Multilevel analysis of factors associated with perinatal intimate partner violence among postpartum population in Southern Ethiopia

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Supplementary Table S1: Data collection tool on postpartum women’s health and life events in Wolaita zone, Southern Ethiopia

General background of survey participants and screening format to participate in the survey (Filled by data collectors before commencing face-to-face interview)

| No. | Questions and Filters                                      | Coding category | Address Name | Skip |
|-----|-----------------------------------------------------------|-----------------|--------------|------|
| 01  | Participant located using Woreda                         | 1 Yes           | 2. No        |      |
| 02  | Participant located using Kebles                          | 1. Yes          | 2. No        |      |
| 03  | Participant located by Village/block/Got                  | 1. Yes          | 2. No        |      |
| 04  | Participant located by household head                     | 1. Yes          | 2. No        |      |
| 05  | Participant located by house number                       | 1. Yes          | 2. No        |      |
| 06  | Participant located by phone address                      | 1. Yes          | 2. No        |      |
| 07  | Code of Questionnaire                                     | Woreda Keble    | Women code   |      |

Name of data collector ____________________________ sig. _______ Date _______________

Name of data Supervisor:__________________________ sig. _______ Date _______________

Date of data interview ___________________________ /_________/_____________

Section 1: Sociodemographic characteristics of the study participants in the Wolaita zone, Southern Ethiopia

| Sr.No | Questions                                           | Response Category                        | Skip patterns |
|-------|-----------------------------------------------------|------------------------------------------|---------------|
| 101   | Where is your area of residence?                    | 1. Rural 2. Urban                        |               |
| 102   | How old were you at your last birthday?             | Age in the completed years               |               |
| 103   | What is your Ethnicity?                             | 1. Wolaita 2. Gurage 3. Amhara 4. Dawuro 5. Others Specify |        |
| 104   | What is your religion?                              | 1. Orthodox Christian 2. Protestant Christian |    |
| Question                                                                 | Option 1 | Option 2 | Option 3 | Option 4 | Option 5 |
|------------------------------------------------------------------------|----------|----------|----------|----------|----------|
| 105 Have you ever attended school?                                     | Yes      | No (illiterate) |
| 106 If Yes to Q105, what is the highest level of school you attended? | Grade    | Primary (1-8 grade) | Secondary (9-12 grade) | Technical/vocational (10+3 and above) | Higher (College and above) |
| 107 Had your mother ever attended school?                              | Yes      | No       | I don’t know |
| 108 If Yes to Q107, what is the highest level of school your mother attended? | Grade    | Primary (1-8 grade) | Secondary (9-12 grade) | Technical/vocational (10+3 and above) | Higher (College and above) |
| 109 What is your current occupation?                                   | Housewife/farmer | Government employee | Private employee | NGO employee | Merchant |
| 110 In addition to your house work, do you have any other work for which you are paid in cash or in kind? | Yes      | No       |
| 111 If Yes to Q110, on average how much birr is paid for you per month? | ET. Birr  |
| 112 Do you usually work throughout the year, or do you work seasonally, or only once in a while? | Throughout the Year | Seasonally/Part of the Year | Once in a while |
| 113 What age were you when you married?                                 | years    |
| 114 How long have you been married to your current husband?             | years    |
| 115 How much you are younger or older than your partner?                | Years    | Younger than spouse | The same age as spouse | Older than spouse |
| Question                                                                 | Options                                                                 | 1. Yes | 0. No | 3. I don’t Know | 4. I didn’t remember it |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|--------|-------|-----------------|------------------------|
| Did you or your family receive price from the bride's or groom's family in kind or cash at the time of your marriage? | 1. Little dowry 2. Some dowry 3. huge dowry 4. I didn’t remember it     |        |       |                 |                        |
| How you level the cost of bridal price according to groom and his family economic status? | 1. Farmer 2. Government employee 3. private employee 4. NGO employee 5. Merchant 6. Student 7. Others specify _______________ |        |       |                 |                        |
| What is current occupation of your husband?                             | 1. Farmer 2. Government employee 3. private employee 4. NGO employee 5. Merchant 6. Student 7. Others specify _______________ |        |       |                 |                        |
| What is approximate monthly income of your husband per month?           | __________ (ET. Birr)                                                   |        |       |                 |                        |
| How label your earnings when compared to your spouse?                   | 1. Earns less than spouse 2. Earns same as spouse 3. Earn more than spouse 4. Woman has No earning |        |       |                 |                        |
| Have your husband ever attended school?                                 | 1. Yes 0. No 3. I don’t Know If No & DK; skip to 224                    |        |       |                 |                        |
| If Yes to Q121, What is the highest level of school your attended?       | __________ Grade 1. Primary (1-8 grade) 2. Secondary(9-12) 3. Technical/vocational (10^3) 4. Higher(College and above) |        |       |                 |                        |
| How label your educational status when compared to your spouse?         | 1. Less educated than spouse 2. The same education as spouse 3. More educated than spouse |        |       |                 |                        |
| How many inhabitants residing in this house including you?             | ______________ Inhabitants                                              |        |       |                 |                        |
| Does your household own the following?                                  | 1. Yes 0. No                                                            |        |       |                 |                        |

| Electricity?                                                            | 1. Yes 0. No                                                            |        |       |                 |                        |
| Radio?                                                                 | 1. Yes 0. No                                                            |        |       |                 |                        |
| Television?                                                            | 1. Yes 0. No                                                            |        |       |                 |                        |
| Computer                                                               | 1. Yes 0. No                                                            |        |       |                 |                        |
| Question                                                                 | Yes | No |
|------------------------------------------------------------------------|-----|----|
| Non-mobile telephone functioning?                                      |     |    |
| Refrigerator?                                                          | Yes | No |
| Table?                                                                 | Yes | No |
| Chairs?                                                                | Yes | No |
| A bed with cotton/sponge/spring mattress?                              | Yes | No |
| An electric ‘Mitad’?                                                   | Yes | No |
| A kerosene lamp/pressure lamp?                                         | Yes | No |

126 Does any member of your household own the following?

| Question                                                                 | Yes | No |
|------------------------------------------------------------------------|-----|----|
| Watch?                                                                |     |    |
| Mobile phone?                                                          | Yes | No |
| Bicycle?                                                              | Yes | No |
| Motor cycle?                                                          | Yes | No |
| Animal drawn cart?                                                     | Yes | No |
| A car or truck                                                         | Yes | No |

127 Does any member of this household own any agricultural land?

| Question                                                                 | Yes | No |
|------------------------------------------------------------------------|-----|----|
| Watch?                                                                |     |    |
| Mobile phone?                                                          | Yes | No |
| Bicycle?                                                              | Yes | No |
| Motor cycle?                                                          | Yes | No |
| Animal drawn cart?                                                     | Yes | No |
| A car or truck                                                         | Yes | No |

128 If Yes to Q126, how many hectares? ___________ Hectares

129 Does this household own any livestock, herds, other farm animals, or poultry?

| Question                                                                 | Yes | No |
|------------------------------------------------------------------------|-----|----|
| Watch?                                                                |     |    |
| Mobile phone?                                                          | Yes | No |
| Bicycle?                                                              | Yes | No |
| Motor cycle?                                                          | Yes | No |
| Animal drawn cart?                                                     | Yes | No |
| A car or truck                                                         | Yes | No |

130 If yes to Q128, how many:

| Question                                                                 | Number |
|------------------------------------------------------------------------|--------|
| Cattle?                                                                |        |
| Milk cows or bulls                                                     |        |
| Horses, donkeys or Mules?                                              |        |
| Goats?                                                                 |        |
| Sheep?                                                                 |        |
| Chickens?                                                              |        |
# Section-2: Obstetric and Reproductive history of study participants in Wolaita zone

| Question | Details |
|----------|---------|
| 201      | How many children do you currently have? | Male _____ Female______ Total____ |
| 202      | How many pregnancies have you ever had? | _______ |
| 203      | Did any of these pregnancies ended in abortion (termination of pregnancy before 28 weeks of gestation)? | 1.Yes 0.No |
|          | If No skip to Q#205 | |
| 204      | If Yes to Q 203, how many of them ended in abortion? | _____ times |
| 205      | How many of your pregnancies were unintended? | _______ |
| 206      | What is the name of your index baby? | Name:----------------------------- |
|          | Sex of index baby? | Male……………………………1 |
|          | Female……………………………2 |
| 207      | In what month and year was your index baby born? | Date_____Month_____Year_______ |
|          | Age _____ in months | |
| 208      | Is your most recent pregnancy a planned one? (Read the options) | 1. Wanted to become pregnant  |
|          | 2. Wanted to delay pregnancy  |
|          | 3. Unwanted pregnancy  |
|          | 4. I didn’t thought about it  |
|          | 5. Don’t know  |
|          | 6. Not agreed to answer |
| 209      | If your answer is ‘‘1’’ for Q208, have you used anything or tried in any way to delay or avoid getting pregnant? | 1. Yes 0. No 3 Don’t know |
| 210      | If Yes for Q209, which one of the following contraception was used to prevent latest pregnancy? | 1. IUCD  |
|          | 2. Implants  |
|          | 3. Injectables  |
|          | 4. Pill  |
|          | 5. Male condom |
| Q    | Question                                                                 | Options                                                                 |
|------|--------------------------------------------------------------------------|-------------------------------------------------------------------------|
| 211  | What was the most important reason you stopped using this method?        | 1. Wanted to become pregnant  
2. Became pregnant while using  
3. Side effects  
4. Health concerns  
5. Difficult to use  
6. Infrequent sex/husband away  
7. Husband/partner disapproved  
8. Wanted more effective method  
9. Lack of access/too far  
10. Costs too much  
11. Difficult to get pregnant/menopausal  
12. Marital dissolution/separation  
13. Missed appointment  
14. Method not available  
15. Other(Specify)____________________  
16. Don’t know |
| 212  | Regarding your latest pregnancy, what was your husband’s condition? (Read the options) | 1. He wanted pregnancy  
2. He wanted to delay pregnancy  
3. He didn’t want a child now  
4. I didn’t mind about it  
5. I didn’t know/remember  
6. Not agreed to give an answer |
| 213  | Regarding your index pregnancy; what was your husband’s sex preferences? | 1. Male  
2. Female  
3. He didn’t mind it  
4. I didn’t know/remember  
5. Not agreed to give an answer |
| 214  | Where did you give your last delivery?                                   | 1. Hospital  
2. Health center  
3. Health post  
4. Home  
5. Other (specify) _____ |
| 215  | How much longer did you want to wait before you became pregnant for this birth (change into months)? | _____months |
| 216  | Have you used any contraceptive methods since this birth?                | 1. Yes  
0. No  
If No; skip to 221 |
| Question | Response Options |
|----------|------------------|
| 217      | What was your first family planning methods adopted since this birth? *Multiple responses are possible* |
|          | 1. IUCD  
|          | 2. Implants  
|          | 3. Injectable  
|          | 4. Pill  
|          | 5. Male condom  
|          | 6. Female condom  
|          | 7. Emergency contraception  
|          | 8. Traditional methods  
|          | 9. Others specify____________________ |
| 218      | If your answer is “Yes” for Q217; when you initiated first methods since this birth? |
|          | Date_____ Month_______ Year_____ |
| 219      | If your answer is “Yes” for Q217, up to what month and year have you been using (current methods) without stopping? |
|          | Date_____ Month_______ Year_____ |
| 220      | If Yes for Q217, reasons for contraceptive adoption |
|          | 1. Spacing  
|          | 2. Limiting  
|          | 3. Unknown  
| 221      | If your answer is “No” for Q217, reasons for not adopting contraception? |
|          | 1. Breast feeding  
|          | 2. Postpartum abstinence  
|          | 3. No resumption of menses  
|          | 4. counselled by health professionals  
|          | 5. Partner not wanting  
|          | 6. Friends not supporting  
|          | 7. others specify____________________ |
| 22        | Are you currently breastfeeding? |
|          | 1. Yes  
|          | 0. No  
|          | 3. Don’t know  
| 223      | How many times did you breastfeed last night between 6:00p.m. and 6:00a.m.? |
|          | Number of night time feedings_______________ |
| 224      | How many times did you breastfeed yesterday between 6:00a.m. and 6:00p.m.? |
|          | Number of day time feedings  
|          | ________________  
| 225      | Average duration of breastfeeding in each episode |
|          | _____________in minutes! |
| 226      | Has your menstrual period returned since this birth? |
|          | 1. Yes  
|          | 0. No  
|          | 3. I don’t know  
|          | If No skip to Q#228  
| 227      | When your first menses have resumed since this birth? |
|          | Date_____ Month_______ Year_____ |
| 227B     | For how many months after the birth of index child, did you not have a period? |
|          | 1. Months______/_______  
|          | 2. Don’t know  

8 | Page
| Question                                                                 | Options                                                                 |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant? | 1. Yes  
0. No  
3. I don’t know |
| If your answer is ‘’YES’’ for Q 228, is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods? | 1. Just before her period begins  
2. During her period  
3. Right after her period has ended  
4. Halfway between two periods  
5. Other specify _________________  
6. I don’t know |
| After the birth of a child, can a woman become pregnant before her menstrual period has resumed? | 1. Yes  
0. No  
3. I don’t know |
| Have you had sexual intercourse since this birth?                        | 1. Yes  
0. No |
| When was your first sexual intercourse since this birth? (Read options)  | Date______ Month_______ Year____   
1. Before menses resumes  
2. After menses resumes  
3. Before contraceptive adoption  
4. After contraceptive adoption |
| For how many months after the birth of index child; did you not have sexual intercourse? | Months_______/________  
Don’t know |

*Reproductive double column calendar was used to measure contraceptive adoption and discontinuation*

**Section 3: Household’s decision making, asset ownerships and women spouses’ characteristics**

| Question                                                                 | Options                                                                 |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| Who usually decides how to spend the money that you earn? You, your husband/partner, both, or someone else? | 1. Yourself  
2. Your husband  
3. Jointly (you and your husband)  
4. Someone else |
| Who usually decides how your husband’s earnings will be used: you, your husband, or you and your (husband/partner) jointly? | 1. Alone  
2. My husband  
3. Jointly(you and your husband)  
4. Someone else |
| Who usually makes decisions about health care for yourself: you, your (husband/partner), you and your (husband/partner) jointly, or someone else? | 1. Alone  
2. My husband  
3. Jointly(you and your husband)  
4. Someone else |
| Question                                                                 | Options                                                                 |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| Who usually makes decisions about making major household purchases?     | 1. Yourself  <br> 2. Husband  <br> 3. Jointly(you and your husband)  <br> 4. Someone else |
| Who usually makes decisions about making daily household expenses?       | 1. Yourself  <br> 2. Husband  <br> 3. Jointly(you and your husband)  <br> 4. Someone else |
| Who usually makes decisions to visit family or relative?                 | 1. Yourself  <br> 2. Husband  <br> 3. Jointly(You and your husband)  <br> 4. Someone else |
| Does your husband help you with household chores like looking after children, cooking, cleaning the house and doing other work around the house? | 1. Yes  <br> 0. No  <br> If No, skip to 309 |
| Does he help you almost every day, at least once a week or rarely?       | 1. Almost every  <br> 2. At least once a week  <br> 3. Rarely |
| Do you own this or any other house either alone or jointly with someone else? | 1. Alone only  <br> 2. Jointly only  <br> 3. Both alone and jointly  <br> 4. Does not own  <br> If Does not own, Skip to 312 |
| Do you have a title deed for any house you own?                         | 1. Yes  <br> 0. No  <br> 3. Don’t know  <br> If No and DK, skip to 312 |
| Is your name on the title deed?                                         | 1. Yes  <br> 0. No  <br> 3. Don’t know |
| Do you own any agricultural or non-agricultural land either alone or jointly with someone else? | 1. Alone only  <br> 2. Jointly only  <br> 3. Both alone and jointly  <br> 4. Does not own |
| Is your name on the title deed?                                         | 1. Yes  <br> 0. No  <br> 3. Don’t know |
| 314 | Do you have a title deed for any land you own? | 1. Yes  
0 No  
3 Don’t know |
| 315 | How you label alcohol (Areke, Teji, Tela, Beer, wine etc.) Consumption status of your husband? | 1. Does not drink  
2. Drinks/never gets drunk  
3. Get drunk sometimes  
4. Gets drunk very |
| 316 | How your husbands chew chat? | 1. Daily  
2. 1 to 2 times in a week  
3. 1 to 3 times in a month  
4. Never chew chat  
II don’t remember  
5. I don’t know |
| 317 | Is your partner use tobacco? | 1. Yes  
0 No  
3. Don’t Know |
| 318 | Did your husband engaged in any conflicts with anybody since you’re engaged in this marriage? | 1. Yes  
0 No  
3 Don’t know |
| 319 | If yes for Q318, how often did he engage in conflict in last 12 months? | 1.Daily  
2. 1 to 2 times  
3. 3 to 5 times  
4. More than 5 times  
5. I don’t remember  
6. I don’t know |
| 320 | Did your current husband have any relationship with other women out of you? | 1. Yes  
2. No  
3. It may be  
4. I don’t know  
5. Not agreed to answer |
| 321 | Did your husband born any children from other women since this marriage? | 1. Yes  
2. No  
3. It may be  
4. I don’t know  
5. Not agreed to answer |
| 322 | Did you have an exposure as a child, whether your current/ex father had ever beaten your mother? | 1. Yes  
0. No  
3. Don’t know |
| 323 | Do you think violence from your husband is normal? | 1. Yes  
0. No  
3 Don’t Know |
| 324 | In your opinion, is a husband justified in hitting or beating his wife in the following situations: a.) If she goes out without telling him? b.) If she neglects the children? c.) If she argues with him? | a. Goes out  
Yes No DK  
1 2 3 |
Session 4: Perinatal intimate partner violence among postpartum women in the Wolaita zone, Southern Ethiopia.

When two people marry or live together, they usually share both good and bad moments. I would now like to ask you some questions about your current and past relationships and how your husband / partner treat (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?

401. With your current husband; did you have any communication in following issues?

| Question                                                                 | 1. Yes | 2. No | 3. DK |
|--------------------------------------------------------------------------|--------|-------|-------|
| Did you communicate your days with husband?                              |        |       |       |
| Did your husband communicate his day with you?                           |        |       |       |
| Did you share daily stressful events with your husband?                  |        |       |       |
| Did your husband share daily stressful events with you?                  |        |       |       |

402. How often times you have engage in conflict with your current husband?

Rarely……..1  Sometimes…….2  Always…..3  I don’t know/remember ........4  Refused to answer….1

403  I am now going to ask you about some situations that are true for many women. Thinking about your
| former/current husband, would you say it is generally true that he: |
|---------------------------------------------------------------|
| A. Tries to keep you from seeing your friends? 1. Yes 2. No 3. DK |
| B. Tries to restrict contact with your family of birth? 1. Yes 2. No 3.DK |
| C. Insists on knowing where you are at all times? 1. Yes 2. No 3.DK |
| D. Ignores you and treats you in differently? 1. Yes 2. No 3.DK |
| E. Gets angry if you speak with another man? 1. Yes 2. No 3.DK |
| F. Is often suspicious that you are unfaithful? 1. Yes 2. No 3. DK |
| G. Expects you to ask his permission before seeking 1. Yes 2. No 3.DK |

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

| Did you experience the following events from your former/current partners in three periods (before, during and after pregnancy)? |
|---------------------------------------------------------------|
| 1. Yes 2. No → B) 1.Once 2.Few 3.Many |
| 1. Yes 2. No → C) 1.Once 2.Few 3.Many |
| 1. Yes 2. No → 405) 1.Once 2.Few 3.Many |

A. Insulted you or made you feel bad about yourself? 1 2 3 1 2 3 1 2 3

B. Belittled or humiliated you in front of other people? 1 2 3 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 3                                                                                                       |
|    | 1 2 3                                                                                                       |
|    | 1 2 3                                                                                                       |

| D. | Threatened to hurt you or someone you care about?                                                            |
|----|-------------------------------------------------------------------------------------------------------------|
|    | 1 2                                                                                                         |
|    | 1 2                                                                                                         |
|    | 1 2                                                                                                         |

| 405 | Did you experience the following events from your former/current partners in three periods (before, during and after pregnancy)? |
|-----|-----------------------------------------------------------------------------------------------------------------|
|     | A) Has this happened in 12 months before latest pregnancy?                                                       |
|     | a) If 'Yes'→''b''                                                                                               |
|     | b) If 'No'→''B''                                                                                                |
|     | b) Was it happened once, a few times or many times?                                                             |
|     | B) Has this happened during latest pregnancy?                                                                  |
|     | a) If 'Yes'→''b''                                                                                               |
|     | b) If 'No'→''C''                                                                                                |
|     | b) Was it happened once, a few times or many times?                                                             |
|     | C) Has this happened following index child birth?                                                                |
|     | a) If 'Yes'→''b''                                                                                               |
|     | b) If 'No'→''406''                                                                                              |
|     | b) Was it happened once, a few times or many times?                                                             |

|     | 1. Yes 2. No→B)                                                                                                 |
|-----|-----------------------------------------------------------------------------------------------------------------|
|     | 1. Once 2. Few 3.Many                                                                                           |

| A. | Slapped you or thrown something at you that could hurt you?                                                    |
|----|-----------------------------------------------------------------------------------------------------------------|
|    | 1 2                                                                                                             |
|    | 1 2                                                                                                             |
|    | 1 2                                                                                                             |
|    | 1 2 3                                                                                                           |
|    | 1 2 3                                                                                                           |
|    | 1 2 3                                                                                                           |

| B. | Pushed you or shoved you or pulled your hair?                                                                   |
|----|-----------------------------------------------------------------------------------------------------------------|
|    | 1 2                                                                                                             |
|    | 1 2                                                                                                             |
|    | 1 2                                                                                                             |
|    | 1 2 3                                                                                                           |
|    | 1 2 3                                                                                                           |
|    | 1 2 3                                                                                                           |

| C. | Hit you with his fist or with something else that could hurt you?                                               |
|----|-----------------------------------------------------------------------------------------------------------------|
|    | 1 2                                                                                                             |
|    | 1 2                                                                                                             |
|    | 1 2                                                                                                             |
|    | 1 2 3                                                                                                           |
|    | 1 2 3                                                                                                           |
|    | 1 2 3                                                                                                           |

| D. | Kicked you, dragged you or beat you up?                                                                        |
|----|-----------------------------------------------------------------------------------------------------------------|
|    | 1 2                                                                                                             |
|    | 1 2                                                                                                             |
|    | 1 2                                                                                                             |
|    | 1 2 3                                                                                                           |
|    | 1 2 3                                                                                                           |
|    | 1 2 3                                                                                                           |

| E. | Choked or burnt you on purpose?                                                                                  |
|----|-----------------------------------------------------------------------------------------------------------------|
|    | 1 2                                                                                                             |
|    | 1 2                                                                                                             |
|    | 1 2                                                                                                             |
|    | 1 2 3                                                                                                           |
|    | 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 |
|---|---|---|---|---|---|---|---|---|
|   | 1 | 2 | 3 | 1 | 2 | 3 | 1 | 2 |

406 Did you experience the following events from your current partners in three periods (before, during and after pregnancy)?

|   | A) |   | B) |   | C) |   |
|---|---|---|---|---|---|---|
|   | a) | Has this happened in the 12 months before latest pregnancy? | a) | Has this happened during latest pregnancy? | a) | Has this happened following index child birth? |
|   | If ‘Yes’→”b” |   | If ‘Yes’→”b” |   | If ‘Yes’→”b” |
|   | If ‘No’→”B” |   | If ‘No’→”C” |   | If ‘No’→”407” |
| b) | Was it happened once, a few times or many times? |   | b) | Was it happened once, a few times or many times? |   |

|   | 1. Yes 2. No(B) |   | 1. Yes 2. No(C) |   | 1. Yes 2. No(407) |
|---|---------------|---|---------------|---|---------------|
|   | 1. Once 2.Few 3.Many |   | 1. Once 2.Few 3.Many |   | 1. Once 2.Few 3.Many |

A. Did your former/current husband ever physically force you to have sexual intercourse when you did not want to?

|   | 1 | 2 |   | 1 | 2 |   | 1 | 2 |
|---|---|---|---|---|---|---|---|---|
|   | 1 | 2 | 3 | 1 | 2 | 3 | 1 | 2 |

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 |
|---|---|---|---|---|---|---|---|---|
|   | 1 | 2 | 3 | 1 | 2 | 3 | 1 | 2 |

C. Did your partner or any other partner ever force you to do something sexual that you found degrading or humiliating?

|   | 1 | 2 |   | 1 | 2 |   | 1 | 2 |
|---|---|---|---|---|---|---|---|---|
|   | 1 | 2 | 3 | 1 | 2 | 3 | 1 | 2 |

407 Check to see if women answered ‘Yes’ to any of the emotional violence questions (see question 404).

|   | Emotional violence………….1  No Emotional Violence………..2 |
|---|----------------------------------------------------------------|
|   | 1. Before pregnancy "If 1 and 2"→410 |
|   | 2. During pregnancy |
|   | 3. After pregnancy" If 2 and 3"→411 |
| Question | Description | Possible Answers |
|----------|-------------|------------------|
| 408      | Check to see if women answered ‘Yes’ to any of the physical violence questions (see question 405). | Physical violence………1 Physical Violence………2 ↓ 1. Before pregnancy ‘’If 1 and 2’’→410 2. During pregnancy 3. After pregnancy ‘’If 2 and 3’’→411 |
| 409      | Check to see if women answered ‘Yes’ to any of the sexual violence questions (see question 406). | Sexual violence…………1 Sexual Violence…………2 ↓ 1. Before pregnancy ‘’If 1 and 2’’→410 2. During pregnancy 3. After pregnancy ‘’If 2 and 3’’→411 |
| 410      | How you level violence occurrence during pregnancy as compared to pre-pregnancy period | Increased………1 Remained consistent ……2 Increased………3 Don’t remember………4 not agreed to answer………5 |
| 411      | How you level violence occurrence during pregnancy and postpartum | Increased………1 Remained consistent ……2 Increased………3 Don’t remember………4 not agreed to answer………5 |

I have completed my interview thank you very much!