner because of his violence. If a woman had been abused by more than one partner, she was asked about the most recent partner who was violent towards her.

Who women tell about violence and who helps

Women were asked whether they had told anyone about their partner's violent behaviour and multiple answers could be given. A large proportion of women, 38.6%, reported that they had not told anyone about their partner's violence. This suggests that in many cases the interviewer was the first person that they had ever talked to about the violence. Nevertheless, this means that 61.4% of women have told someone about their partner's behaviour, and often more than one person. As a single category, women most

often tell their friends about their partner's behaviour and secondly their parents. Very few women have told people in positions of authority or reported to support services. For example 97.9% of women who have been physically or sexually abused by a partner have *not* told the police. Furthermore, religious leaders, health personnel, counselors, *Katheebs* and women's organization were very rarely mentioned by respondents as places where they have sought help.

Table 10.1 shows, among women who had ever experienced violence by an intimate partner, the people she had spoken to about the violence. Women who had been physically or sexually abused were also asked whether anyone had tried to help them. 46.6% of women reported that no one had tried to help them. While women were likely to talk to parents and friends, they were less likely to report that these people had tried to help them. For example, while 39.5% of women reported that they had told their friends, only 27.9% mentioned that friends had tried to help.

Table 10.1: People the respondent told about the violence and people who tried to help, reported by women who had ever been physically or sexually abused by a partner (N=337)[15]

	Told		Tried to help	
	number	%	number	%
no one	130	38.6%	157	46.6%
friends	133	39.5%	94	27.9%
parents	98	29.1%	79	23.4%
brother or sister	49	14.5%	46	13.6%
partner's family	20	5.9%	19	5.6%
neighbours	20	5.9%	11	3.3%
aunt, uncle, children	19	5.3%	13	3.9%
doctor/health worker/counselor	13	3.9%	6	1.8%
local leader / religious leader	11	3.3%	5	1.5%
police	7	2.1%	3	0.9%
ngo/women's org	0	0%	0	0%
other	5	1.5%	3	0.9%

Agencies or authorities to which women turn

Respondents were asked whether they had ever gone to formal services or people in positions of authority for help, including police, health services, legal advice or women's organizations. 33.7% of women who had reported physical or sexual intimate partner violence said they had gone to at least one agency or authority for help. The majority, 66.3%, of abused women reported that they had never gone to any of these types of agencies.

Table 10.2 shows the number and percentage of women who had sought support from different agencies or authorities. Of all the agencies/authorities in which women sought help, the most common place women went was the court (19.6%) while only 8.3% of abused women reported that they had gone to the police for help. This indicates that, in line with qualitative research, women may feel that the police have little to offer them in terms of protection but that accessing divorce or child custody through the family court is

[15] More than one person could have been mentioned by the respondent, therefore the total percentages do not add up to 100%.

important.[16] The second most common place women sought help was the health centre or hospital which further reinforces the finding that violence against women is a public health issue. Some women also sought help from local leaders (Katheeb) and island/atoll offices. On islands where there are no NGOs, no police, no courts, and not even a health centre, the island office may be the only place for many women to go.

Very few women have sought help from the Ministry of Gender and Family. In fact, 98.5% of women have not gone to the MGF. This is perhaps not surprising given that for women outside of Male'; the Ministry is very difficult to access. Furthermore, some women may feel uncomfortable approaching a government office and would prefer to seek help from a community organization. It shows that the many cases that the MGF does see are just the tip of the iceberg in terms of the number of cases of violence against women in the Maldives. Virtually no women sought support from a women's organization such as an NGO which reflects the serious lack of such support services particularly in the islands. Interestingly islands women's development committees (IWDCs), which exist on all islands, were not sought out for support either. This could be because IWDCs do not have a mandate to deal with such issues and women therefore do not feel comfortable approaching them. It may also be that women are afraid that their confidentiality would not be maintained if they approached an IWDC.

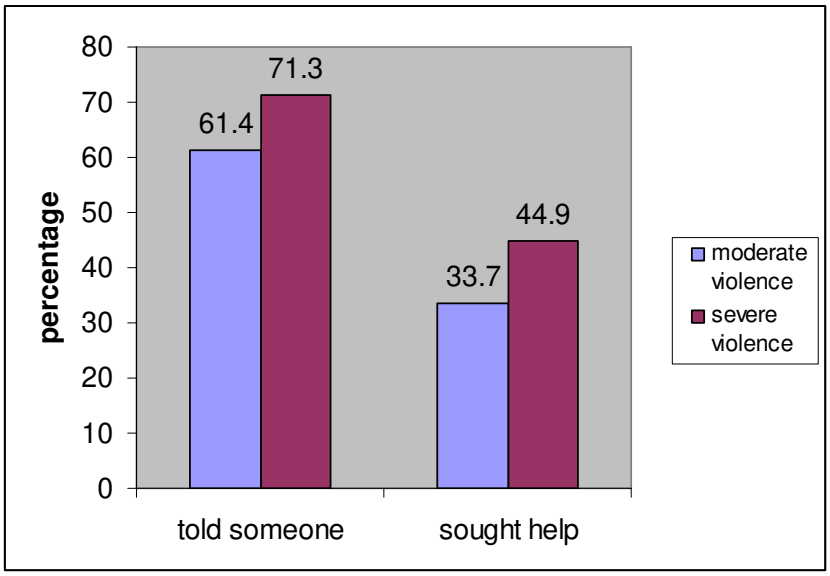
Women's help seeking behaviour was related to the severity of violence they experienced, which was also the case in other sites where the WHO Study was conducted. Among women who had experienced severe violence, 71.2% reported that they had told someone about their experiences of intimate partner violence compared with 61.4% of women who had experienced only moderate violence. 44.9% of women reporting severe violence reported seeking support from an agency or authority, compared with 33.7% of women who had only experienced moderate violence (see Graph10.1).

Table 10.2: Agencies that respondent went to for support, reported by women who have been physically or sexually abused by a partner (N= 337)[17]

	Number	%
court	66	19.6%
hospital/health center	51	15.1%
police	28	8.3%
island office	24	7.1%
local leader	19	5.6%
religious leader	11	3.3%
counselor	10	3.0%
MGF	5	1.5%
woman's org/IWDC	1	0.3%

[16] Given that very few cases of domestic violence go before the criminal court (less than 5 each year) it is reasonable to assume that women are referring to the family court here rather than the criminal court.
[17] Women could report more than one place where they sought help so percentages to not add up to 100%.

Graph 10.1: Percentage of ever abused women who told someone about violence compared with percentage who sought help, by severity of intimate partner violence



Women who reported going to at least one service for assistance were asked what made them go for help. Table 10.3 shows the reasons women mentioned for seeking help. The most frequently given reasons were related to the severity and impact of the violence: she could not endure more (60%), or she was badly injured (31.8%). Women also reported that they went because they were encouraged to go for help by friends and family (20%).

Table 10.3: Reasons for seeking help, among women who experienced physical and/or sexual partner abuse and reported seeking help from at least one agency (N=110)

	number	%
could not endure more	66	60.0%
badly injured	35	31.8%
encouraged by others	20	18.2%
children suffering	12	10.9%
threatened to kill her	6	5.5%
threat/ hit children	3	2.7%
afraid he would kill her	2	1.8%
thrown out of home	1	1.0%
other reason to go for help	7	6.4%

Women who had not gone for help to any services were asked why this was the case. Their answers are represented in Table 10.4. The most common response, that violence was 'normal' or 'not serious', was given by 52.3% of women who had not sought help. The next most common response was that she was afraid of the consequences of seeking help (11.6%). A number of women also mentioned that they were embarrassed or ashamed or afraid that they would be blamed (10.2%) and that they thought this would bring a bad name to their family (9.7%).

Table 10.4: Reasons for not seeking help, among women who reported not seeking help from any agency (N=216)

	number	%
violence normal / not serious	113	52.3%
fear of threats / consequences / more violence	25	11.6%
embarrassed / ashamed / afraid would not be believed or would be blamed	22	10.2%
bring bad name to family	21	9.7%
afraid would lose children	12	5.6%
afraid it would end relationship	9	4.2%
believed that I would not be helped / know other women not helped	7	3.2%
don't know	11	5.1%
other reason	11	5.1%

Women were also asked from whom they would have liked to receive more help. In general women found this question difficult to answer and 30% of women did not mention any specific agency or provider. The majority of women said that they would have liked more support from family members.

Fighting back

Respondents who had reported physical partner violence were asked whether they had ever fought back against their partner's physical violence.

Table 10.5: Whether respondent ever fought back when being hit, according to severity of violence*

		All physical violence		Severe violence	
		number	%	number	%
ever fight back	never	143	47.4%	69	37.3%
	once or twice	76	25.2%	50	27.0%
	several times	22	7.3%	18	9.8%
	many times	59	19.5%	48	25.9%
	no answer	11		4	
Total		**311**	**100.0%**	**189**	**100.0%**

*among women who have ever been physically abused by a partner

Table 10.5 shows that more than half of women who had experienced physical partner violence reported having fought back against their partners at least once. The percentage was 52.6% among all women who experienced physical violence and 62.7% for women who reported severe physical partner violence. In terms of the frequency of fighting back, women who had experienced severe partner violence reported fighting back more often. For example, 19.5% of women who experienced physical partner violence reported fighting back many times compared with 25.9% of women who experienced severe partner violence.

Table 10.6: Effect on the level of violence of fighting back, among women who reported fighting back

	number	%
no change	34	21.6
worse	31	19.7
less	41	26.2
stopped	51	32.5
Total	157	100.0

Women who reported fighting back were asked the effect fighting back had on the violence at the time; whether it had no effect, the violence became worse, the violence became less, or the violence stopped, at least for the moment. The effect of fighting back appears to have mixed results. 41.1% reported no change in the violence or that the violence got worse. On the other hand, 58.2% said it got better or stopped. See Table 10.6.

Women who leave

Table 10.7: Reasons for leaving temporarily, among women who reported having left at least once (N=107)

		number	%
number of times left (N=281)	never	170	60.5%
	once	47	16.7%
	2-5 times	37	13.2%
	6+ times	27	9.6%
why left last time[18]:			
	no particular incident	1	0.9%
	could not endure more	65	60.7%
	badly injured/ afraid he would kill her	26	24.2%
	thrown out of home	19	17.8%
	saw that children were suffering	7	6.5%
	encouraged by friends / family	7	6.5%
	he threatened or tried to kill her	4	3.7%
	he threatened or hit children	2	2.0%
	afraid she would kill him	1	0.9%
	other reason	6	5.6%
where did you go last time	her relatives	79	73.9%
	friends/neighbours	18	16.8%
	his relatives	3	2.7%
	hotel/lodgings	1	0.9%
	street	6	5.4%

[18] Respondents could report more than one reason for leaving so the percentages do not add up to 100%.

Women who reported physical violence by an intimate partner were asked if they had ever left home because of the violence, even if only for overnight. The majority of women who had experienced intimate partner violence, 60.5%, reported never leaving home because of the violence. 16.7% reported leaving once, 13.2% reported leaving 2-5 times and 9.6% reported leaving 6 or more times.

Women who left were asked about their reasons for leaving (see Table 10.7). The most commonly mentioned reasons are similar to the reasons women gave for seeing help. 60.7% of women said they could not endure any more and 24.2% said it was because they were badly injured or afraid that he would kill her. Table 10.7 also shows that the majority of women who left, 73.9%, sought refuge with her relatives. A number of women also went to stay with friends or neighbours.

Women who returned home after leaving because of a violent incident were asked about their reasons for returning (Table 10.8). The most common reasons mentioned were that he asked her to go back (42.4%), she did not want to leave the children (33.7%), and her family said she should return (22.9%). Women who had never left gave slightly different reasons for not leaving (Table 10.9). The most common reason given by women for staying at home despite violent incidents was 'because of the children' (28.2%), next women reported that they 'thought he (her abusive partner) would change' (24.7%) and also because they felt that the violence was 'normal' or 'not serious' (19.4%).

Appendix Table 10.8: Reasons for returning after leaving temporarily*

		number	%
why did you return:	he asked her to go back	35	42.2%
	did not want to leave children	28	33.7%
	family said to return	19	22.9%
	didn't want to bring shame on family	14	16.9%
	forgave him	10	12.0%
	couldn't support children	10	12.0%
	Loved him	8	9.6%
	sanctity of marriage	8	9.6%
	thought he would change	1	1.2%
	threatened her/children	1	1.2%
	no where to go	1	1.2%
	Other reason	2	2.4%
Total		83	100.0%

*among women who reported having left and returned at least once

Table 10.9: Reasons for staying despite violence incidents (N=170)

		number	%
why did you stay:	Didn't want to leave children	48	28.2%
	sanctity of marriage	11	6.5%
	Didn't want to bring shame on family	16	9.4%
	couldn't support children	5	2.9%
	Loved him	12	7.1%
	Didn't want to be single	2	1.2%
	family said to stay	9	5.3%
	forgave him	16	9.4%
	thought he would change	42	24.7%
	threatened her/children	4	2.4%
	no-where to go	18	10.6%
	violence is not serious / normal	33	19.4%
	Other reason	5	2.9%

*among women who reported never having left temporarily due to the violence

Discussion

Overall we see that often women do not tell anyone about their experiences of partner violence nor seek help from any agencies. In fact, for many woman interviewed, the Maldives Study was the first time that they had shared their experiences with anyone. This was also the case in many of the other participating countries (Garcia-Moreno et al., 2005: 79). This highlights the immense difficulties that women suffering partner violence face in seeking and obtaining help. Barriers to accessing help include:

- The lack of formal services in the Maldives that specifically address violence against women.
- The difficulty and expense for many women in the islands accessing services that are only available on Male'.
- The lack of sensitization among agencies such as police, magistrates and health services making women hesitant to approach them.
- The lack of sensitization among island leaders who, according to qualitative research, are often dismissive of women who report domestic violence and/or side with the husband, particularly if he is a friend or relative.
- The current legal system which does not clearly define domestic violence as a crime, making it very difficult to prosecute and making women reluctant to report to the police when there is little they are able to do.
- The isolation and fear of retaliation that women experience.
- The shame and stigmatization women feel.

Greater effort is needed to expand the resources available to women in need of support and also reduce the barriers that women face in accessing the services that are currently available. The most common formal places where women sought help were the court and the hospital/health centre. It is important to enhance the capacity of such places to deal with cases of violence against women in a more sensitive and effective manner. For example, a review of the Family Law by Aishath Velzinee demonstrates that despite the changes in the law to allow women to apply for divorce on the grounds of

mistreatment, in reality, women are often told by magistrates to reconcile with their husbands and thus forced back into a violent relationship (Velezinee, 2004).

The fact that women often seek help at hospitals and health centres reinforces the understanding that violence against women is a serious health issue. Women seek help for the physical, emotional and reproductive health issues that are associated with intimate partner violence (see Chapter 8). Another reason that women seek help at health centres may be because her presence there is not a public declaration that she is experiencing partner violence and she may feel that her confidentiality will be protected although greater work needs to be done to ensure this is maintained. These results highlight the importance of developing more effective systems for dealing with cases of violence against women that are coming into the health sector.

The results also show that many women feel that the violence they are subjected to is "normal" or "not serious". However, their interpretation is not consistent with the evidence presented in Chapter 8 on health outcomes associated with intimate partner violence which show some very serious consequences of violence. More needs to be done to challenge this myth that violence in the home is normal and acceptable. The most common reasons that women gave for either reporting the abuse (could not endure more, badly injured) or not reporting (violence normal, feared consequences, and bring shame on family) were consistent with findings in other countries from the WHO Study (Garcia-Moreno et al., 2005: 75).

The results of the survey show that the first point of contact for women is most often their immediate social networks (family, friends and neighbours) rather than more formal services. However, the results also show that while women most often tell family members about the violence, a smaller proportion of family members actually tried to help. Furthermore, a common reason for women returning to their violent partner was because their family said they should. This shows that it is important to reduce the social stigma surrounding violence, and promote supportive and caring responses by people if someone they know discloses experiences of violence. Support from family and friends can have very positive impacts. For example, women who have support from family and friends are found to suffer fewer negative effects on their mental health and are able to cope more successfully with violence (Garcia-Moreno et al., 2005: 79). As such these networks that women turn to should be strengthened

Other coping mechanisms include fighting back in response to their partner's violence and interestingly more than half of the respondents who fought back reported that the violence became less or stopped. Like all countries where the WHO Study was conducted, the proportion of women in the Maldives who reported using violence in retaliation was consistently higher among women experiencing severe physical violence. The fact that many women fight back against their partners shows that women are not merely passive victims but are involved in retaliation as one coping strategy. The fact that women fight back more when they experience severe violence indicates that perhaps when women feel that their lives are more threatened that they will do what they can to try to protect themselves. Women also reported leaving their homes, for a least one night, sometimes many times. It is important to recognize that leaving a violent relationship is a process rather than a one time event and that many of these actions are steps along the way to successfully leaving a violent relationship. (Garcia-Moreno et al., 2005: 79)

CHAPTER 11: IMPACT OF THE TSUNAMI ON VIOLENCE AGAINST WOMEN

MAIN FINDINGS

- **Reported rates of intimate partner violence in tsunami-affected areas were a little lower than areas that were not affect or only mildly affected by the tsunami.**
- **Reported rates of non-partner violence were also lower in the tsunami sample than in the non-tsunmai sample.**
- **The majority of respondents in the tsunami sample reported that they felt safer since the tsunami.**
- **Most respondents reported that various violent incidents such as harassment on the street, physical violence and sexual abuse were either less common or as common as before the tsunami.**

The Maldives Study on Women's Health and Life Experiences was originally planned for 2005, however after the tsunami struck in December 2004 the research had to be postponed until 2006. Given the international evidence that violence against women very often increases in post-disaster situations it was decided that the questionnaire should be expanded to include questions that explore the impact of the tsunami and living in camp sites on women's experiences of violence and feelings of safety. The original national sample included 2 severely tsunami affected islands (in Stratum 4). While this is representative for the actual situation in the country, the number of women in these two islands would not be large enough to be able to explore whether the experiences of women severely affected by the tsunami differed from those not severely affected. Therefore 3 additional tsunami affected island were selected to give sufficient power for the analysis of the effect of the tsunami. See Chapter 3 and Annex 2 for more detail on the tsunami sampling frame. This chapter compares the results from the severely-affected tsunami islands with non or moderately affected islands. That is, the data collected from the 5 severely affected islands is compared with the data from the national sample minus the two severely affected islands from the national sample. We examine if there are any significant variations.

183 households in the five tsunami islands were surveyed, 38 in the original sample and 145 in the additional three islands. Out of these 128 interviews were fully completed and 117 respondents were defined as 'ever-partnered'.

Partner Violence

Table 11.1: Lifetime prevalence of partner violence (ever partnered women), tsunami sample compared with non-tsunami sample

		ever experienced physical partner violence		ever experienced sexual partner violence		ever experienced sexual or physical violence by partner	
		N	%	N	%	N	%
Tsunami sample	Yes	21	17.9%	6	5.1%	21	17.9%
	Total	117	100.0%	117	100.0%	117	100.0%
Non-tsunami sample	Yes	306	17.9%	113	6.6%	332	19.4%
	Total	1710	100.0%	1710	100.0%	1710	100.0%

- 17.1% of ever-partnered women aged 15-49 living in islands that were severely affected by the tsunami reported emotional abuse by an intimate partner. In comparison, in islands that were either not affected or only mildly affected by the tsunami, 29.4% of ever-partner women aged 15-49 reported emotional abuse by an intimate partner.
- 17.9% of ever-partnered women aged 15-49 living in islands that were severely affected by the tsunami, reported physical partner violence. The percentage for physical partner violence was the same in non-affected or less-affected islands.
- 5.1% of ever-partnered women aged 15-49 living in islands that were severely affected by the tsunami reported sexual partner violence. In comparison, in islands that were either not affected or only mildly affected by the tsunami, 6.6% of ever-partner women aged 15-49 reported sexual abuse by an intimate partner.
- In the tsunami sample, 17.9% of women aged 15-49 reported experiencing physical and/or sexual partner violence. This is exactly the same percentage as for just physical violence which means that ALL the women who reported sexual violence were also experiencing physical violence.

We see that reported rates of emotional abuse were lower in the tsunami affected population than in the non or less affected population. Reports of physical partner violence were the same and sexual violence was reported to be slightly less in the tsunami sample. Overall the rate for physical and/or sexual violence was slightly lower in the tsunami sample.

Reports of current intimate partner violence are most relevant to examine because they show the rate of intimate partner violence that occurred 12 months prior to the interview, that is, soon after the tsunami. 3.4% of women in the tsunami sample reported that they had experienced physical and/or sexual violence by an intimate partner in the past 12 months. In contrast the rate for the non-tsunami sample was 6.4% indicating that the rate of intimate partner violence was actually lower in tsunami-affected islands in the 12 months following the tsunami.

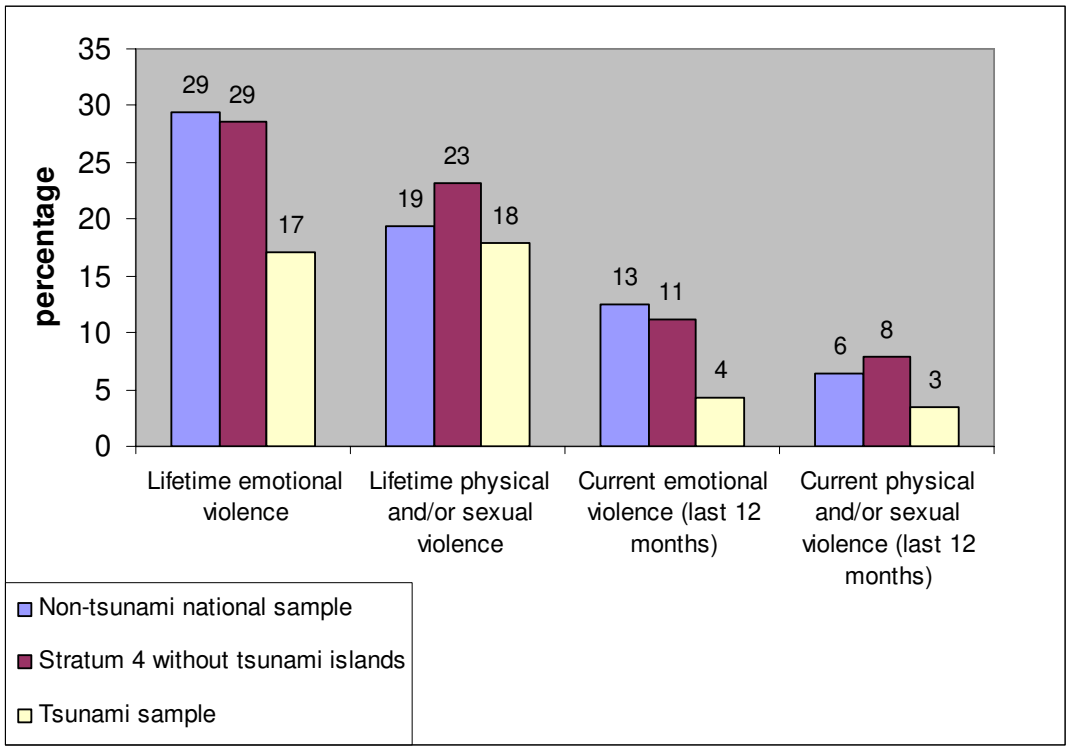
The majority of islands in the tsunami sample (4 out of 5) were in Stratum 4, the south central region. If we compare the results from the tsunami sample with the results from non-affected islands in Stratum 4 we see that the prevalence of intimate partner violence

in the tsunami-affected communities is lower than in the non-affected communities in the south central region.

This challenges the usual assumption that women are at greater risk of partner violence in post-disaster situations. The lower rates of reported partner violence could be because women may have felt less able to report violence in cramped conditions. Nevertheless, the interviewers were carefully trained to only conduct interviews with women in private so this should not have been a major factor.

Looking at the results from the UNFPA Psychosocial Module of the Tsunami Impact Assessment (TIA), carried out in 2005 by the Ministry of Planning and National Development, these results seem less surprising. According to the psychosocial module of the TIA, when asked how satisfied they were with their safety and that of their families, 40% of women said they felt more safe than before the tsunami and 28% said they felt the same as before. Only 32% of women said that they felt less safe after the tsunami (UNFPA Maldives, 2006).

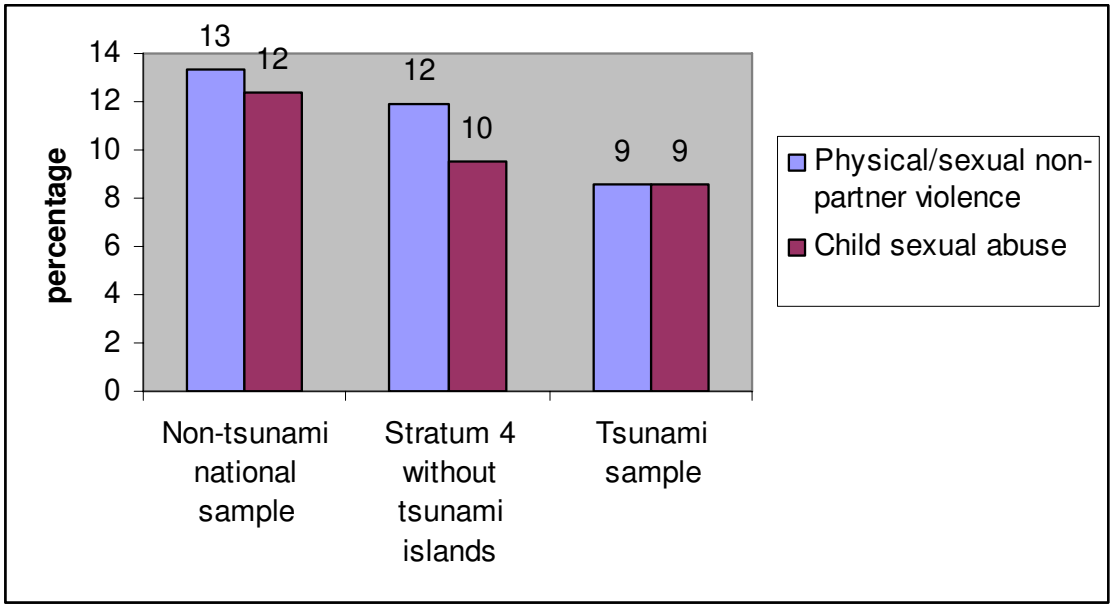
Graph 11.1: Percentage of women reporting partner violence, comparing non-tsunami national sample, stratum 4 sample (excl tsunami islands) and tsunami samples



In the TIA, when married respondents were asked about their relationship with their partner, more than 31% of married men and women said that their relationship was 'better than before'. 63% said that their relationship was the 'same as before' and only 6% of women reported that their relationship was 'worse than before'. Perhaps this indicates that in times of stress and trauma, families become more closely bonded to work through their problems together.

Non-partner violence

Graph 11.2: Prevalence of non-partner violence - comparing national, stratum 4 and tsunami samples



Graph 11.2 shows the prevalence of non-partner violence from the non-tsunami national sample, the sample from Stratum 4 excluding the tsunami islands and the tsunami sample. As with partner violence, we see that non-partner violence in the severely affected tsunami islands tends to be lower than in islands that were not affected or only mildly affected by the tsunami. Child sexual abuse is almost the same in Stratum 4 and the tsunami sample. This is expected because the measurement of child sexual abuse is based on asking women aged 15-49 if they ever experienced sexual abuse when they were under 15 years of age. As such, in almost all cases, this would have occurred prior to the tsunami. In order to be able to assess whether there had been a change in the prevalence of child sexual abuse following the tsunami we would have to interview children about their experiences in the last 2 years since the tsunami.

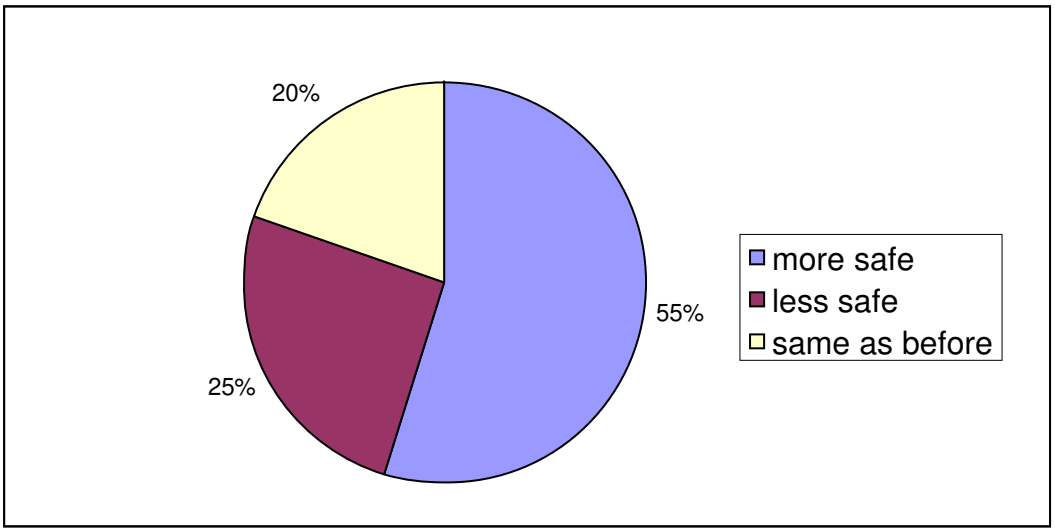
Feelings of safety

Table 11.2: Women's feelings of safety since the tsunami (all respondents N=128)

	N	%
More safe	70	54.7
Less safe	32	25.0
Same as before	25	19.5

All respondents from the tsunami sample were asked if they felt more safe, less safe or the same since the tsunami. In this question, 'safety' referred to the respondent's personal safety from harm by other people, not safety from natural disasters or disease.

Graph 11.2: Percentage of women who reported feeling more safe, less safe or the same since the tsunami? (N=128)



Graph 11.3 shows that the majority of women in the tsunami sample reported that they felt 'more safe' since the tsunami. The most common reasons that the respondents mentioned for feeling more safe were: because they were living with their family; because people were always around; and because they were part of a close knit community.

Respondents were also asked if they thought that certain types of incidents such as arguments between partners and harassment on the street, had become more common, less common or stayed the same, following the tsunami.

We see from Table 11.3 that for all types of violent incidents the majority of people thought that they had stayed the same after the tsunami. Also, a significant percentage of people (between 28.1% and 37.5%) thought that these incidents had become less common following the tsunami. Only a very small number of people (1.6%-12.5%) reported that such incidents had become more common.

Table 11.3: Percentage of respondents reporting that different types of violence had become more common, less common or the same as before the tsunami (N=128)

	More common		less common		Same as before		don't know	
Type of incident	N	%	N	%	N	%	N	%
arguments between partners	6	4.7%	40	31.3%	72	56.3%	10	7.7%
harassment of the street	16	12.5%	36	28.1%	68	53.1%	8	6.3%
physical violence	6	4.7%	46	35.9%	68	53.1%	8	6.3%
sexual abuse/violence	2	1.6%	48	37.5%	69	53.9%	9	7.0%
child abuse	4	3.1%	45	35.2%	70	54.7%	9	7.0%

Discussion

The results from the tsunami sample show that there was no significant increase in violence against women following the tsunami and in fact it may have decreased slightly. Generally women reported feeling safer following the tsunami and reported that incidents of harassment, violence and arguments had either stayed the same or decreased rather than becoming more common. This was contrary to what was initially expected given the international research which indicates that violence against women often becomes more frequent in post-disaster situations. Interestingly, it seems that in many of the small, close-knit, island communities facing trauma such as the tsunami has actually brought families and communities closer together.

CHAPTER 12: RECOMMENDATIONS[19]

The Study findings provided vital information on which to base interventions in the Maldives. With this information now available, the need for action is clear. This chapter provides a number of practical recommendations to guide this action.

Strengthening national commitment and action

Recommendation 1: Promote gender equality and women's human rights, and compliance with international agreements.

National effort is required to first challenge the widespread denial that violence against women is a major problem in the Maldives. We now know that 1 in 3 women will experience physical and/or sexual violence at some point in their lives. These are the facts and must be disseminated widely. One of the findings of the Study is that women often believe that the violence they experience is 'normal' or 'justified'. Effort is therefore needed to challenge the tolerance and acceptance of any forms of violence against women.

Garcia-Moreno et al. (2005: 90) argue that "violence against women is an extreme manifestation of gender inequality that needs to be addressed urgently", by improving women's legal and socioeconomic status. The laws that restrict women's right to divorce or inheritance, or that prevent them from gaining custody of their children, receiving financial compensation all serve to make women dependent upon men and limit their ability to leave a violent situation. VAW stems from gender inequality and therefore laws relating to marriage and divorce that continue to promote inequality must be changed in order for VAW to be eliminated.

The concluding comments and recommendations of the Committee on the Elimination of Discrimination Against Women should be carefully noted and used to push forward necessary reforms to harmonize legislation with commitments to human rights treaties and conventions and institute policies and programs to promote them. In their concluding comments, the Committee on the Elimination of Discrimination Against Women calls upon the Maldives government to complete the process it has initiated to fully incorporate the CEDAW Convention and other international human rights treaties to which it has become a party into national law so that they become fully applicable in the domestic legal system. The Committee also urged the Maldivian government to include in the Constitution the definition of discrimination, in line with article 1 of the Convention. In addition the Committee urges the State to include adequate sanctions for acts of discrimination against women and to ensure that effective remedies are available to women whose rights have been violated. As suggested by the Committee, it is recommended that the government adopt comprehensive measures to address all forms of violence against women and girls in accordance with its general recommendation 19 on violence against women.

[19] A number of the following references are based on those recommended in the WHO Multi-country Study on Women's Health and Domestic Violence (Garcia-Moreno et al., 2005: 90-98)

Recommendation 2: Establish, implement and monitor a multi-sectoral national action plan to address violence against women.
The Study provides evidence that violence against women is a serious problem that needs to be acknowledged in the Maldives. We also know conclusively that intimate partner violence is the most prevalent form of violence against women in the Maldives and that it seriously impacts on the physical, mental and reproductive health of a large proportion of the population. As Garcia-Moreno et al. (2005: 91) suggest, "National governments are ultimately responsible for the safety and health of their citizens, and it is therefore crucial that governments commit themselves to reducing violence against women, which is a major and preventable public health problem." It is recommended that a national action plan to prevent violence be developed and implemented. It should include objectives, priorities, strategies and assigned responsibilities, as well as a timetable and evaluation mechanism. It should be based on a consensus developed by a wide range of governmental and nongovernmental actors, including appropriate stakeholder organizations.

The Study shows that violence against women and child sexual abuse are multi-sectoral issues that require multi-sectoral action from the health sector, social services, religious leaders/organizations, the judiciary, police, and the media. A national taskforce or committee is needed to coordinate the multi-sectoral effort. Currently there is little coordination among the many institutions with which abuse victims interact, such as health care, counseling services, child welfare, and law enforcement agencies. Improved working relations and communication between these organizations is needed in order to achieve better sharing of knowledge, agreement on prevention goals, and coordination of action. Women experiencing violence have multiple needs and no single provider or profession is adequate to address them fully and thus these organizations must learn to refer to each other. This will help to develop a more integrated response to VAW.

Recommendation 3: Conduct more research and enhance capacity for data collection to monitor violence against women, and the attitudes and beliefs that perpetuate it.
This Study is the first major step in collecting necessary data in order to set priorities, guide program design, and monitor progress. In the future, more research will be needed on the effectiveness of interventions to improve the design and implementation of programs. The health care sector, legal sector and community support services should also keep accurate records to improve the country's statistical base on violence against women. In addition, there should be procedures to share data between the relevant authorities and interested parties. Research on perpetrators and violence against men and boys is another area that needs further work.

Promoting primary prevention

Recommendation 4: Develop, implement and evaluate prevention programs.
Multimedia and public awareness activities to challenge women's subordination and eliminate barriers that prevent women talking about the problem and accessing support services should be developed. A special effort should be made to reach men to speak out against violence and challenge its acceptability, providing alternative role models of masculine behaviour (Garcia-Moreno et al., 2005: 93).

It is recommended that we target efforts in schools, workplaces, Mosques, and within different sectors. The research shows that education of girls is in it self a protective mechanism against violence and therefore programming should be aimed at improving women's access to secondary education, in particular.

Recommendation 5: Prioritize the prevention of child sexual abuse.
The high level of girl child sexual abuse reported in the Maldives is of great concern. Given the profound health consequences of such abuse, efforts to combat sexual abuse should have a higher priority in public health planning and programming as well as in other sectors such as judiciary, education and social services. The health and education sectors (in schools and in health centres and hospitals) need to develop the capacity to identify and deal with child sexual abuse. This requires, for example, training teachers and doctors to recognize behavioural and clinical symptoms and the development of protocols on what to do if abuse is suspected. It is recommended that units like the Family Protection Unit at IGMH should be established in regional and atoll hospitals. Schools should also provide preventative programs and counseling.

Strengthen the health sector response

This research clearly proves that violence against women is a serious public health issue, impacting significantly on women and children's physical, mental and reproductive health. Recognizing violence against women as a public health is a vital first step in addressing this problem. The Study showed that women who have experienced violence visit health centres more often, are hospitalized more often, and have more operations than women who have not experienced violence. The Study also showed that women will often not reveal the true source of their injuries or ill-health. As such health personnel are dealing with victims of violence all the time, even if they are unaware of it.

Recommendation 6: Build the capacity of the Family Protection Unit at IGMH and establish similar services in regional and atoll hospitals.
The Family Protection Unit was established at IGMH in 2005 as a pilot to more effectively address cases of violence against women and child abuse that were coming into the hospital. This has been a good first step in addressing the health care needs of victims of violence however the capacity of this unit needs ongoing development. It is recommended that high-level personnel at IGMH and the Health Ministry prioritize VAW as a public health issue and fully support the work of the FPU. This means allocating a designated examination space for the FPU at IGMH so that the colposcopy can be used and a child friendly space can be established with UNICEF and UNFPA materials that have already been provided.

Ongoing training and sensitization for all medical personnel, especially doctors is required as reviews of the FPU have found that doctors refer more cases immediately after they have had related training but over time referrals to the Unit tend to drop off. Beyond IGMH, most health care providers and health institutions are unprepared and ill equipped to deal with women and girls experiencing violence. Caring for women suffering violence is still not part of health care worker's professional profile and so they are reluctant to take on this role. As such Family Protection Units should be established in regional and atoll hospitals. This will require the establishment of counseling services, protocols and guidelines, a referral system and extensive training of health personnel. It is recognized that this is a large job, however given the experienced gained and lessons

learned from the IGMH pilot it should not be too difficult to transfer this model to other hospitals.

In addition, the incorporation of modules on violence against women into curricula for medical and nursing students would help to ensure that all medical staff have some basic specialized training on VAW issues in the health sector.

Recommendation 7: Develop specific protocols and guidelines in medical institutions which outline how staff should deal with cases of violence and ensure that they become expected practice throughout the health care system.
At a national level there are no official protocols or norms for dealing with violence cases making it difficult for staff to know what to do. Protocols were developed under the Family Protection Unit at IGMH, however it seems that not all staff are aware of, or following these protocols. The newly developed medical legal forms and procedures developed for the FPU at IGMH should be used by all other hospitals to create a universal and consistent system. Protocols should include an effective referral system and all staff should be trained and encouraged to make appropriate referrals.

Recommendation 8: Establish detailed and accurate recording systems in the health sector to contribute to the body of data on violence against women which will inform future policies and programs.
The medical legal forms could be an extremely useful source of statistical information on violence against women if the FPU Unit forms were used everywhere and the basic information was entered into a computer database (excluding names to protect confidentiality).

Recommendation 9: Use reproductive health services as entry points for identifying women in abusive relationships and for delivering referral and support services.
This research showed that there is widespread availability and use of reproductive health services (including antenatal and postnatal care) which gives these services potential advantage for identifying women in abusive relationship and offering them referrals or support services. This is further reinforced by the results that show that severe physical violence during pregnancy is not uncommon, and that there are significant associations between partner violence and miscarriages, still births and other reproductive health problems. Unless providers are able to address violence they will be unable to promote women's sexual and reproductive health effectively.

The use of screening, either through routine questions or upon suspicion that the woman might be a victim of violence is very useful. The Maldives Study indicates that women living with violence rarely reveal their situation spontaneously to medical personnel, even when seeking help for violence-related problems, such as physical injuries. Making procedural changes such as adding prompts for providers on medical charts (e.g., stickers asking about abuse, or a stamp that prompts providers to screen) or including appropriate questions on intake forms and interview schedules can encourage attention to domestic violence.

Recommendation 10: Enhance the capacity of mental health care. The Study shows that violence against women and girls has a severe impact on their overall mental health status and even increases the risk of suicidal thoughts and tendencies. Currently in the Maldives, there is a lack of trained professionals to deal with mental health issues.

Nevertheless, the Ministry of Health has recently made Mental Health a priority with the development of their Mental Health Policy. The Study shows that violence against women must be taken as a serious part of any mental health policies and programs and greater effort is required to ensure that women have access to mental health support.

Supporting women living with violence

Recommendation 11: Strengthen formal support systems for women living with violence. According to the Study, only a minority of women seek help and support from formal services or institutions. This reflects a lack of availability of such services, particularly in islands, highlighting the need for more accessible support services where women can safely disclose their experiences of violence.

The needs of victims are complex. A woman in crisis needs physical safety, emotional support, and assistance in resolving issues such as child support, custody, and employment. If she chooses to press charges against her abuser, she also need help negotiating police and court procedures. Often, what she needs most is a safe, supportive environment in which to explore her options and decide what to do next.

In the long term it would be most effective to establish a one-stop-shop or crisis center that addresses the many needs of abused women and girls. Such a centre should offer medical, legal and counseling services, preferably in one location. Such centres could also liaise with and refer to health services and the Social Service Protection Centres being set up in some atolls.

Recommendation 12: Strengthen informal support systems for women living with violence.
Women most often seek support from their friends and family, according to the Study. Such networks should be strengthened so that when women do reach out to family and friends, they are better able to respond in a sympathetic and supportive manner. Media activities should be used to highlight the extent of violence against women, reduce the social stigma surrounding it and promote the role of friends, neighbours and relatives in preventing it.

While shelters are useful in many countries we must take into account the cultural and environmental specificities of the Maldives. It would be virtually impossible to keep the location of a woman's shelter secret on any of the islands and as such we need to think about alternative models that would work best in the Maldives. It is recommended that we explore other models that build on existing sources of informal support. This could include sensitizing local leaders, religious leaders, Island Women's Development Committees (IWDCs) and other respected local persons, and encourage them to become involved in providing support.

Recommendation 13: Reach out to men.
Working with men to change their behaviour is an important part of any solution to the problem of violence against women. This could include establishing treatment programs for men who batter or programs that encourage men to examine their assumptions about gender roles and masculinity and to become agents for change in the community. It could also involved men teaching other men in their communities about gender roles, gender inequality and masculinity. There are many models from other countries that we could draw from.

Strengthen the criminal justice response

Recommendation 14: Develop specific laws on violence against women and girls.
The CEDAW Committee called on the Maldives government to enact legislation on domestic violence and on all forms of sexual abuse, including sexual harassment, as soon as possible. This should be a number one priority. "Such legislation should ensure that: violence against women and girls constitutes a criminal offence; women and girls who are victims of violence have access to immediate means of redress and protection; and perpetrators are prosecuted and adequately punished."

Recommendation 15: Reduce impunity of perpetrators of violence against women.
Research in the United States shows that rates of interpersonal violence decrease in response to policies and laws that make violent behaviour more costly to abusers (Heise et. al. 1999: 33). Changes should be made to promote prosecution of perpetrators of domestic violence and sexual abuse. Currently, the reliance on the witness system, the non-acceptance of forensic evidence, or even medical records and expert witness testimony make prosecution virtually impossible. Forensic evidence should be introduced as it will support the prosecution of physical and sexual abuse cases and also allow for the paternity of children to be ascertained and enforce maintenance payments.

Establishing a system where forensic evidence can be used in court requires changing laws, providing doctors and police with resources and training to collect forensic evidence, training lawyers to argue cases based on forensic evidence and educating judicial officers to understand forensic evidence in order to be able to make proper judgments. Clearly this requires a lot of effort and will be a long process but it is suggested that this is an important long-term goal for the Maldives.

Recommendation 17: Conduct further training and sensitization on violence against women for all involved in the criminal justice system.
The Study showed that many women in violence relationships do not seek help from police or courts. This indicates that all those in the criminal justice system need training and sensitization to address the needs of abused women and create an environment where women feel safe enough to seek help. Changing the laws will not be enough to prevent VAW and protect victims. Laws are often enforced by male judges, prosecutors, and police officers, many of whom share the same victim-blaming attitudes. Thus, as well as passing laws, it is crucial to sensitize and train police officers, lawyers, judges and other members of the legal system on the nature, extent, causes and consequences of VAW.

For law enforcement agencies to be able to deliver the most effective and compassionate service to victims of violence, police staff require further training so that they can also:

- Advocate when necessary, for the expeditious investigation and prosecution of cases of sexual and gender based violence
- Explain the legal and criminal process to the victim
- Be sensitive to the victim's/survivor's need for privacy, confidentiality and respect
- Notify victim of legal rights
- Assess risk to victim
- Conduct safety planning with the victim
- Provide telephone numbers for community support services such as counseling or social work

ANNEX 1: QUESTIONNAIRE

Study on Women's Health and Life Experiences

Maldives

QUESTIONNAIRE

TSUNAMI VERSION

20 August 2006

Planning, Monitoring and Research Section
Ministry of Gender and Family
Republic of Maldives

Replicates WHO Study On Women's Health and Life Experiences Core Questionnaire (version 10) prepared by

Department of Gender and Women's Health
Family and Community Health
World Health Organization
Geneva

ID MDV [ ][ ][ ] [ ][ ][ ] [ ][ ][ ]

Survey on Women's Health and Life Experiences in Maldives

ADMINISTRATION
HOUSEHOLD SELECTION FORM
HOUSEHOLD QUESTIONNAIRE

STUDY CONDUCTED
BY MINISTRY OF GENDER AND FAMILY

ID MDV [ ][ ][ ] [ ][ ][ ] [ ][ ][ ]

ADMINISTRATION

IDENTIFICATION	
COUNTRY CODE	MDV
STRATUM …….	[ ]
(HA, HD, SH = 1; N, R, LH = 2; K, AD, F, DH = 3; L,TH, M = 4; GA, GN, S = 5; Male' = 6)	
ISLAND / WARD NUMBER.....	[ ][ ]
HOUSEHOLD NUMBER	[ ][ ][ ]
NON-AFFECTED ISLAND	1
AFFECTED ISLAND IN ORIGINAL SAMPLE	2
AFFECTED ISLAND ADDED TO ORIGINAL SAMPLE	3
NAME OF HOUSEHOLD HEAD : _____	

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

QUESTIONNAIRES COMPLETED? [ ] 1. None completed ⇒	*** RESULT CODES Refused (specify): _____ _____ .. 11 Dwelling vacant or address not a dwelling 12 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** Hh respondent postponed interview ..... **17** Entire hh speaking only strange language. 18	⇒**Need to return** ⇒**Need to return**	CHECK HH SELECTION FORM: TOTAL IN HOUSEHOLD (Q1) [ ][ ] TOTAL ELIGIBLE WOMEN IN HH OF SELECTED WOMAN (Q3, total with YES) [ ][ ] LINE NUMBER OF SELECTED FEMALE RESPONDENT (Q3) [ ][ ]
[ ] 2. HH selection form (and in most cases HH questionnaire) only ⇒	Selected woman refused (specify): ____ _____ .. 21 No eligible woman in household..... 22 Selected woman not at home..... **23** Selected woman postponed interview ..... **24** Selected woman incapacitated..... 25	⇒**Need to return** ⇒**Need to return**	
[ ] 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		

LANGUAGE OF QUESTIONNAIRE	[4][4]
LANGUAGE INTERVIEW CONDUCTED IN	[4][4]
QUALITY CONTROL PROCEDURE CONDUCTED (1 = yes, 2 = no)	[ ]

ID MDV [ ][ ][ ] [ ][ ][ ] [ ][ ][ ]

FIELD SUPERVISOR	QUESTIONNAIRE CHECKED BY	OFFICE EDITOR	ENTERED BY
NAME [ ][ ] DAY [ ][ ] MONTH [ ][ ] YEAR [ ][ ][ ][ ]	NAME [ ][ ] DAY [ ][ ] MONTH [ ][ ] YEAR [ ][ ][ ][ ]	NAME [ ][ ]	ENTRY 1: _____ ENTRY 2: _____

ID MDV [ ][ ][ ] [ ][ ][ ] [ ][ ][ ]

IF MORE THAN ONE HH IN SELECTED DWELLING: FILL OUT SEPERATE HH SELECTION FORM FOR EACH ONE

HOUSEHOLD SELECTION FORM

	Hello, my name is _____ . I am calling on behalf of UNFPA. We are conducting a survey in Maldives to learn about women's health and life experiences.	
MDV 1.	If you don't mind, I would like to ask you a few questions about your household. In what way were you affected by the Tsunami? READ OPTIONS	NOT DIRECTLY AFFECTED..... 1 HOUSE DAMAGED, STILL LIVING IN IT ..... 2 HOUSE DESTROYED, DISPLACED IN SAME ISLAND..... 3 HOUSE DESTROYED, DISPLACED TO ANOTHER ISLAND ..... 4 HOSTED/HOSTING A DISPLACED FAMILY FROM SAME ISLAND ..... 5 HOSTED/HOSTING A DISPLACED FAMILY FROM ANOTHER ISLAND ..... 6 OTHER:_____ 7
MDV 2.	Where are you living now? PROMPT: In your own original home, or with a host family, a temporary shelter, or a new house?	OWN ORIGINAL HOUSE ..... 1 WITH HOST FAMILY (relatives) ..... 2 WITH HOST FAMILY (non-relatives) ..... 3 TEMPORARY HOUSING UNIT/CAMP ..... 4 NEW PERMANENT HOUSE ..... 5 OTHER:_____ 7

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? PROBE: The person you generally consider responsible for the household.	MALE ..... 1 FEMALE ..... 2 BOTH 3

	FEMALE HOUSEHOLD MEMBERS	RELATIONSHIP TO HEAD OF HH	RESIDENCE	AGE	ELIGIBLE
3. 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? SPECIAL CASES: SEE (A) BELOW. YES NO	How old is NAME? (YEARS, more or less)	SEE CRITERIA BELOW (A +B) 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
02 WIFE (PARTNER)
03 DAUGHTER
04 DAUGHTER IN LAW
05 GRANDDAUGHTER
06 MOTHER
07 MOTHER IN LAW
08 SISTER
09 SISTER IN LAW
10 OTHER RELATIVE
11 ADOPTED/FOSTER/STEP DAUGHTER
12 DOMESTIC SERVANT
13 LODGER
14 FRIEND
98 OTHER NOT RELATIVE:
_____

(A) SPECIAL CASES TO BE CONSIDERED MEMBER OF HH :

- DOMESTIC SERVANTS IF THEY SLEEP 5 NIGHTS A WEEK OR MORE IN THE HOUSEHOLD.
- VISITORS IF THEY HAVE SLEPT IN THE HOUSEHOLD FOR THE PAST 4 WEEKS.

(B) ELIGIBLE: ANY WOMAN BETWEEN 15 AND 49 LIVING IN HOUSEHOLD.

MORE THAN ONE ELIGIBLE WOMEN IN HH:

- **RANDOMLY SELECT** ONE ELIGIBLE WOMAN FOR INTERVIEW. TO DO THIS, WRITE THE LINE NUMBERS OF ELIGIBLE WOMEN ON PIECES OF PAPER, AND PUT IN A BAG. ASK A HOUSEHOLD MEMBER TO PICK OUT A NUMBER – SO SELECTING THE PERSON TO BE INTERVIEWED.
- **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**

NO ELIGIBLE WOMAN IN HH:

- **SAY "I cannot continue because I can only interview women 15 – 49 years old- Thank you for your assistance."**
- **FINISH HERE.**

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

ADMINISTERED TO ANY RESPONSIBLE ADULT IN HOUSEHOLD

HOUSEHOLD QUESTIONNAIRE

	QUESTIONS & FILTERS	CODING CATEGORIES	
1.	What is the main source of drinking water for your household?	TAP/PIPED WATER IN RESIDENCE.....01 PUBLIC TAP.....03 WELL WATER IN COMPOUND .....04 OUTSIDE/PUBLIC WELL .....05 RAINWATER TANK IN COMPOUND.....09 MINERAL WATER .....11 PUBLIC / COMMUNITY RAINWATER TANK 12 AID WATER (MINERAL OR DESALINATED)..13 OTHER: _____...96 DON'T KNOW/DON'T REMEMBER.....98 REFUSED/NO ANSWER.....99	
4.a)	Does your household have electricity?	YES .....1 NO .....2 DON'T KNOW/DON'T REMEMBER ..8	
MDV 4.a)	If YES, how many hours of electricity are available for use everyday? (all day =24)	NUMBER OF HOURS .....[ ][ ]	
4.	Does your household have: b) A radio c) A television d) A telephone e) A refrigerator f) A washing machine g) A computer h) Cable TV / Dish Antennae i) Hot water j) Internet	YES NO DK b) RADIO 1 2 8 c) TELEVISION 1 2 8 d) TELEPHONE 1 2 8 e) REFRIGERATOR 1 2 8 f) WASHING MACH 1 2 8 g) COMPUTER 1 2 8 h) CABLE TV 1 2 8 i) HOT WATER 1 2 8 j) INTERNET 1 2 8	
5.	Does any member of your household own: a) A bicycle? b) A motorcycle? c) A car? d) A dhoni / boat e) Pickup / lorry	YES NO DK a) BICYCLE 1 2 8 b) MOTORCYCLE 1 2 8 c) CAR 1 2 8 d) DHONI / BOAT 1 2 8 e) PICKUP/LORRY 1 2 8	
6.	Do people in your household own any land?	YES.....1 NO.....2 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	
7.	How many rooms in your household are used exclusively for sleeping?	NUMBER OF ROOMS .....[ ][ ] DON'T KNOW/DON'T REMEMBER.....98 REFUSED/NO ANSWER.....99	
MDV 8.	How often do you go on vacation abroad (not primarily for medical reasons)?	MORE THAN ONCE A YEAR .....1 ONCE A YEAR.....2 LESS THAN ONCE A YEAR.....3 NEVER .....4 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	
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 CONCERNED.....2 VERY CONCERNED .....3 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	

9.	In the past four weeks, has someone from this household been the victim of a crime in this neighbourhood, such as a robbery or assault?	YES ..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	
10.	NOTE SEX OF RESPONDENT	MALE ..... 1 FEMALE 2	

Thank you very much for your assistance.

ID MDV [ ][ ][ ] [ ][ ][ ] [ ][ ][ ]

Survey on women's health and life experiences in Maldives

FEMALE QUESTIONNAIRE

STUDY CONDUCTED BY UNFPA

Confidential upon completion

INDIVIDUAL CONSENT FORM

Hello, my name is *. On behalf of the United Nations Population Fund (UNFPA), we are conducting a survey in Maldives to learn about women's health and life experiences. You have been chosen by chance 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 Maldives.

Do you have any questions?

(The interview takes approximately 45 minutes 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:

_____

DATE INTERVIEW: day [ ][ ] month [ ][ ] year [ ][ ][ ][ ]

100. RECORD THE TIME	Hour [ ][ ] (24 h) Minutes [ ][ ]	

SECTION 1 RESPONDENT AND HER COMMUNITY

	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO
	If you don't mind, I would like to start by asking you a little about <COMMUNITY NAME>. *INSERT NAME OF COMMUNITY / ISLAND / NEIGHBOURHOOD ABOVE AND IN QUESTIONS BELOW.*		
101	Do neighbours in COMMUNITY NAME generally tend to know each other well? (for displaced people, use the name of the island they are living on not the name of the island they are originally from)	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8 REFUSED/NO ANSWER 9	
102	If there were a street fight in COMMUNITY NAME would people generally do something to stop it?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8 REFUSED/NO ANSWER 9	
103	If someone in COMMUNITY NAME decided to undertake a community project (e.g. building a new school classroom, cleaning the island, harbour activities) would most people be willing to contribute time, labour or money?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8 REFUSED/NO ANSWER 9	
104	In this neighbourhood do most people generally trust one another in matters of lending and borrowing things?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8 REFUSED/NO ANSWER 9	
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 REFUSED/NO ANSWER 9	
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 YEAR ..... 9998 REFUSED/NO ANSWER 9999	
107	How old were you on your last birthday? (MORE OR LESS)	AGE (YEARS) .....[ ][ ]	
108	How long have you been living continuously in COMMUNITY NAME?	NUMBER OF YEARS .....[ ][ ] LESS THAN 1 YEAR ..... 00 LIVED ALL HER LIFE ..... 95 VISITOR (AT LEAST 4 WEEKS IN HOUSEHOLD) ..... 96 DON'T KNOW/DON'T REMEMBER ..... 98 REFUSED/NO ANSWER 99	
109	Can you read and write?	YES ..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	
110	Have you ever attended school?	YES ..... 1 NO ..... **2** DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	**⇒112**

111	What is the highest level of education that you achieved? MARK HIGHEST LEVEL.	PRIMARY (1-7)_____ year ..... 1 SECONDARY/HIGHER SECONDARY (8-12)_____ year ..... 2 HIGHER_____year ..... 3 NUMBER OF YEARS SCHOOLING.. [ ][ ] DON'T KNOW/DON'T REMEMBER ..... 98 REFUSED/NO ANSWER 99	
112	Where did you grow up? PROBE: Before age 12 where did you live longest?	THIS COMMUNITY/WARD..... 1 ANOTHER ISLAND ..... 3 ANOTHER COUNTRY ..... 4 ANOTHER WARD IN SAME ISLAND..... 5 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER ..... 9 Removed option 2	
113	Do any of your family of birth live close enough by that you can easily see/visit them? PROBE: Family of birth refers to immediate or extended family.	YES .....1 NO.....2 LIVING WITH FAMILY OF BIRTH .....**3** DON'T KNOW/DON'T REMEMBER .....8 REFUSED/NO ANSWER 9	**⇒ 115**
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 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	
115	When you need help or have a problem, can you usually count on members of your family of birth for support?	YES ..... 1 NO..... 2 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	

116 a	Do you regularly attend a group or organization? IF YES: What kind of group or association? IF NO, PROMPT: Organizations like women's or community groups, religious groups or civic organization. MARK ALL THAT MENTIONED PROBE IF NECESSARY TO IDENTIFY TYPE OF GROUP	NONE ..... A CIVIC ORGANISATION (e.g. IWDC, IDC, ADC, PC etc) ..... B SOCIAL WORK / CHARITABLE... C SPORTS / ARTS / CRAFTS ..... D WOMEN'S ORGANISATION ..... F RELIGIOUS GROUPS..... G INFORMAL SOCIAL GROUPS ….. H POLITICAL ORGANIZATIONS ..... I OTHER:_____ _____ X	⇒ **IF NONE GO TO 118** 116b. How often do you attend? (ASK ONLY FOR EACH MARKED IN 116a) At least once a week / At least once a month / At least once a year / Never (hardly ever) 1 / 2 / 3 / 4 1 / 2 / 3 / 4 1 / 2 / 3 / 4 1 / 2 / 3 / 4 1 / 2 / 3 / 4 1 / 2 / 3 / 4 1 / 2 / 3 / 4 1 / 2 / 3 / 4		
117	Is this group (Are any of these groups) attended by women only? (REFER TO THE ATTENDED GROUPS ONLY)	YES ..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9				
118	Has anyone ever prevented you from attending a meeting or participating in an organization? IF YES, ASK Who prevented you? MARK ALL THAT APPLY	NOT PREVENTED ..... A PARTNER / HUSBAND ..... B PARENTS ..... C PARENTS IN LAW/PARENTS OF PARTNER. ..... D OTHER:_____. X				
119	Are you <u>currently</u> married or do you have a male partner/boyfriend?	CURRENTLY MARRIED **1** NOT MARRIED BUT CURRENTLY HAVING A REGULAR PARTNER/BOYFRIEND (INTIMATE RELATIONSHIP), LIVING APART..... **4** NOT CURRENTLY MARRIED / NOT HAVING A PARTNER/BOYFRIEND (NOT INVOLVED IN AN INTIMATE RELATIONSHIP)..... 5				**⇒123**
120 a	Have you <u>ever</u> been married?	YES, MARRIED..... **1** NO 5				**⇒121**
120 b	Have you ever had a regular male partner/boyfriend	YES……..**1** NO……**2** REFUSED/NO ANSWER **9**				**⇒S2** **⇒S2**
121	Did the <u>last partnership/marriage with a man</u> end in divorce or separation, or did your husband/partner die?	DIVORCED ..... 1 SEPARATED / BROKEN UP ..... 2 WIDOWED / PARTNER DIED ..... **3** DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9				**⇒123**

122	Was the divorce / separation initiated by you, by your husband / partner, or did you both decide that you should separate?	RESPONDENT ..... 1 HUSBAND / PARTNER ..... 2 BOTH (RESPONDENT AND PARTNER) ..... 3 OTHER: _____ ..... 6 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	
123	How many times in your life have you been married with different men (INCLUDE CURRENT MARRIAGE) (IF NEVER MARRIED, MARK 00)	NUMBER OF TIMES MARRIED ..... [ ][ ] ..... **IF "00"** DON'T KNOW/DON'T REMEMBER ..... 98 REFUSED/NO ANSWER 99	**⇒S2**
124	The next few questions are about your current or most recent marriage. Do / did you live with your husband's parents or any of his relatives?	YES ..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	**⇒126**
125	IF CURRENTLY WITH HUSBAND: Do you presently live with your parents or any of your relatives? IF NOT CURRENTLY WITH HUSBAND: Were you living with your parents or relatives during your last relationship?	YES ..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	
126	Does / did your husband have any other wives while being married to you?	YES ..... 1 NO ..... **2** DON'T KNOW/DON'T REMEMBER ..... **8** REFUSED/NO ANSWER 9	 **⇒130** **⇒130**
127	How many wives do / did he have (including yourself) while being married to you?	NUMBER OF WIVES ..... [ ][ ] DON'T KNOW ..... **98** REFUSED/NO ANSWER 99	 **⇒130**
128	Are / were you the first, second..... wife?	NUMBER /POSITION ..... [ ][ ] DON'T KNOW/DON'T REMEMBER ..... 98 REFUSED/NO ANSWER 99	
130	In what year did you get married? PROMPT: How long have you been married? (THIS REFERS TO CURRENT/LAST RELATIONSHIP)	YEAR ..... [ ][ ][ ][ ] DON'T KNOW ..... 9998 REFUSED/NO ANSWER 9999	
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?	BOTH CHOSE ..... **1** RESPONDENT CHOSE ..... **2** RESPONDENT'S FAMILY CHOSE ..... 3 PARTNER CHOSE ..... 4 PARTNER'S FAMILY CHOSE ..... 5 OTHER: _____ ..... 6 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	**⇒S2** **⇒S2**
132	Before the marriage with your current /most recent husband, were you asked whether you wanted to marry him or not?	YES ..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	

BEFORE STARTING WITH SECTION 2:
REVIEW RESPONSES IN SECTION 1 AND MARK MARITAL STATUS ON REFERENCE SHEET, BOX A.

SECTION 2 GENERAL HEALTH

201	I would now like to ask a few questions about your health and use of health services. In general, would you describe your overall health as excellent, good, fair, poor or very poor?	EXCELLENT .....1 GOOD .....2 FAIR .....3 POOR .....4 VERY POOR .....5 DON'T KNOW/DON'T REMEMBER .....8 REFUSED/NO ANSWER 9	
202	Now I would like to ask you about your health in the past 4 weeks. How would you describe your ability to walk around? I will give 5 options, which one best describes, your situation: Would you say that you have no problems, very few problems, some problems, many problems or that you are unable to walk at all?	NO PROBLEMS .....1 VERY FEW PROBLEMS .....2 SOME PROBLEMS .....3 MANY PROBLEMS .....4 UNABLE TO WALK AT ALL .....5 DON'T KNOW/DON'T REMEMBER .....8 REFUSED/NO ANSWER 9	
203	In the past 4 weeks did you have problems with performing usual activities, such as work, study, household, family or social activities? Please choose from the following 5 options. Would you say no problems, very few problems, some problems, many problems or unable to perform usual activities?	NO PROBLEMS .....1 VERY FEW PROBLEMS .....2 SOME PROBLEMS .....3 MANY PROBLEMS .....4 UNABLE TO PERFORM USUAL ACTIVITIES .....5 DON'T KNOW/DON'T REMEMBER .....8 REFUSED/NO ANSWER 9	
204	In the past 4 weeks have you been in pain or discomfort? Please choose from the following 5 options. Would you say not at all, light pain or discomfort, moderate, severe or extreme pain or discomfort?	NO PAIN OR DISCOMFORT .....1 LIGHT PAIN OR DISCOMFORT .....2 MODERATE PAIN OR DISCOMFORT .....3 SEVERE PAIN OR DISCOMFORT .....4 EXTREME PAIN OR DISCOMFORT .....5 DON'T KNOW/DON'T REMEMBER .....8 REFUSED/NO ANSWER 9	
205	In the past 4 weeks have you had problems with your memory or concentration? Please choose from the following 5 options. Would you say no problems, very few problems, some problems, many problems or extreme memory or concentration problems?	NO PROBLEMS .....1 VERY FEW PROBLEMS .....2 SOME PROBLEMS .....3 MANY PROBLEMS .....4 EXTREME MEMORY PROBLEMS .....5 DON'T KNOW/DON'T REMEMBER .....8 REFUSED/NO ANSWER 9	
206	In the past 4 weeks have you had: a) Dizziness b) Vaginal discharge		

	YES	NO	DK
a) DIZZINESS	1	2	8
b) VAGINAL DISCHARGE	1	2	8

207	In the past 4 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?				
		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 SADNESS	1	2	3	4

208	In the past 4 weeks, did you consult with a doctor or other professional or traditional health worker because you yourself were sick? IF YES: Whom did you consult? PROBE: Did you also see anyone else?	NO ONE CONSULTED ..... A DOCTOR ..... B NURSE ..... C MIDWIFE ..... D COUNSELLOR ..... E PHARMACIST ..... F TRADITIONAL HEALER ..... G TRADITIONAL BIRTH ATTENDANT ..... H COMMUNITY/FAMILY HEALTH WORKER ..... I OTHER: _____ .. X	

209	The next questions are related to other common problems that may have bothered you in the past 4 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.		YES	NO	
	a) Do you often have headaches?	a) HEADACHES	1	2	
	b) Is your appetite poor?	b) APPETITE	1	2	
	c) Do you sleep badly?	c) SLEEP BADLY	1	2	
	d) Are you easily frightened?	d) FRIGHTENED	1	2	
	e) Do your hands shake?	e) HANDS SHAKE	1	2	
	f) Do you feel nervous, tense or worried?	f) NERVOUS	1	2	
	g) Is your digestion poor?	g) DIGESTION	1	2	
	h) Do you have trouble thinking clearly?	h) THINKING	1	2	
	i) Do you feel unhappy?	i) UNHAPPY	1	2	
	j) Do you cry more than usual?	j) CRY MORE	1	2	
	k) Do you find it difficult to enjoy your daily activities?	k) NOT ENJOY	1	2	
	l) Do you find it difficult to make decisions?	l) DECISIONS	1	2	
	m) Is your daily work suffering?	m) WORK SUFFER	1	2	
	n) Are you unable to play a useful part in life?	n) USEFUL PART	1	2	
	o) Have you lost interest in things that you used to enjoy?	o) LOST INTEREST	1	2	
	p) Do you feel that you are a worthless person?	p) WORTHLESS	1	2	
	q) Has the thought of ending your life been on your mind?	q) ENDING LIFE	1	2	
	r) Do you feel tired all the time?	r) FEEL TIRED	1	2	
	s) Do you have uncomfortable feelings in your stomach?	s) STOMACH	1	2	
	t) Are you easily tired?	t) EASILY TIRED	1	2	

210	Just now we talked about problems that may have bothered you in the past 4 weeks. I would like to ask you now: In your life, have you ever thought about ending your life?	YES ..... 1 NO ..... **2** DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	**⇒212**
211	Have you ever tried to take your life?	YES ..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	
212	In the past 12 months, have you had an operation (other than a caesarean section)?	YES ..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	
213	In the past 12 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?	NIGHTS IN HOSPITAL ..... [ ][ ] NONE ..... 00 DON'T KNOW/DON'T REMEMBER ..... 98 REFUSED/NO ANSWER 99	

SECTION 3 REPRODUCTIVE HEALTH

	Now I would like to ask about all of the children that you may have given birth to during your life.		
301	Have you ever given birth? How many children have you given birth to that were alive when they were born? (INCLUDE BIRTHS WHERE THE BABY DIDN'T LIVE FOR LONG)	NUMBER OF CHILDREN BORN .....[ ][ ] **IF 1 OR MORE ⇒** NONE 00	**⇒303**
302	Have you ever been pregnant?	YES.....**1** NO .....**2** MAYBE/NOT SURE .....**3** DON'T KNOW/DON'T REMEMBER.....**8** REFUSED/NO ANSWER.....**9**	**⇒304** **⇒310** **⇒310** **⇒310** **⇒310**
303	How many children do you have, who are alive now? RECORD NUMBER	CHILDREN .....[ ][ ] NONE 00	
304	Have you ever given birth to a boy or a girl who was born alive, but later died? This could be at any age. 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**	**⇒306**
305	a) How many sons have died? b) How many daughters have died? (THIS IS ABOUT ALL AGES)	a) SONS DEAD .....[ ][ ] b) DAUGHTERS 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 N/A (NEVER HAD LIVE BIRTH).....**7** DON'T KNOW/DON'T REMEMBER……8 REFUSED/NO ANSWER……9	**⇒ 308**
307	How many of your children receive financial support from their father(s)? Would you say none, some or all? IF ONLY ONE CHILD AND SHE SAYS 'YES,' CODE '3' ('ALL').	NONE.....1 SOME.....2 ALL .....3 N/A .....7 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	
308	How many times have you been pregnant? Include pregnancies that did not end up in a live birth, and if you are pregnant now, your current pregnancy? PROBE: How many pregnancies were with twins, triplets?	a) **TOTAL** NUMB.OF PREGNANC..[ ][ ] b) PREGNANCIES WITH TWINS ..... [ ] c) PREGNANCIES WITH TRIPLETS ... [ ]	
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'	
310	Are you pregnant now?	YES.....**1** NO .....**2** MAYBE.....**3**	**⇒ A** **⇒ B** **⇒ B**

DO EITHER A OR B: **IF PREGNANT NOW ==>**
IF NOT PREGNANT NOW ==>

VERIFY THAT ADDITION ADDS UP TO THE SAME FIGURE. IF NOT, PROBE AGAIN AND CORRECT.

A. [301] ____ + [309 a+b+c] _____ + 1 =
[308a] _____+ [308b] ____ + [2x308c] ____ = ___

B. [301] ____ + [309 a+b+c] _____ =
[308a] _____+ [308b] ____ + [2x308c] ____ = ___

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** DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	**⇒315** **⇒S.5**
312	Are you currently doing something, or using any method, to delay or avoid getting pregnant?	YES.....1 NO .....**2** DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	**⇒315**
313	What (main) method are you currently using? IF MORE THAN ONE, ONLY MARK MAIN METHOD	PILL / TABLETS .....01 INJECTABLES .....02 IMPLANTS (NORPLANT) .....03 IUD .....04 DIAFRAGM / FOAM / JELLY.....05 CALENDAR / MUCUS METHOD .....06 FEMALE STERILIZATION.....07 CONDOMS .....**08** MALE STERILIZATION .....**09** WITHDRAWAL .....**10** HERBS .....11 OTHER:_____ ..96 DON'T KNOW/DON'T REMEMBER.....98 REFUSED/NO ANSWER.....99	 **⇒315** **⇒315** **⇒315**
314	Does your **current** husband/partner know that you are using a method of family planning?	YES.....1 NO .....2 N/A: NO CURRENT PARTNER .....7 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	
315	Has / did your current / most recent husband/partner ever refuse to use a method or try to stop you from using a method to avoid getting pregnant?	YES.....1 NO .....**2** DON'T KNOW/DON'T REMEMBER.....**8** REFUSED/NO ANSWER.....**9**	 **⇒321** **⇒321** **⇒321**
316	In what ways did he let you know that he disapproved of using methods to avoid getting pregnant? MARK ALL THAT APPLY	TOLD ME THAT DID NOT APPROVE..... A SHOUTED / GOT ANGRY ..... 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	
MDV 321	Has / did your current / most recent husband/partner ever force you to use a method or try to force you to use a method to avoid getting pregnant, when you did not want to?	YES.....1 NO .....2 DON'T KNOW/DON'T REMEMBER.....**8** REFUSED/NO ANSWER.....**9**	
MDV 322	Has / did your current / most recent husband/partner ever force or try to force you to have an abortion when you did not want to?	YES.....1 NO .....2 DON'T KNOW/DON'T REMEMBER.....**8** REFUSED/NO ANSWER.....**9**	

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

SECTION 4 CHILDREN

CHECK: Ref. Sheet, box B, point Q (s4bir)	ANY LIVE BIRTHS [ ] ⇓ (1)	NO LIVE BIRTHS [ ] ⇒ (2)	⇒S.5
401	I would like to ask about the last time that you gave birth **(Live birth,** regardless of whether the child is still alive or not). What is the date of birth of this child?	DAY ..... [ ][ ] MONTH ..... [ ][ ] YEAR ..... [ ][ ][ ][ ]	
402		NAME: _____ BOY .....1 GIRL 2	
403	Is your last born child (NAME) still alive?	YES .....1 NO **2**	**⇒405**
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**	**⇒406** **⇒406**
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 DATE OF BIRTH OF LAST CHILD (IN Q401) IS MORE OR LESS THAN FIVE YEARS AGO	FIVE OR MORE YEARS AGO .....**1** LESS THAN FIVE YEARS AGO 2	**⇒417**
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 DON'T KNOW/DON'T REMEMBER .....8 REFUSED/NO ANSWER 9	
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/DON'T REMEMBER .....8 REFUSED/NO ANSWER 9	
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	NO ONE .....A DOCTOR .....B OBSTETRICIAN / GYNAECOLOGIST .....C NURSE / MIDWIFE .....D TRADITIONAL BIRTH ATTENDANT..... F FAMILY/COMMUNITY HEALTH WORKER G OTHER: _____ _____ X	

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 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	
411	When you were pregnant with this child, did your husband / partner 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 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	
413	During this pregnancy, did you smoke any cigarettes or use tobacco?	YES.....1 NO.....2 DON'T KNOW / DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	
414	Were you given a (postnatal) check-up at any time during the six weeks after delivery?	YES.....1 NO.....2 NO, CHILD NOT YET SIX WEEKS OLD.....3 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	
415	Was this child (NAME) weighed at birth?	YES.....1 NO.....**2** DON'T KNOW /DON'T REMEMBER.....**8** REFUSED/NO ANSWER.....9	 **⇒417** **⇒417**
416	How much did he/she weigh? RECORD FROM HEALTH CARD WHERE POSSIBLE	KG FROM CARD [ ].[ ].....1 KG FROM RECALL [ ].[ ].....2 DON'T KNOW / DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	
417	Do you have any children aged between <u>five and twelve</u> years? How many? (include 5 year old and 12 year old children)	NUMBER.....[ ][ ] NONE.....**00**	 **⇒S.5**
418	a) How many are boys? b) How many are girls?	a) BOYS.....[ ] b) GIRLS.....[ ]	
419	How many of these children (aged 5 to 12) 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.5**
420	Do any of these children (ages 5 to 12): a) Have frequent nightmares? b) Suck their thumbs or fingers? c) Wet their bed often? d) Are any of these children very timid or withdrawn? e) Are any of them aggressive with you or other children?	YES NO DK a) NIGHTMARES 1 2 8 b) SUCK THUMB 1 2 8 c) WET BED 1 2 8 d) TIMID 1 2 8 e) AGGRESSIVE 1 2 8	
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 BOYS RUN AWAY.....[ ] b) NUMBER OF GIRLS 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.5**
423	Have any of these children had to repeat (failed) a year at school? MAKE SURE ONLY CHILDREN AGED 5 TO 12.	YES.....1 NO.....2 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	
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/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	

SECTION 5 CURRENT OR MOST RECENT PARTNER

CHECK: Ref. Sheet, box A (s5mar)	CURRENTLY MARRIED, OR WITH PARTNER (Options K, L) [ ] ⇓ (1)	FORMERLY MARRIED / WITH PARTNER (Option M) [ ] ⇓ (2)	NEVER MARRIED / NEVER HAD PARTNER (Option N) [ ] ⇒ (3)	⇒S.7

501	I would now like you to tell me a little about your current / most recent husband / partner. How old was your husband / partner on his last birthday? PROBE: MORE OR LESS IF MOST RECENT PARTNER DIED: How old would he be now if he were alive?	AGE (YEARS) .....[ ][ ]	
502	In what year was he born?	YEAR.....[ ][ ][ ][ ] DON'T KNOW/DON'T REMEMBER .... 9998 REFUSED/NO ANSWER 9999	
503	Can (could) he read and write?	YES ..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	
504	Did he ever attend school?	YES ..... 1 NO ..... **2** DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	**⇒506**
505	What is the highest level of education that he achieved? MARK HIGHEST LEVEL.	PRIMARY (1-7)_____ year ..... 1 SECONDARY/HIGHER SECONDARY (8-12)_____ year..... 2 HIGHER_____ year..... 3 NUMBER OF YEARS SCHOOLING .. [ ][ ] DON'T KNOW/DON'T REMEMBER ..... 98 REFUSED/NO ANSWER 99	
506	IF CURRENTLY WITH PARTNER: Is he currently working, looking for work or unemployed, retired or studying? IF NOT CURRENTLY WITH PARTNER: Towards the end of your relationship was he working, looking for work or unemployed, retired or studying?	WORKING ..... **1** LOOKING FOR WORK/UNEMPLOYED 2 RETIRED ..... **3** STUDENT ..... **4** DISABLED / LONG TERM SICK..... 5 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	**⇒508** **⇒508** **⇒MDV509a**
507	When did his last job finish? Was it in the past four weeks, between 4 weeks and 12 months ago, or before that? (FOR MOST RECENT HUSBAND / PARTNER: in the last 4 weeks or in the last 12 months of your relationship)?	IN THE PAST FOUR WEEKS..... 1 4 WKS - 12 MONTHS AGO..... 2 MORE THAN 12 MONTHS AGO..... 3 NEVER HAD A JOB..... **4** DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	**⇒MDV 509a**
508	What kind of work does / did he normally do? SPECIFY KIND OF WORK	PROFESSIONAL: _____ ... 01 SEMI-SKILLED: _____ ... 02 UNSKILLED / MANUAL: _____... 03 MILITARY/POLICE: _____ ..... 04 FISHERMAN: _____..... 05 OTHER: _____96 DON'T KNOW/DON'T REMEMBER ..... 98 REFUSED/NO ANSWER 99	

MDV 508	Does / did he work on the 'living-island'?	YES ..... 1 NO ..... **2** DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	
MDV 509a	Does/did your husband/partner ever use intoxicating substances? Would you say: 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 DAY .. 1 ONCE OR TWICE A WEEK ..... 2 1 – 3 TIMES IN A MONTH ..... 3 LESS THAN ONCE A MONTH ..... 4 NEVER ..... **5** DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	**⇒513** **⇒513**
MDV 509b	What intoxicating substances does / did he use? Alcohol, drugs or both?	ALCOHOL ..... 1 DRUGS ..... 2 BOTH ..... 3 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	
510	In the <u>past 12 months</u> (<u>In the last 12 months of your last relationship</u>), how often have you seen (did you see) your husband / partner intoxicated? Would you say most days, weekly, once a month, less than once a month, or never?	MOST DAYS ..... 1 WEEKLY ..... 2 ONCE A MONTH ..... 3 LESS THAN ONCE A MONTH ..... 4 NEVER ..... 5 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	
511	In the <u>past 12 months</u> (In the <u>last 12 months</u> of your relationship), have you experienced any of the following problems, related to your husband/partner's substance use? a) Money problems b) Family problems x) Any other problems, specify.	YES NO a) MONEY PROBLEMS 1 2 b) FAMILY PROBLEMS 1 2 x) OTHER: _____ 1 2	
513	<u>Since you have known him</u>, has he ever been involved in a physical fight with another man?	YES ..... 1 NO ..... **2** DON'T KNOW /DON'T REMEMBER ..... **8** REFUSED/NO ANSWER 9	**⇒515** **⇒515**
514	In the <u>past 12 months</u> (In the <u>last 12 months</u> of the relationship), has this happened never, once or twice, a few times or many times?	NEVER ..... 1 ONCE OR TWICE ..... 2 A FEW (3-5) TIMES ..... 3 MANY (MORE THAN 5) TIMES ..... 4 DON'T KNOW /DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	
515	Has your <u>current</u> / <u>most recent</u> husband / partner had a relationship with any other women while being with you?	YES ..... 1 NO ..... **2** MAY HAVE ..... 3 DON'T KNOW /DON'T REMEMBER ..... **8** REFUSED/NO ANSWER 9	**⇒S.6** **⇒S.6**
516	Has your <u>current</u> / <u>most recent</u> husband / partner had children with any other woman while being with you?	YES ..... 1 NO ..... 2 MAY HAVE ..... 3 DON'T KNOW /DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	

SECTION 6 ATTITUDES

In this community and elsewhere, people have different ideas about families and what is acceptable behaviour 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 always obeys her husband even if she disagrees	AGREE .....1 DISAGREE.....2 DON'T KNOW.....8 REFUSED/NO ANSWER 9	
602	Family problems should only be discussed with people in the family.	AGREE .....1 DISAGREE.....2 DON'T KNOW.....8 REFUSED/NO ANSWER 9	
603	It is important for a man to show his wife/partner who is the boss	AGREE .....1 DISAGREE.....2 DON'T KNOW.....8 REFUSED/NO ANSWER 9	
604	A woman should be able to choose her own friends even if her husband disapproves	AGREE .....1 DISAGREE.....2 DON'T KNOW.....8 REFUSED/NO ANSWER 9	
605	It's a wife's obligation to have sex with her husband even if she doesn't feel like it	AGREE .....1 DISAGREE.....2 DON'T KNOW.....8 REFUSED/NO ANSWER 9	
606	If a man mistreats his wife, others outside of the family should intervene.	AGREE .....1 DISAGREE.....2 DON'T KNOW.....8 REFUSED/NO ANSWER 9	

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
g) She goes against Islam	g) AGAINST ISLAM	1	2	8
h) She beats the children	h) CHILDREN	1	2	8

608 In your opinion, can a married woman refuse to have sex with her husband if:

		YES	NO	DK
a) She doesn't want to	a) NOT WANT	1	2	8
b) He is intoxicated	b) INTOXICATED	1	2	8
c) She is sick	c) SICK	1	2	8
d) He mistreats her	d) MISTREAT	1	2	8
e) He asks her to do something against Islam.	e) AGAINST ISLAM	1	2	8

SECTION 7 RESPONDENT AND HER PARTNER

CHECK: Ref. Sheet, box A (s7mar)	EVER MARRIED / EVER HAD A SEXUAL PARTNER / BOYFRIEND (Options K, L, M) [ ] ⇓ (1)	NEVER MARRIED / NEVER SEXUAL PARTNER / BOYFRIEND (Option N) [ ] ⇒ (2)	⇒S.10

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

701 In general, do (did) you and your (current or most recent) husband / partner discuss the following topics together:

		YES	NO	DK
a)	HIS DAY	1	2	8
b)	YOUR DAY	1	2	8
c)	YOUR WORRIES	1	2	8
d)	HIS WORRIES	1	2	8

702 In your relationship with your (current or most recent) husband / partner, how often would you say that you quarreled? Would you say rarely, sometimes or often?

RARELY 1
SOMETIMES 2
OFTEN 3
DON'T KNOW/DON'T REMEMBER 8
REFUSED/NO ANSWER 9

703 I am now going to ask you about some situations that are true for many women. Thinking about your (current or most recent) husband / partner, would you say it is generally true that he:

		YES	NO	DK
a)	tries to keep you from seeing your friends	1	2	8
b)	tries to restrict contact with your family of birth	1	2	8
c)	insists on knowing where you are at all times	1	2	8
d)	ignores you and treats you indifferently	1	2	8
e)	gets angry if you speak with another man	1	2	8
f)	is often suspicious that you are unfaithful	1	2	8
g)	expects you to ask his permission before seeking health care for yourself	1	2	8

704 The next questions are about things that happen to many women, and that your current partner, or any other partner may have done to you.

Has your current husband / partner, or any other partner ever….

A) (**If YES continue with B. If NO skip to 705**) YES NO	B) Has this happened in the past 12 months? (**If YES ask C only. If NO ask D only**) YES NO	C) In the past 12 months would you say that this has happened once, a few times or many times? (**after answering C, go to next item**) One Few Many	D) Before the past 12 months would you say that this has happened once, a few times or many times? One Few Many

	a) Insulted you or made you feel bad about yourself? PROBE: Said nasty things about you or said things that made you feel that you were no good, such as you are worthless, a bad woman , ugly or stupid.	1	2	1	2	1	2	3	1	2	3
	b) Belittled or humiliated you in front of other people?	1	2	1	2	1	2	3	1	2	3
	c) Done 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	3
	d) Threatened to hurt you or someone you care about?	1	2	1	2	1	2	3	1	2	3
		IF NO to all in Column A, go to 705									
MDV 704e	IF YES TO ANY OF THE ABOVE, would you say that after the Tsunami this has gotten worse, gotten better or stayed the same?	WORSE .....1 BETTER .....2 STAYED SAME .....3 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9							**⇒MDV 704f** **⇒MDV 704g** **⇒705** **⇒ 705** **⇒705**		
MDV 704f	Why do you think that it has become worse; more frequent or more severe? MARK ALL	NO ANSWER..... A CHANGE IN LIVING CONDITIONS ..... …B DAMAGE TO PROPERTY ..... C LOSS OF LIVELIHOODS..... D DEATH/LOSS FAMILY MEMBER .....E SUBSTANCE ABUSE.....F LACK OF PRIVATE SPACE/SHARING SLEEPING ROOMS ..... G OTHER (specify): _____ X								**FOR ALL OPTIONS GO TO ⇒705**		
MDV 704g	Why do you think it has become better; less frequent or less severe? MARK ALL	NO ANSWER.....A ABUSIVE PARTNER DECEASED ..... B DIVORCED/SEPARATED..... C IMPROVED SOCIAL/FAMILY RELATIONS.....D STOPPED SUBSTANCE ABUSE..... E BETTER LIVING ARRANGEMENT ..... F HIGHER INCOME .....G INCREASED FEELING OF RESPONSIBILITY TOWARDS FAMILY/COMMUNITY .....H OTHER (specify): _____ X										
705	Has <u>he or any other partner</u> ever….	A) (**If YES continue with B. If NO skip to next item**) YES NO		B) Has this happened <u>in the past 12 months?</u> (**If YES ask C only. If NO ask D only**) YES NO		C) <u>In the past 12 months</u> would you say that this has happened once, a few times or many times? (**after answering C, go to next item)** One Few Many			D) <u>Before the past 12 months</u> would you say that this has happened once, a few times or many times? One Few Many		

	a) Slapped you or thrown something at you that could hurt you?	1	2	1	2	1	2	3	1	2	3
	b) Pushed you or shoved you or pulled or cut your hair?	1	2	1	2	1	2	3	1	2	3
	c) Hit you with his fist or with something else that could hurt you or bitten you?	1	2	1	2	1	2	3	1	2	3
	d) Kicked you, dragged you or beat you up?	1	2	1	2	1	2	3	1	2	3
	e) Choked or burnt you on purpose?	1	2	1	2	1	2	3	1	2	3
	f) Threatened to use or actually used a gun, knife or other weapon against you?	1	2	1	2	1	2	3	1	2	3
		IF NO to all in Column A, go to 706									

MDV 705g	IF YES TO ANY OF THE ABOVE, would you say that after the Tsunami this has gotten worse, gotten better or stayed the same?	WORSE ..... 1 BETTER ..... 2 STAYED SAME..... 3 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	**⇒MDV 705h** **⇒MDV 705i** **⇒706** **⇒706** **⇒706**
MDV 705h	Why do you think that it has become worse; more frequent or more severe? MARK ALL	NO ANSWER..... A CHANGE IN LIVING CONDITIONS..... B DAMAGE TO PROPERTY ..... C LOSS OF LIVELIHOODS ..... D DEATH/LOSS FAMILY MEMBER..... E SUBSTANCE ABUSE ..... F LACK OF PRIVATE SPACE/SHARING SLEEPING ROOMS..... G OTHER (specify): _____ X	**FOR ALL OPTIONS GO TO ⇒706**
MDV 705i	Why do you think it has become better; less frequent or less severe? MARK ALL	NO ANSWER..... A ABUSIVE PARTNER DECEASED ..... B DIVORCED/SEPARATED..... C IMPROVED SOCIAL/FAMILY RELATIONS .... D STOPPED SUBSTANCE ABUSE..... E BETTER LIVING ARRANGEMENT ..... F HIGHER INCOME..... G INCREASED FEELING OF RESPONSIBILITY TOWARDS FAMILY/COMMUNITY..... H OTHER (specify): _____ X	

706		A) (**If YES continue with B. If NO skip to 707**) YES NO	B) Has this happened <u>in the past 12 months</u>? (**If YES ask C only. If NO ask D only**) YES NO	C) <u>In the past 12 months</u> would you say that this has happened once, a few times or many times? (**after answering C, go to next item**) One Few Many	D) <u>Before the past 12 months</u> would you say that this has happened once, a few times or many times? One Few Many
	a) Did <u>your current husband/partner or any other partner</u> ever physically force you to have sexual intercourse when you did not want to?	1 2	1 2	1 2 3	1 2 3
	b) Did you ever have sexual intercourse you did not want to because you were afraid of what your partner or any other partner might do?	1 2	1 2	1 2 3	1 2 3
	c) Did your partner or any other partner ever forced you to do something sexual that you found degrading or humiliating?	1 2	1 2	1 2 3	1 2 3
		IF NO to all in Column A, go to 707			

MDV 706d	IF YES TO ANY OF THE ABOVE, would you say that after the Tsunami this has gotten worse, gotten better or stayed the same?	WORSE ..... 1 BETTER ..... 2 STAYED SAME..... 3 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	**⇒MDV 706e** **⇒MDV 706f** **⇒707** **⇒707** **⇒707**

MDV 706e	Why do you think that it has become worse; more frequent or more severe? MARK ALL	NO ANSWER ..... A CHANGE IN LIVING CONDITIONS ..... B DAMAGE TO PROPERTY ..... C LOSS OF LIVELIHOODS ..... D DEATH/LOSS FAMILY MEMBER ..... E SUBSTANCE ABUSE ..... F LACK OF PRIVATE SPACE/SHARING SLEEPING ROOMS ..... G OTHER (specify): _____ X	**FOR ALL OPTIONS GO TO ⇒707**
MDV 706f	Why do you think it has become better; less frequent or less severe? MARK ALL	NO ANSWER ..... A ABUSIVE PARTNER DECEASED ..... B DIVORCED/SEPARATED ..... C IMPROVED SOCIAL/FAMILY RELATIONS ..... D STOPPED SUBSTANCE ABUSE ..... E BETTER LIVING ARRANGEMENT ..... F HIGHER INCOME ..... G INCREASED FEELING OF RESPONSIBILITY TOWARDS FAMILY/COMMUNITY ..... H OTHER (specify): _____ X	

707	VERIFY WHETHER ANSWERED YES TO ANY QUESTION ON PHYSICAL VIOLENCE, **SEE QUESTION 705**	YES, PHYSICAL VIOLENCE ..... 1 NO PHYSICAL VIOLENCE 2	**MARK IN BOX C**
708	VERIFY WHETHER ANSWERED YES TO ANY QUESTION ON SEXUAL VIOLENCE, **SEE QUESTION 706**	YES, SEXUAL VIOLENCE ..... 1 NO SEXUAL VIOLENCE 2	**MARK IN BOX C**

CHECK : *(s6preg)* **Ref. Sheet, box B** *(s6prnum)* *(s6prcur)*	**EVER BEEN PREGNANT (option P)** *(1)* [ ] ⇓ **NUMBER OF PREGNANCIES (option T)** [ ][ ] ⇓ **CURRENTLY PREGNANT? (option S) YES….1** **NO…. 2** ⇓	**NEVER PREGNANT** *(2)* [ ] ⇒	⇒ **s716cur***

709	You said that you have been pregnant TOTAL times. Was there ever a time when you were slapped, hit or beaten by (<u>any</u> of) your partner(s) whilst you were pregnant?	YES ..... 1 NO ..... **2** DON'T KNOW/DON'T REMEMBER ..... **8** REFUSED/NO ANSWER **9**	⇒ **s716cur*** ⇒ **s716cur*** ⇒ **s716cur***
710	IF RESPONDENT WAS PREGNANT ONLY ONCE, ENTER "01" IF RESPONDENT WAS PREGNANT MORE THAN ONCE: Did this happen in one pregnancy, or more than one pregnancy? In how many pregnancies were you beaten?	NUMBER OF PREGNANCIES BEATEN ..[ ][ ]	
710 a	Did this happen in the <u>last</u> pregnancy? IF RESPONDENT WAS PREGNANT ONLY ONCE, CIRCLE CODE '1'.	YES ..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	
711	Were you ever punched or kicked in the abdomen whilst you were pregnant?	YES ..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	
IF VIOLENCE REPORTED IN MORE THAN ONE PREGNANCY, THE FOLLOWING QUESTIONS REFER TO THE LAST / MOST RECENT PREGNANCY IN WHICH VIOLENCE REPORTED			
712	During the <u>most recent pregnancy in which you were beaten</u>, was the person who has slapped, hit or beaten you the father of the child?	YES ..... 1 NO ..... 2 DON'T KNOW /DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	
713	Were you living with this person when it happened?	YES ..... 1 NO ..... 2 DON'T KNOW / DON'T REMEMBER ..... 8 REFUSED / NO ANSWER 9	
714	Had the same person also done this to you before you were pregnant?	YES ..... 1 NO ..... **2** DON'T KNOW/DON'T REMEMBER ..... **8** REFUSED/NO ANSWER 9	⇒ **s716cur*** ⇒ **s716cur***
715	Compared to before you were pregnant, did the slapping/beating (REFER TO RESPONDENT'S PREVIOUS ANSWERS) get less, stay about the same, or get worse whilst you were pregnant? By worse I mean, more frequent or more severe.	GOT LESS ..... 1 STAYED ABOUT THE SAME ..... 2 GOT WORSE ..... 3 DON'T KNOW / DON'T REMEMBER ..... 8 REFUSED / NO ANSWER 9	

***CHECK:** *(s716cur)* **Ref. Sheet Box A.** *(s716num)*	**Option K: CURRENTY MARRIED:** **YES ….1** **NO… 2** **Option O: NUMBER OF TIMES MARRIED?** **[ ][ ]** ***If 00 ⇒ S 8***

CHECK: **Ref. Sheet Box C.** *(S7check)*	**WOMAN HAS NOT EXPRIENCED PHYSICAL OR SEXUAL VIOLENCE** **(“NO” TO BOTH Options U and V)** **ASK ONLY COLUMNS a AND b** ⇓ *(1)*	**WOMAN EXPERIENCED VIOLENCE (“YES” TO Option U AND/OR Option V)** **ASK COLUMNS a TO e** **(FOR ALL PARTNERS)** [ ] ⇓ *(2)*

716 IF RESPONDENT ***ONLY MARRIED ONCE***, ASK:
Could you now please tell me a little about your partner?

IF RESPONDENT ***MARIED MORE THAN ONCE***, ASK:
You told me you have been married TOTAL times.
Could you now please tell me a little about your husband / partner(s)?
(Starting with your current or most recent partner):

	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 HUSBAND, IF YES CONTINUE	d) When was the first incident?	e) When was the last incident?
1.	[ ][ ] MONTH [ ][ ][ ][ ] YEAR		YES ……1 ⇒ NO ……2 ⇓	[ ][ ] MONTH [ ][ ][ ][ ] YEAR	[ ][ ] MONTH [ ][ ][ ][ ] YEAR
2.	[ ][ ] MONTH [ ][ ][ ][ ] YEAR	[ ][ ] MONTH [ ][ ][ ][ ] YEAR	YES ……1 ⇒ NO ……2 ⇓	[ ][ ] MONTH [ ][ ][ ][ ] YEAR	[ ][ ] MONTH [ ][ ][ ][ ] YEAR
3.	[ ][ ] MONTH [ ][ ][ ][ ] YEAR	[ ][ ] MONTH [ ][ ][ ][ ] YEAR	YES ……1 ⇒ NO ……2 ⇓	[ ][ ] MONTH [ ][ ][ ][ ] YEAR	[ ][ ] MONTH [ ][ ][ ][ ] YEAR
4.	[ ][ ] MONTH [ ][ ][ ][ ] YEAR	[ ][ ] MONTH [ ][ ][ ][ ] YEAR	YES ……1 ⇒ NO ……2 ⇓	[ ][ ] MONTH [ ][ ][ ][ ] YEAR	[ ][ ] MONTH [ ][ ][ ][ ] YEAR
5.	[ ][ ] MONTH [ ][ ][ ][ ] YEAR	[ ][ ] MONTH [ ][ ][ ][ ] YEAR	YES ……1 ⇒ NO ……2	[ ][ ] MONTH [ ][ ][ ][ ] YEAR	[ ][ ] MONTH [ ][ ][ ][ ] YEAR

CHECK WHETHER ALL PARTNERS INCLUDED.

* YEAR UNKNOWN: 9998, REFUSED/NO ANSWER: 9999

**PROBE USING ACTS THAT RESPONDENT MENTIONED IN 705 AND/OR 706

SECTION 8 INJURIES FROM PARTNER/HUSBAND

CHECK: Ref. Sheet Box C	WOMAN EXPERIENCED PHYSICAL OR SEXUAL VIOLENCE ("YES" TO Option U or V) [ ] ⇓	WOMAN HAS NOT EXPERIENCED PHYSICAL OR SEXUAL VIOLENCE ("NO" to BOTH Option U and V) [ ] ⇒	
(S8phsex)	*(1)*	*(2)*	⇒S.10

I would now like to learn more about the injuries that you experienced from (any of) your partner's acts that we have talked about (MAY NEED TO REFER TO SPECIFIC ACTS RESPONDENT MENTIONED IN SECTION 7). By injury, I mean any form of physical harm, including cuts, sprains, burns, broken bones or broken teeth, or other things like this.

801 Have you ever been injured as a result of these acts by (any of) your husband / partner(s). Please think of the acts that we talked about before.

YES 1
NO ..... **2** ⇒**804a**
DON'T KNOW / DON'T REMEMBER 8
REFUSED / NO ANSWER 9

802a In your life, how many times were you injured by (any of) your husband/partner(s)?
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
DON'T KNOW / DON'T REMEMBER 8
REFUSED / NO ANSWER 9

802b Has this happened in the past 12 months?

YES 1
NO 2
DON'T KNOW / DON'T REMEMBER 8
REFUSED / NO ANSWER 9

803a What type of injury did you have? Please mention any injury due to (any of) your husband / partners acts, no matter how long ago it happened.

MARK ALL

PROBE: Any other injury?

b) ONLY ASK FOR RESPONSES MARKED IN 803a: Has this happened in the past 12 months?

	YES	NO	DK
CUTS, PUNCTURES, BITES ..... A	1	2	8
SCRATCH, ABRASION, BRUISES..... B	1	2	8
SPRAINS, DISLOCATIONS C	1	2	8
BURNS ..... D	1	2	8
PENETRATING INJURY, DEEP CUTS, GASHES..... E	1	2	8
BROKEN EARDRUM, EYE INJURIES ..... F	1	2	8
FRACTURES, BROKEN BONES ..... G	1	2	8
BROKEN TEETH..... H	1	2	8
INTERNAL INJURIES I			
OTHER (specify): _____ X	1	2	8

804a In your life, did you ever lose consciousness because of what (any of your) your husband/partner(s) did to you?

YES 1
NO ..... **3** ⇒**805a**
DON'T KNOW / DON'T REMEMBER ..... **8** ⇒**805a**
REFUSED / NO ANSWER 9

804b Has this happened in the past 12 months?

YES 1
NO 2
DON'T KNOW / DON'T REMEMBER 8
REFUSED / NO ANSWER 9

805 a In your life, were you ever hurt badly enough by (any of) your husband/partner(s) that you needed health care (even if you did not receive it)?

IF YES: How many times? IF NOT SURE: More or less?

TIMES NEEDED HEALTH CARE ..... [ ][ ]
REFUSED / NO ANSWER 99
NOT NEEDED..... **00** ⇒**S.9**

805 b	Has this happened <u>in the past 12 months</u>?	YES ..... 1 NO ..... 2 DON'T KNOW / DON'T REMEMBER ..... 8 REFUSED / NO ANSWER 9	
806	In your life, did you <u>ever</u> receive health care for this injury (these injuries)? Would you say, sometimes or always or never?	YES, SOMETIMES ..... 1 YES, ALWAYS ..... 2 NO, NEVER..... **3** DON'T KNOW / DON'T REMEMBER ..... 8 REFUSED / NO ANSWER 9	**⇒S.9**
807	In your life, have you ever had to spend any nights in a hospital due to the injury/injuries? IF YES: How many nights? (MORE OR LESS)	NUMBER OF NIGHTS IN HOSPITAL..[ ][ ] IF NONE ENTER '00' DON'T KNOW / DON'T REMEMBER ..... 98 REFUSED / NO ANSWER 99	
808	Did you tell a health worker the real cause of your injury?	YES ..... 1 NO ..... 2 DON'T KNOW / DON'T REMEMBER ..... 8 REFUSED / NO ANSWER 9	

SECTION 9 IMPACT AND COPING

I would now like to ask you some questions about what effects your husband /partner's acts has had on you . With acts I mean… (REFER TO SPECIFIC ACTS THE RESPONDENT HAS MENTIONED IN SECTION 7).

IF REPORTED MORE THAN ONE VIOLENT PARTNER, ADD: I would like you to answer these questions in relation to the most recent / last partner who did these things to you..

CHECK: Ref. Sheet Box C *(S9phys)*	**WOMAN EXPERIENCED PHYSICAL VIOLENCE** **("YES" TO Option U)** [ ] ⇓ *(1)*	**WOMAN HAS EXPERIENCED SEXUAL VIOLENCE ONLY ("NO" to Option U and "YES" to option V)** [ ] ⇒ *(2)*	**⇒906**

901	Are there any particular situations that tend to lead to your husband/partner's behaviour? REFER TO ACTS OF PHYSICAL VIOLENCE MENTIONED BEFORE. PROBE: Any other situation? MARK ALL THAT MENTIONED	NO PARTICULAR REASON ..... A WHEN MAN INTOXICATED ..... B MONEY PROBLEMS ..... C DIFFICULTIES AT HIS WORK ..... D WHEN HE IS UNEMPLOYED ..... E NO FOOD AT HOME ..... F PROBLEMS WITH HIS OR HER FAMILY ..... G SHE IS PREGNANT ..... H HE IS JEALOUS OF HER ..... I SHE REFUSES SEX ..... J SHE IS DISOBEDIENT ..... K LIVING SITUATION AFTER TSUNAMI ..... L OTHER (specify):_____ X	

CHECK: (Ref. Sheet, box B, option R) *(s9child)*	**CHILDREN LIVING** [ ] ⇓ *(1)*	**NO CHILDREN ALIVE** [ ] ⇒ *(2)*	**⇒903**

902	For any of these incidents, were your children present or did they overhear you being beaten? IF YES: How often? Would you say once or twice, several times or most of the time?	NEVER ..... 1 ONCE OR TWICE ..... 2 SEVERAL TIMES ..... 3 MANY TIMES/MOST OF THE TIME ..... 4 DON'T KNOW ..... 8 REFUSED / NO ANSWER 9	
903	During or after a violent incident, does (did) he ever force you to have sex? PROBE: Make you have sex with him against your will? IF YES: How often? Would you say once or twice, several times or most of the time?	NEVER ..... 1 ONCE OR TWICE ..... 2 SEVERAL TIMES ..... 3 MANY TIMES/MOST OF THE TIME ..... 4 DON'T KNOW / DON'T REMEMBER ..... 8 REFUSED / NO ANSWER 9	
904	During the times that you were hit, did you ever fight back physically or to defend yourself? IF YES: How often? Would you say once or twice, several times or most of the time?	NEVER ..... **1** ONCE OR TWICE ..... 2 SEVERAL TIMES ..... 3 MANY TIMES/MOST OF THE TIME ..... 4 DON'T KNOW / DON'T REMEMBER ..... 8 REFUSED / NO ANSWER 9	**⇒905**
904a	What was the effect of you fighting back on the violence at the time? Would you say, that it had no effect, the violence became worse, the violence became less, or that the violence stopped, at least for the moment.	NO CHANGE / NO EFFECT ..... 1 VIOLENCE BECAME WORSE ..... 2 VIOLENCE BECAME LESS ..... 3 VIOLENCE STOPPED ..... 4 DON'T KNOW / DON'T REMEMBER ..... 8 REFUSED / NO ANSWER 9	

905	Have you ever hit or physically mistreated your husband/partner when he was not hitting or physically mistreating you? IF YES: How often? Would you say once or twice, several times or many times?	NEVER ..... 1 ONCE OR TWICE ..... 2 SEVERAL TIMES ..... 3 MANY TIMES ..... 4 DON'T KNOW / DON'T REMEMBER ..... 8 REFUSED / NO ANSWER 9	
906	Would you say that your husband /partner's behaviour towards you has affected your physical or mental health? Would you say, that it has had no effect, a little effect or a large effect? REFER TO SPECIFIC ACTS OF **PHYSICAL AND / OR SEXUAL VIOLENCE** SHE DESCRIBED EARLIER	NO EFFECT ..... 1 A LITTLE ..... 2 A LOT ..... 3 DON'T KNOW / DON'T REMEMBER ..... 8 REFUSED / NO ANSWER 9	
907	In what way, if any, has your husband / partner's behaviour (the violence) disrupted your work or other income generating activities? MARK ALL THAT APPLY	N/A (NO WORK FOR MONEY) ..... A WORK NOT DISRUPTED ..... B PARTNER INTERRUPTED WORK ..... C UNABLE TO CONCENTRATE ..... D UNABLE TO WORK / SICK LEAVE ..... E LOST CONFIDENCE IN OWN ABILITY ..... F OTHER (specify): _____ .X	
908	Who have you told about his behaviour? MARK ALL MENTIONED PROBE: Anyone else?	NO ONE ..... A FRIENDS ..... B PARENTS ..... C BROTHER OR SISTER ..... D UNCLE OR AUNT ..... E HUSBAND / PARTNER'S FAMILY ..... F CHILDREN ..... G NEIGHBOURS ..... H POLICE ..... I DOCTOR / HEALTH WORKER ..... J RELIGIOUS LEADER ..... K COUNSELLOR ..... L NGO / WOMAN'S ORGANISATION ..... M LOCAL LEADER ..... N MGF ..... O OTHER (specify):_____ X	
909	Did anyone ever try to help you? IF YES, Who helped you? MARK ALL MENTIONED PROBE: Anyone else?	NO ONE ..... A FRIENDS ..... B PARENTS ..... C BROTHER OR SISTER ..... D UNCLE OR AUNT ..... E HUSBAND / PARTNER'S FAMILY ..... F CHILDREN ..... G NEIGHBOURS ..... H POLICE ..... I DOCTOR / HEALTH WORKER ..... J RELIGIOUS LEADER ..... K COUNSELLOR ..... L NGO / WOMAN'S ORGANISATION ..... M LOCAL LEADER ..... N MGF ..... O OTHER (specify): _____ X	

910a	Did you ever go to any of the following for help? READ EACH ONE		YES	NO	911 b. ASK ONLY FOR THOSE MARKED YES in 813a. Were you satisfied with the help given? YES	NO
	a) Police	a) POLICE	1	2	1	2
	b) Hospital or health centre	b) HOSPITAL/ HEALTH CENTRE	1	2	1	2
	c) Counsellor	c) COUNSELLOR	1	2	1	2
	d) Removed					
	e) Court	e) COURT	1	2	1	2
	f) Removed					
	g) Local leader (kateeb)	g) LOCAL LEADER (KATEEB)	1	2	1	2
	h) Women's NGO (FASHAN, SHE)	h) NGO FASHAN SHE	1	2		
	i) IWDCs (Island Women's Development Committee)	i) IWDC	1	2	1	2
	j) Religious leader	j) RELIGIOUS LEADER	1	2	1	2
	k) MGF (Ministry of Gender and Family)	k) MGF	1	2	1	2
	l) Island/Atoll Office	l) ISLAND/ATOLL OFFICE	1	2	1	2
	x) Anywhere else? Where?	x) ELSEWHERE (specify) :_____ _____	1	2	1	2
			*	**		

CHECK: Question 910a * ** (s9check)	MARK WHEN YES FOR ANY IN Q.911a (AT LEAST ONE "1" CIRCLED IN COLUMN MARKED WITH *) [ ] ⇓ (1)	MARK WHEN ALL ANSWERS NO CIRCLED (ONLY "2" CIRCLED **) [ ] (2)	⇒912

911	What were the reasons that made you go for help? **MARK ALL MENTIONED AND GO TO 913**	ENCOURAGED BY FRIENDS / FAMILY ..... A COULD NOT ENDURE MORE..... B BADLY INJURED..... 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 AFRAID HE WOULD KILL HER ..... I FINANCIAL REASONS ..... J OTHER (specify): _____ _____ X	**FOR ALL OPTIONS GO TO 914**

912	What were the reasons that you did not go to any of these? MARK ALL RESPONSES GIVEN	DON'T KNOW / NO ANSWER .....A FEAR OF THREATS / CONSEQUENCES / MORE VIOLENCE.....B VIOLENCE NORMAL / NOT SERIOUS.....C EMBARRASSED / ASHAMED / AFRAID WOULD NOT BE BELIEVED OR WOULD BE BLAMED .....D BELIEVED NOT HELP / KNOW OTHER WOMEN NOT HELPED .....E AFRAID WOULD END RELATIONSHIP .....F AFRAID WOULD LOSE CHILDREN .....G BRING BAD NAME TO FAMILY .....H NOT AWARE OF SERVICES .....I LOYALTY/LOVE FOR PARTNER/HUSBAND .....J UNABLE TO FINANCIAL SUPPORT HERSELF AND CHILDREN .....K OTHER (specify): _____ _____ ..X	
913	Is there anyone that you would like (have liked) to receive (more) help from? Who? MARK ALL RESPONSES GIVEN	NO-ONE MENTIONED..... A FAMILY .....B HER MOTHER.....C HIS MOTHER..... D HEALTH CENTER .....E POLICE .....F RELIGIOUS LEADER..... G COURTS..... H NGO…. .....I FRIENDS .....J ATOLL/ISLAND OFFICE ..... K IWDCs….....L SOCIAL WORKER / COUNSELOR .....M MGF …. ..... N OTHER (specify): _____ X	
914	Did you ever leave, even if only overnight, because of his behaviour? IF YES, How many times? (MORE OR LESS)	NUMBER OF TIMES LEFT .....[ ][ ] NEVER ..... **00** N.A. (NOT LIVING TOGETHER) ..... **97** DON'T KNOW / DON'T REMEMBER ..... 98 REFUSED / NO ANSWER 99	**⇒919** **⇒S.10**
915	What were the reasons why you left <u>the last time</u>? MARK ALL MENTIONED	NO PARTICULAR INCIDENT ..... A ENCOURAGED BY FRIENDS / FAMILY.....B COULD NOT ENDURE MORE .....C BADLY INJURED ..... D HE THREATENED OR TRIED TO KILL HER.....E HE THREATENED OR HIT CHILDREN.....F SAW THAT CHILDREN SUFFERING..... G THROWN OUT OF THE HOME..... H AFRAID SHE WOULD KILL HIM.....I ENCOURAGED BY ORGANIZATION: _____.....J AFRAID HE WOULD KILL HER ..... K OTHER (specify): _____.... X	

916	Where did you go the last time? MARK ONE	HER RELATIVES ..... 1 HIS RELATIVES..... 2 HER FRIENDS / NEIGHBOURS..... 3 HOTEL / LODGINGS ..... 4 STREET ..... 5 OTHER (specify): _____... 96 DON'T KNOW / DON'T REMEMBER ..... 98 REFUSED / NO ANSWER 99	
917	How long did you stay away the last time? RECORD NUMBER OF DAYS OR MONTHS	NUMBER OF DAYS (IF LESS THAN ONE MONTH) .... [ ][ ] ..1 NUMBER OF MONTHS (IF ONE MONTH OR MORE) . [ ][ ] ..2 LEFT PARTNER/DID NOT RETURN / NOT WITH PARTNER .. **3**	⇒**MDV920**
918	What were the reasons that you returned? MARK ALL MENTIONED AND GO TO SECTION 10	DIDN'T WANT TO LEAVE CHILDREN..... A SANCTITY OF MARRIAGE.....B FOR SAKE OF FAMILY / CHILDREN (FAMILY HONOUR).....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 COULD NOT STAY THERE (WHERE SHE WENT) ..... K VIOLENCE NORMAL / NOT SERIOUS .....L OTHER (specify): _____..... X	**FOR ALL OPTIONS GO TO Q.MDV 920**
919	What were the reasons that made you stay? MARK ALL MENTIONED	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 NOWHERE TO GO..... K VIOLENCE NORMAL / NOT SERIOUS .....L OTHER (specify): _____..... 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?

1001a	Since the age of 15, has anyone (FOR WOMEN WITH CURRENT OR PAST PARTNER: other than your partner/husband) ever slapped you, pushed or shoved you or hit you with their fist or with something else that could hurt you? IF YES: Who did this to you? PROBE: How about a relative? How about someone at school or work? How about a friend or neighbour? A stranger or anyone else?	NO ONE ..... **A** FATHER ..... B STEP FATHER ..... C OTHER MALE FAMILY MEMBER ..... D FEMALE FAMILY MEMBER: _____ E TEACHER ..... F POLICE/ SOLDIER ..... G MALE FRIEND OF FAMILY ..... H FEMALE FRIEND OF FAMILY ..... I BOYFRIEND ..... J STRANGER ..... K SOMEONE AT WORK ..... L RELIGIOUS LEADER ..... M OTHER (specify): _____ X	⇒ **1002** b) ASK ONLY FOR THOSE MARKED. How many times did this happen? Once or twice, a few times, or many times Once or twice / A few times / Many times 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3
1002a	Since the age of 15, has anyone (FOR WOMEN WITH CURRENT OR PAST PARTNER: other than your partner/husband) ever tried to force or forced you to have sex or to perform a sexual act when you did not want to? IF YES: Who did this to you? PROBE: How about a relative? How about someone at school or work? How about a friend or neighbour? A stranger or anyone else?	NO ONE ..... **A** FATHER ..... B STEP FATHER ..... C OTHER MALE FAMILY MEMBER ..... D FEMALE FAMILY MEMBER: _____ E TEACHER ..... F POLICE ..... G MALE FRIEND OF FAMILY ..... H FEMALE FRIEND OF FAMILY ..... I BOYFRIEND ..... J STRANGER ..... K SOMEONE AT WORK ..... L RELIGIOUS LEADER ..... M OTHER (specify): _____ .X	⇒ **1003** b) ASK ONLY FOR THOSE MARKED. How many times did this happen? Once or twice, a few times, or many times Once or twice / A few times / Many times 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3

1003a		NO ONE.....A	⇒ **1004**				
			ASK ONLY FOR THOSE MARKED IN 1003a				
	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?		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
	IF YES: Who did this to you?	FATHER.....B	[ ][ ]	[ ][ ]	1	2	3
		STEP FATHER.....C	[ ][ ]	[ ][ ]	1	2	3
		OTHER MALE FAMILY MEMBER / (BROTHER, ETC) _____ ....D	[ ][ ]	[ ][ ]	1	2	3
	IF YES OR NO CONTINUE: How about someone at school? How about a friend or neighbour? Has anyone else done this to you?	FEMALE FAMILY MEMBER: _____ .....E	[ ][ ]	[ ][ ]	1	2	3
		TEACHER .....F	[ ][ ]	[ ][ ]	1	2	3
		POLICE/ SOLDIER.....G	[ ][ ]	[ ][ ]	1	2	3
		MALE FRIEND OF FAMILY .....H	[ ][ ]	[ ][ ]	1	2	3
		FEMALE FRIEND OF FAMILY I	[ ][ ]	[ ][ ]	1	2	3
		BOYFRIEND.....J	[ ][ ]	[ ][ ]	1	2	3
		STRANGER.....K	[ ][ ]	[ ][ ]	1	2	3
	IF YES: Who did this to you?	SOMEONE AT WORK.....L	[ ][ ]	[ ][ ]	1	2	3
		RELIGIOUS LEADER.....M	[ ][ ]	[ ][ ]	1	2	3
		OTHER (specify): _____ ...X	[ ][ ]	[ ][ ] DK = 98	1	2	3

1004	How old were you when you first had sex?	AGE YEARS (MORE OR LESS) .....[ ][ ] NOT HAD SEX .....**95** REFUSED / NO ANSWER 99	**⇒1006**
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 NOT WANT BUT HAD SEX .....2 FORCED TO HAVE SEX .....3 DON'T KNOW / DON'T REMEMBER .....8 REFUSED / NO ANSWER 9	
1006	When you were a child, was your mother hit by your father (or her husband or boyfriend)?	YES ..... 1 NO..... **2** PARENTS DID NOT LIVE TOGETHER..... **3** DON'T KNOW ..... **8** REFUSED / NO ANSWER 9	**⇒s10mar*** **⇒s10mar*** **⇒s10mar***
1007	As a child, did you see or hear this violence?	YES .....1 NO.....2 DON'T KNOW .....8 REFUSED / NO ANSWER 9	

*** CHECK: Ref.Sheet box A** *(s10mar)*	**EVER MARRIED (Options K,L,M) [ ]** ⇓ *(1)*	**NEVER MARRIED (Option N) [ ] ⇒** *(2)*	**⇒S.11**

1008	As far as you know, was your (most recent) husband/partner's mother hit or beaten by her husband?	YES .....1 NO .....**2** PARENTS DID NOT LIVE TOGETHER .....**3** DON'T KNOW .....**8** REFUSED / NO ANSWER 9	**⇒1010** **⇒1010** **⇒1010**
1009	Did your (most recent) husband / partner see or hear this violence?	YES .....1 NO .....2 DON'T KNOW .....8 REFUSED / NO ANSWER 9	
1010	As far as you know, was your (most recent) husband/partner himself hit or beaten regularly by someone in his family?	YES .....1 NO .....2 DON'T KNOW .....8 REFUSED / NO ANSWER 9	

MDV SECTION 11 TSUNAMI IMPACT – ONLY ASK TO PEOPLE FROM TSUNAMI-AFFECTED SAMPLE

Now I would like to ask you some questions related to how the Tsunami has impacted on you. First we are going to ask you some questions about your safety. When we say 'safety' we are referring to your personal safety from harm by other people, NOT safety from natural disasters or disease.

MDV 1101	Since the Tsunami, do you feel more safe, less safe or the same as before?	MORE SAFE .....1 LESS SAFE.....2 SAME AS BEFORE .....3 DON'T KNOW .....8 REFUSED / NO ANSWER 9	**⇒MDV 1103** **⇒MDV 1104** **⇒MDV 1104** **⇒MDV 1104**
MDV 1102	Why do you feel more safe? MARK ALL	NO ANSWER .....A LIVING WITH FAMILY .....B PEOPLE ALWAYS AROUND .....C PART OF A CLOSE KNIT COMMUNITY.....D OTHER (specify)_____.....X	**FOR ALL OPTIONS GO TO MDV 1104**
MDV 1103	Why do you feel less safe? MARK ALL	NO ANSWER .....A LIVING WITH STRANGERS/ NON-RELATIVES .....B LIVING IN CONGESTED ENVIRONMENT .....C SHARING SLEEPING ROOMS WITH OTHERS D LACK OF PRIVACY IN TOILETING/BATHING FACILITIES .....E SHARING TOILETING/BATHING FACILITIES WITH MANY PEOPLE.....F LACK OF LIGHT AT NIGHT .....G OTHER (specify)_____.....X	**FOR ALL OPTIONS GO TO MDV 1104**
MDV 1104	What would make you and your family feel more safe?	NO ANSWER .....A NOT LIVING WITH STRANGERS/ NON-RELATIVES .....B NOT LIVING IN CONJESTED ENVIRONMENTC NOT SHARING SLEEPING ROOMS WITH OTHERS .....D MORE PRIVACY IN TOILETING/BATHING FACILITIES .....E MORE LIGHT AT NIGHT.....F ATTENDING FAMILIAR SCHOOL.....G SAFE PLAY AREAS FOR CHILDREN.....H OTHER (specify):_____.....X	

			MORE	LESS	SAME	
MDV 1105	Following the Tsunami, have the following types of incidents become more common, less common or stayed the same?	a) Arguments/fights between partners	1	2	3	
		b) Harassment on street	1	2	3	
		c) Physical violence	1	2	3	
		d) Sexual abuse	1	2	3	
		e) Child abuse	1	2	3	

SECTION 11 FINANCIAL AUTONOMY

Now I would like to ask you some questions about things that you own and your earnings. 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:

FOR EACH PROBE: Do you own this on your own, or do you own it with others?

		YES Own by self	YES Own with others	NO Don't own
a)	LAND	1	2	3
b)	HOUSE	1	2	3
c)	COMPANY	1	2	3
e)	SMALL ANIMALS			
f)	PRODUCE	1	2	3
		1	2	3
g)	HOUSEHOLD ITEMS	1	2	3
h)	JEWELLRY	1	2	3
i)	BICYCLE	1	2	3
j)	MOTOR CAR	1	2	3
k)	SAVINGS IN BANK	1	2	3
l)	MOTOR BIKE	1	2	3
m)	DHONI / BOAT	1	2	3
x)	OTHER PROPERTY:	1	2	3
	_____	1	2	3

1102 a) Do you earn money by yourself?

a) NO ..... **A** ⇒ ***s11mar**

IF YES, What exactly do you do to earn money?
ASK ALL. SPECIFY.

		YES	NO
b)	Job — b) JOB: _____	1	2
c)	Selling things, trading — c) SELLING / TRADING: _____	1	2
d)	Doing seasonal work — d) SEASONAL WORK: _____	1	2
e)	Rental property — e) RENTAL PROPERTY: _____	1	2
x)	Any other activity, specify — x) OTHER: _____	1	2

* CH ECK: Ref. Sheet, box A	CURRENTLY MARRIED / (Option K) [ ]	NOT CURRENTLY MARRIED / (CURRENT OR PAST PARTNER) (Options L, M, N) [ ] ⇒	⇒S.12
(s11mar)	*(1)*	*(2)*	
CHECK 1102	**1. OPTIONS b) c) d) or x) MARKED [ ]**	**2. OPTION a) MARKED [ ] ⇒**	**⇒1105**

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 / OWN CHOICE 1
- GIVE PART TO HUSBAND 2
- GIVE ALL TO HUSBAND 3
- DON'T KNOW 8
- REFUSED / NO ANSWER 9

1104	Would you say that the money that you bring into the household / 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 REFUSED / NO ANSWER..... 9	
1105	Have you ever given up/refused a job for money because your husband did not want you to work?	YES..... 1 NO..... 2 DON'T KNOW / DON'T REMEMBER..... 8 REFUSED / NO ANSWER..... 9	
1106	Has your husband ever taken any of your earnings or savings from you against your will? IF YES: Has he done this once or twice, several times or many times?	NEVER..... 1 ONCE OR TWICE..... 2 SEVERAL TIMES..... 3 MANY TIMES / ALL OF THE TIME..... 4 N/A (DOES NOT HAVE SAVINGS/EARNINGS) 7 DON'T KNOW / DON'T REMEMBER..... 8 REFUSED / NO ANSWER..... 9	
1107	Does your husband ever refuse to give you money for household / necessary personal expenses, even when he has money for other things? IF YES: Has he done this once or twice, several times or many times?	NEVER..... 1 ONCE OR TWICE..... 2 SEVERAL TIMES..... 3 MANY TIMES / ALL OF THE TIME..... 4 N/A (PARTNER DOES NOT EARN MONEY)..... 7 DON'T KNOW / DON'T REMEMBER..... 8 REFUSED / NO ANSWER..... 9	
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 another source?	YES..... 1 NO..... 2 DON'T KNOW..... 8 REFUSED / NO ANSWER..... 9	

SECTION 12 COMPLETION OF INTERVIEW

1201	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. No matter what you have already told me, I would like you to put a mark below 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. Please put a mark below 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 envelope. This will ensure that I do not know your answer. GIVE RESPONDENT CARD AND PEN. MAKE SURE THAT THE RESPONDENT FOLDS THE CARD; PUTS IT IN THE ENVELOPE;	CARD **1** GIVEN FOR COMPLETION..... 1 CARD **1** NOT GIVEN FOR COMPLETION 2	

CHECK: **Ref. Sheet, box A** *(s7mar)*	**EVER MARRIED / EVER HAD A SEXUAL PARTNER / BOYFRIEND** **(Options K, L, M)** [ ] ⇓ *(1)*	**NEVER MARRIED / NEVER SEXUAL PARTNER / BOYFRIEND** **(Option N)** [ ] ⇒ *(2)*	**⇒1203**

MDV 1201	I would now like to give you another card (adult faces). This time, no matter what you have already told me, I would like you to put a mark below the sad picture if, a current or previous husband/partner has ever slapped you, has thrown something at you, pushed you, shoved you or pulled your hair, hit you with his fist or something else that could hurt you, kicked you, dragged you, beat you up, chocked or burnt you on purpose or threatened to use or actually used a gun, knife or other weapon against you? Please put a mark below the happy face if this has never happened to you. Once you have marked the card, please fold it over and put it in the same envelope. This will ensure that I do not know your answer. GIVE RESPONDENT CARD. MAKE SURE THAT THE RESPONDENT FOLDS THE CARD; PUTS IT IN THE ENVELOPE; AND SEALS THE ENVELOPE BEFORE GIVING IT BACK TO YOU. ON LEAVING THE INTERVIEW SECURELY ATTACH THE ENVELOPE TO THE QUESTIONNAIRE AND WRITE THE QUESTIONNAIRE CODE ON THE ENVELOPE.	CARD **2** GIVEN FOR COMPLETION..... 1 CARD **2** NOT GIVEN FOR COMPLETION 2	

1202	We have now finished the interview. Do you have any comments, or is there anything else you like to add? _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____		
1203	I have asked you about many difficult things. How has talking about these things made you feel? WRITE DOWN ANY SPECIFIC RESPONSE GIVEN BY RESPONDENT _____ _____ _____ _____ _____ _____ _____	GOOD/BETTER ..... 1 BAD/WORSE..... 2 SAME/ NO DIFFERENCE . 3	
1204	Finally, do you agree if we contact you again if we need to ask a few more questions for clarification?	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 also that you are strong, and have survived through some difficult circumstances.

Here is a list of organisations that provide support services to women in Maldives. 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 services to women in Maldives. 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.

1205. RECORD TIME OF END OF INTERVIEW: Hour [ ][ ] (24 h)
Minutes [ ][ ]

1206. ASK THE RESPONDENT. How long did you think the interview lasted ?
Hours [ ] Minutes [ ][ ]

INTERVIEWER COMMENTS TO BE COMPLETED AFTER INTERVIEW

ANNEX 2: SAMPLING FRAME FOR TSUNAMI SAMPLE

The 14 most affected islands were separated into three groups:

- islands with population less than 500
- islands with population between 501 and 1000
- islands with population greater than 1000

Then one island was randomly selected from each group. The selected islands have not been revealed in order to protect the confidentiality of the respondents.

As the original sample represented 6% of the national population, the same proportion for the tsunami-affected islands was used. 6% of the total number of households in each group was calculated as the household sample for each group.

Group	Island	Total women	Women aged 15-49	Total HH
Group 1	Dh.Ribudhoo	227	109	92
	M.Madifushi	66	39	24
	M.Naalaafulshi	148	67	47
	Dh.Gemendhoo	176	74	63
	L.Kalhaidhoo	208	98	71
Group 2	M.Muli	413	199	119
	Ha. Filladhoo	343	125	120
	M.Kolhufushi	497	228	151
	Th.Madifushi	372	168	104
	L.Dhabidhoo	318	134	106
	L.Mundoo	253	93	80
Group 3	R.Kadholhudhoo	1428	603	413
	Th.Vilufushi	599	254	186
	Ga.Villingili	1132	485	364
	TOTAL	6180	2676	1940
Tsunami sample:(6%of Total HH sample)			116 + 25% (= 145)	

ANNEX 3: STATISTICAL APPENDIX

Appendix Table 1: Prevalence of partner physical and/or sexual violence, by site (countries who participated in the WHO Multi-country Study) (Garcia-Moreno et al., 2005: 28).

Site	Physical violence		Sexual violence		Physical and/or sexual violence		Total no. of respondents
	Ever (%)	Current (%)	Ever (%)	Current (%)	Ever (%)	Current (%)	
Bangladesh city	39.7	19.0	37.4	20.2	53.4	30.2	1373
Bangladesh province	41.7	15.8	49.7	24.2	61.7	31.9	1329
Brazil city	27.2	8.3	10.1	2.8	28.9	9.3	940
Brazil province	33.8	12.9	14.3	5.6	36.9	14.8	1188
Ethiopia province	48.7	29.0	58.6	44.4	70.9	52.7	2261
Japan city	12.9	3.1	6.2	1.3	15.4	3.8	1276
Namibia city	30.6	15.9	16.5	9.1	35.9	19.5	1367
Peru city	48.6	16.9	22.5	7.1	51.2	19.2	1086
Peru province	61.0	24.8	46.7	22.9	69.0	34.2	1534
Samoa	40.5	17.9	19.5	11.5	46.1	22.4	1204
Serbia & Montenegro city	22.8	3.2	6.3	1.1	23.7	3.7	1189
Thailand city	22.9	7.9	29.9	17.1	41.1	21.3	1048
Thailand province	33.8	13.4	28.9	15.6	47.4	22.9	1024
United Republic of Tanzania city	32.9	14.8	23.0	12.8	41.3	21.5	1442
United Republic of Tanzania province	46.7	18.7	30.7	18.3	55.9	29.1	1256

Appendix Table 2: Prevalence of non-partner physical and/or sexual violence since the age of 15 years, by site (countries who participated in the WHO Multi-country Study) (Garcia-Moreno et al., 2005: 44)

Site	Physical violence		Sexual violence		Physical and/or sexual violence		Total no. of respondents
	N	%	N	%	N	%	
Bangladesh city	279	17.4	122	7.6	352	22.0	1603
Bangladesh province	164	10.7	8	0.5	168	11.0	1527
Brazil city	245	20.9	80	6.8	287	24.5	1172
Brazil province	192	13.0	68	4.6	234	15.9	1472
Ethiopia province	149	4.9	9	0.3	154	5.1	3016
Japan city	64	4.7	48	3.5	102	7.5	1368
Namibia city	288	19.2	96	6.4	328	21.9	1498
Peru city	401	28.4	145	10.3	476	33.7	1414
Peru province	587	32.0	207	11.3	694	37.8	1837
Samoa	1016	62.0	174	10.6	1059	64.6	1640
Serbia & Montenegro city	139	9.6	56	3.9	173	11.9	1453
Thailand city	117	7.6	94	6.1	186	12.1	1534
Thailand province	121	9.5	33	2.6	144	11.3	1280
United Republic of Tanzania city	349	19.2	209	11.5	484	26.7	1816
United Republic of Tanzania province	230	15.9	135	9.4	319	22.1	1443

Appendix Table 3: Prevalence of child sexual abuse before the age of 15 years, by site (countries who participated in the WHO Multi-country Study) (Garcia-Moreno et al., 2005: 50).

Site	Best estimate %[20]	Total no. of respondents
Bangladesh city	7.4	160
Bangladesh province	1.0	1527
Brazil city	11.6	1172
Brazil province	8.7	1473
Ethiopia province	7.0	3014
Japan city	13.8	1361
Namibia city	21.3	1492
Peru city	19.5	1414
Peru province	18.1	1837
Samoa	1.8	1640
Serbia & Montenegro city	4.2	1453
Thailand city	8.9	1534
Thailand province	4.9	1280
United Republic of Tanzania city	12.2	1816
United Republic of Tanzania province	9.5	1443

[20] In those sites where anonymous reporting was not linked to the individual questionnaire, the best estimate is the highest prevalence given by either of the two methods; in the sites where anonymous reports could be linked to the questionnaires, abuse as reported by either method is included

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