BASELINE STUDY

COMBATTING GENDER-BASED VIOLENCE (CGBV) PROJECT IN BANGLADESH



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TABLE OF CONTENTS

ACK	NOWLEDGEMENTS	2
EXE	CUTIVE SUMMARY	7
1	INTRODUCTION	16
1.1	Overview of gender-based violence (GBV) in Bangladesh	16
1.2	Interventions addressing GBV and the gaps	17
1.3	UN Women Bangladesh Project: CGBV Overview	18
1.4	OBJECTIVES OF THE BASELINE STUDY	19
2	DESIGN of CGBV programme evaluation	22
2.1	EVALUATION QUESTIONS	22
2.2	CGBV STUDY SITES	22
2.3	CGBV IMPACT EVALUATION DESIGN	24
2.4	SAMPLE SIZE AND SELECTION	24
	2.4.1 Sample size	24
	2.4.2 Sample selection	25
3	BASELINE study methodology	28
3.1	Household enumeration	28
3.2	SURVEY TOOLS AND DEFINITIONS	28
3.3	Data collection methods, data quality monitoring and management	33
3.4	MEASUREMENT AND DATA ANALYSIS	34
3.5	ETHICAL CONSIDERATIONS	34
3.6	Strengths and limitations of the study	35

4	RESPONSE rates and profile of respondents	38
4.1	SOCIO-DEMOGRAPHIC CHARACTERISTICS OF FEMA STUDY PARTICIPANTS	LE 38
4.2	SOCIO-DEMOGRAPHIC CHARACTERISTICS OF COMMUNITY MALE SAMPLE	39
4.3	BACKGROUND CHARACTERISTICS OF THE FEMALE PARTICIPANTS' SPOUSES	44
4.4	LABOUR FORCE PARTICIPATION RATE	44
5	GENDER norms and attitudes, and acceptance of VAW	48
5.1	VIEWS SUPPORTING GENDER INEQUALITY/ EQUALITY	48
5.2	Acceptance of violence against women	50
5.3	JUSTIFICATION OF WIFE BEATING	54
5.4	GENDER NORMS AND ATTITUDES, ACCEPTANCE OF VAW IN GENERAL, AND JUSTIFICATION OF WIFE BEATING BY PARTICIPANT CHARACTERISTICS	56
5.5	SPOUSAL COMMUNICATION, VERBAL DISPUTE AND DECISION-MAKING IN THE HOUSEHOLD	5 9
6	INTIMATE partner violence against women	64
6.1	Any intimate partner violence	64
6.2	CONTROLLING BEHAVIOUR	66
6.3	ECONOMIC VIOLENCE	67
6.4	EMOTIONAL VIOLENCE	67
6.5	Physical violence	69
6.6	SEXUAL VIOLENCE	69
6.7	CURRENT (PAST 12 MONTHS) PREVALENCE OF DIFFERENT FORMS OF IPV BY PARTICIPANTS' DEMOGRAPHIC CHARACTERISTICS	71
6.8	SITUATIONS THAT LEAD TO SPOUSAL PHYSICAL VIOLENCE AGAINST WOMEN	73

7	IMPACT of intimate partner violence	76
7.1	FEAR OF HUSBAND/PARTNER	76
7.2	EFFECTS ON PHYSICAL AND MENTAL HEALTH	77
7.3	EFFECTS ON WORK	77
8	COPING with intimate partner violence	80
8.1	WHO THE WOMEN TALK TO ABOUT IPV	80
8.2	WHO TRIES TO HELP	80
8.3	WHO DO ABUSED WOMEN APPROACH FOR SUPPORT	81
8.4	LEAVING OR STAYING WITH A VIOLENT PARTNER	83
8.5	RESISTING OR PHYSICALLY PROTECTING HERSELF	84
9	VIOLENCE against women by non-partners	88
9.1	PHYSICAL VIOLENCE BY NON-PARTNERS	88
9.2	SEXUAL VIOLENCE BY NON-PARTNERS	90
9.3	SEXUAL HARASSMENT AGAINST WOMEN AND GIRLS	91
9.4	HARASSMENT ON PUBLIC TRANSPORT, IN EDUCATIONAL INSTITUTIONS AND IN THE WORKPLACE	92

10	COMMUNITY members' response to violence against women	96
10.1	RESPONSES WHEN THEY SEE OR HEAR ABOUT COUPLES FIGHTING	96
10.2	RESPONSES WHEN SOMEONE DIRECTLY TOLD ABOUT PARTNER VIOLENCE	98
10.3	PERCEPTION REGARDING PREVENTION OF VIOLENCE	98
10.4	RESPONSE TO NON-PARTNER SEXUAL VIOLENCE AGAINST WOMEN AND GIRLS	100
10.5	COMMUNITY'S RESPONSE TO ADDRESS VIOLENCE AGAINST WOMEN	100
11	DISCUSSION	106
Refe	erences	110
Ann	ex	112

LIST OF TABLES

Table 1.	Profile of the study districts			
Table 2.	Sample size	24		
Table 3.	Questionnaire modules and samples interviewed	29		
Table 4.	Socio-demographic characteristics of female and male study participants at baseline by arm	40		
Table 5.	Gender inequitable attitudes of females and males by arm	51		
Table 6.	Gender attitudes of females and males by study site	53		
Table 7.	Gender inequitable attitudes, acceptance of VAW and justification of wife-beating by female participants characteristics			
Table 8.	Gender inequitable attitudes, acceptance of VAW and justification of wife beating (tertiles) by male participants' characteristics	58		
Table 9.	Spousal communication and household decisions making by arm, N=1,436	59		
Table 10.	Controlling behaviour of husband towards ever married women aged 15-49 by arm, N=1,436	66		
Table 11.	Economic and emotional intimate partner violence against ever married women aged 15-49 by arm, N=1,436	68		
Table 12.	Physical and sexual intimate partner violence against ever married women aged 15-49 by arm	70		
Table 13.	Particular situations that lead to spousal physical violence against women	73		
Table 14.	Self-reported impact of spousal physical/sexual violence on women, N=938	77		
Table 15.	Disclosure of physical and/or sexual violence and help seeking by the women in past 12 months, N=296.	81		
Table 16.	Coping strategies by the women who survived physical and/or sexual intimate partner violence in past 12 months in study arms, N=296	84		
Table 17.	Non-partner physical violence experienced by the women aged 15-49 by arm, N=1,545	89		
Table 18.	Non-partner sexual violence experienced by the women aged 15-49 by arm, N=1,545	90		
Table 19.	Sexual harassment against females aged 15-49 by arm, N=1,545	91		
Table 20.	Harassment on public transport, in educational institutions and at workplace against females aged 15-49 by arm, N=1,524	93		
Table 21.	Women's and men's response to fighting of couples in the community that s/he witnessed or heard about	97		
Table 22.	Women's and men's response to survivor who reported spousal violence, 2019	99		
Table 23.	Women's and men's recommendation regarding prevention of violence	. 101		
Table 24.	Women's and men's responses to non-partner sexual violence against women and community's response to address VAW in study sites at baseline	. 103		

LIST OF FIGURES

Figure 1.	Female and male labour force participation rates by arm	45
Figure 2.	Female and male labour force participation rates by district	45
Figure 3.	Proportion of females and males agreed/strongly agreed with gender inequitable attitudes	49
Figure 4.	Females and males gender inequitable attitudes by arm	52
Figure 5.	Females and males agreed/strongly agreed with statements that support acceptance of VAW, N=1,545 \dots	52
Figure 6.	Acceptance of VAW among females and males by arm, N=1,545	55
Figure 7.	Females and males agreed/strongly agreed with statements on justification of wife-beating	55
Figure 8.	Justification of wife beating among females and males by arm	56
Figure 9.	Proportion of women usually make decisions by their own or jointly with their husband (2019), N=1,436.	61
Figure 10.	Lifetime and current (past 12 months) prevalence of different forms of IPV against women aged 15-49 years. N=1,436	65
Figure 11.	Women's experience of any economic, emotional, physical, sexual IPV in past 12 months by study site (2019), N=1,375	65
Figure 12.	Current (past 12 months) prevalence of different forms of IPV by age of women	71
Figure 13.	Current (past 12 months) prevalence of different forms of IPV by income earning status	72
Figure 14.	Current (past 12 months) prevalence of different forms of IPV by women's socio-economic status	72
Figure 15.	Fearing husband among ever abused and never abused women, N=1,436	76

EXECUTIVE SUMMARY

About 54% of married or previously married women in Bangladesh reported experiencing physical or sexual violence from their spouse at least once during their lifetime, a rate far exceeding the global average of 30%. About 18% of married women agreed that women can be beaten by their husband. More than one-quarter (28%) of women and girls experienced non-partner physical violence and 3% of them experienced non-partner sexual violence in their lifetime.

Introduction

The prevalence of violence against women (VAW) is high worldwide with one in three women being physically and/or sexually abused by an intimate partner. VAW is rooted in harmful notions of masculinities and social norms that tolerate violence and allow it to continue unchallenged. Despite implementation of numerous programmes over the last few decades, reduction in VAW in low- and middle-income countries (LMIC) is still not evident. This is largely due to the challenges in addressing such a complex issue as VAW on the one hand, and a lack of evidence-based programming on the other.

The rates of VAW in Bangladesh are among the highest in the world. About 54% of married or previously married women in Bangladesh reported experiencing physical or sexual violence from their spouse at least once during their lifetime, a rate far exceeding the global average of 30%. About 18% of married women agreed that women can be beaten by their husband. More than one-quarter (28%) of women and girls experienced non-partner physical violence and 3% of them experienced non-partner sexual violence in their lifetime. Approximately 43% of rural adolescent girls were subjected to sexual harassment in public spaces. National prevalence rates of workplace violence against women is unknown in Bangladesh. Nonetheless, one study of female garment workers in eight

factories found that in the past four weeks, 74% of workers reported experiencing or witnessing physical or emotional violence in the workplace, while 64% of managers reported perpetrating emotional violence.

While the magnitude of spousal violence against women has been well documented in Bangladesh, VAW at work, educational institutions and in the public space have not been studied enough. To address this data gap and the need for greater evidence-based VAW prevention programming, UN Women has initiated the Combatting Gender-Based Violence (CGBV) in Bangladesh project, supported by the Government of Canada. CGBV will focus on sustained and comprehensive primary prevention intervention at the level of the individual, family, community and social institutions.

Evidence-based interventions that enhance women's and girl's self-esteem and confidence, result in a review of masculinities and challenge existing norms that confer an inferior status on women will be implemented through community mobilization and family-based interventions. Concurrently, the project will increase the capacities of local government officials on VAW prevention and response through facilitating linkages with service providers and strengthening local governance and advocacy.

The CGBV programme components

The CGBV community-based interventions at the local district and community levels include four components:

- Project will adapt the community-based intervention, the SASA! Together approach, to engage with all the stakeholders across the communities to rethink and reshape the unequal power relations and discriminatory social norms, and assist in designing and implementing community-based interventions in a culturally and contextually responsive manner. The community activists and leaders will be trained on gender equality and gender relations analysis to advocate the prevention of violence against women and girls in the community.
- 2. Family-based intervention The CGBV will adapt and implement the family-based approach -- "Sammanit Jeevan" -- to train and sensitize selected families from communities to play active role in promoting harmonious roles within family members, to build their knowledge, to develop their skills in communicating with others for transforming gender norms and harmful behavioural practices and to promote building a healthy life. The NGO partners will be trained on this curriculum and will facilitate men's courtyard sessions, women's courtyard sessions and joint sessions, including extended family members (e.g. mothers-in-law) on gender norms in the family, relational power dynamics and VAW prevention.
- **3.** Local governance and participation -- upazila and union leaders and parishad members and VAW committees in project sites will be trained on gender-responsive budgeting and integrating gender and VAW prevention in local governance.

4. Linking and strengthening service providers - in project upazilas and unions, health, justice and legal service providers will be linked to NGOs and community leaders and will be trained on VAW, including a focus on primary prevention.

Objectives of the baseline study

The main objectives of this baseline study is to estimate the proportion of: i) women, aged 15-49 years, who have had one or more partners, who experienced physical, sexual and emotional violence by a current or former intimate partner in the past 12 months; ii) women aged 15-49 years, who experienced non-partner sexual violence in the past 12 months; iii) women and men who agree with one or more gender inequitable, VAW and wife-beating endorsing statements; iv) currently married women aged 15-49 who participate in making household decisions -- either by themselves or jointly with their husband; v) married or previously married women who earn an income and have control over their own earnings; vi) victim/survivors of physical or sexual violence, who have sought help, by sector (health, police, justice, social services); and vii) females participating in the labour force.

Design of CGBV Programme evaluation

The CGBV study employs a two-arm (intervention and control) Cluster Randomised Controlled Trial (CRCT) design, with villages serving as clusters. The study is being implemented in a total of 24 villages from Bogura, Cumilla and Patuakhali districts. Multi-stage sampling procedure used in the study was as follows: (1) Random selection of one *upazila* from each district; (2) Random selection of two unions from each *upazila*; and (3) Random selection of four villages from each union; (4) Random assignment of the selected two unions from each district to either the intervention or control arms; (5) Random selection of 69 females

aged 15-49 years (may include currently married, previously married and never-married women) and 55 males aged 18-59 years from each village/cluster.

Baseline study methodology

Household enumeration was conducted in each cluster and, based on it, a list of eligible females and males was identified. In each village, 69 females and 55 males were then randomly selected for the survey from the list of eligible females and males, making the total 1,656 females and 1,320 males. The selected study participants were interviewed in the baseline survey using three separate pre-designed questionnaires for three different target respondents – married or previously married females, single females and males. Data was collected using face-to-face interviews conducted in private and in a location convenient for the participants. The answers were recorded on Personalized Digital Assistants (PDAs). A survey team of 21 females and 15 males collected the baseline data.

Descriptive analyses were performed to report frequencies and percentages of different indicators. Results were compared between control and interventions arms, and by age, district, socioeconomic status and other demographic characteristics of the study's participants where necessary. All group differences were assessed using Chi-square tests of independence for categorical variables and t-tests for continuous variables. The significance level was set at p<.05 for all bi-variate analyses.

This study followed WHO recommendations for ethical considerations in researching violence against women and the Council for International Organisations of Medical Sciences (CIOMS) International Guidelines for Ethical Review of Epidemiological Studies. The interviews were conducted upon receiving oral consent. Oral consent was sought from women and men aged

18 years or more. Married girls aged below 18 were considered as emancipated minors and the usual consent procedure was followed. In order to interview the unmarried minors oral consent from their guardians was sought first and then assent from the minors. The respondents were informed verbally of the purpose and nature of the study, its expected benefits and voluntary nature of participation.

Results

Background characteristics

A total of 1,545 females (761 in control and 784 in the intervention arm) and 1,259 males (628 in control and 631 in the intervention arm) were successfully interviewed at baseline with a response rate of 94% and 93% respectively. The findings show that the study's component are balanced in terms of age, marital status and socioeconomic status of the female sample, and it was also balanced in terms of the age and education of male sample. The components of the female sample are not balanced in terms of education and religion, and the same applies to the male sample in terms of the religion, marital status and socioeconomic status. Thus, the analysis of the impact will involve a measure of control vis-à-vis this factor.

Gender norms and attitudes and acceptance of VAW

Approximately 91% of the females and 98% of the males agreed or strongly agreed with at least one of the 16 gender inequitable statements or items posed to the participants. About 95% of the females and 98% of the males agreed or strongly agreed with at least one item which supports normalisation/acceptance of violence against women. More than two-thirds (68%) of the females and more than half (56%) of the males agreed that a man is justified in hitting his wife

for one or more of the reasons mentioned. The mean score of gender inequitable attitudes for females was 15.08 and 19.16 for males, indicating more gender inequitable attitudes among men. The mean score of attitudes regarding justification of wife beating was 2.09 for females and 1.22 for males, indicating higher acceptance of wife-beating among females. Females in the intervention arm held more gender inequitable attitudes (mean score 15.69 vs. 14.47) and had higher acceptance of VAW (mean score 9.97 vs. 9.39) compared to those in the control arm.

Almost two-thirds of the ever married women reported that they usually make decisions either on their own or jointly with their husband about their own healthcare, major household purchases, visiting family or relatives and child healthcare. Between 7-16% of the women could make such a decision on their own. Almost half (49%) could make all four decisions and 82% at least one decision on their own or jointly with their husband. Only 4% of the women could make all four decisions and 21% at least one decision on their own. While around 18% reported not participating in the decision-making for any of the four decisions at all (i.e. they do not make the decision on their own or jointly with their husband).

Regarding spousal communication, more than 85% of the women reported that she and her husband usually discuss topics together. About 84% usually discuss all four topics and 4% of them do not discuss anything. About 5% of the women often had quarrels with their husband, 28% sometimes, half of them rarely had any quarrel, while 18% never had any quarrel with their husband. Similar to reasons behind physical IPV the top three reasons cited for quarrels included money problems in the family (51%), a wife being disobedient (38%) and lack of childcare/child disciplining (38%).

Intimate partner violence against women

Almost two-thirds (65%) of the women reported exposure to physical and/or sexual IPV in their lifetime and more than one-fifth (21%) reported such violence in the past 12 months. Lifetime prevalence of any physical and/or sexual and/or emotional IPV among them was 73%, which was 29% in past 12 months.

The controlling behaviour of a husband was the most commonly reported form of IPV. About 89% of married or previously women aged 15-49 years (88% in control and 89% in intervention) reported that they are usually controlled by their husband, with 81% reported that their husband expected her to ask his permission before seeking healthcare for herself. About 15% of the women reported experiencing at least one act of economic IPV in their lifetime and 5% in the past 12 months, with the assertion that the "husband refused to give money for household expenses even when he had money for other things" as the action most commonly reported (7% in their lifetime and 3% in the past 12 months).

Almost 56% of married or previously married women reported experiencing at least one act of physical violence by their husband during their lifetime and 14% (12% in the control and 16% in the intervention arms) in the past 12 months. The most reported act of physical IPV was slapping or throwing something at her that could hurt her (56% in lifetime and 13% in the past 12 months). Approximately 38% of of married or previously married women reported experiencing sexual violence by their husband, while 12% (11% in the control and 14% in the intervention arms) of them reported such violence in the past 12 months. Physically forcing her to have sex when she did not want to was the most commonly mentioned act of sexual IPV (35% in lifetime and 10% in past 12 months).

The three most commonly reported situations whereby a husband physically abused a spouse included money problems in the family (47%), a wife being disobedient (43%) and lack of child care/child disciplining (37%).

Impact of intimate partner violence

There was significant difference in the proportion of ever and never-abused women who feared their husband. Approximately 11% of the abused women reported they were afraid of their husband many times/most of the times, while it was only 3% among women who were never abused. More than one-third (37%) of the survivors reported that husband's violent behaviour affected their mental health and more than one-fourth (28%) reported effect on their physical health. Around 7% of the abused women who were working reported work being affected.

Coping with intimate partner violence

Only 31% of the physical/sexually abused women told anyone about experience of violence, while 35% reported that somebody tried to help. Only 8% (23 women) of the physical/sexually abused women sought any help from any source (formal and/or informal). Among them, 43% (10 women) sought help from formal and 87% (20 women) from informal sources). Among 23 women who sought help, the majority did so in extreme situations such as: she could not endure anymore (74%, 17 women), while 63% of the abused women who did not seek help mentioned thinking violence is normal/not serious as the main reason.

Approximately 9% of the abused women left their husband one or two times temporarily because of his behaviour and 3% left their husband more than twice. "Could not endure anymore" was the main reason of leaving their spouse (86%) and 31% did so because of being badly injured. Almost 97% of

the abused women who left their husband went to stay with their relatives the last time. About 94% of them returned home. Almost three-fourth (73%) of the women who returned to their husbands did so for the sake of protecting their family/children (family honour). The reasons for not leaving a husband were quite similar to the reasons for returning. Less than half (42%) of the physical violence survivors reported resisting their husband or physically blocking them during an episode of physical violence.

Non-partner violence against women

Approximately 12% of the females aged 15-49 years reported experiencing some form of physical violence by somebody other than the husband in their lifetime, and 3% reported such violence in the past 12 months. Slapping was the most common action in both the cases (11% during a lifetime and 2% in the past 12 months). Relatives, including a cousin, uncle, aunt and other relatives, were the most common perpetrators (42%) of non-partner physical violence.

Around 1% (16 persons) of the females reported non-partner sexual violence during their lifetime and 0.4% (6 persons) in the past 12 months. Relatives were the perpetrators in 10 cases and neighbours in three cases. Almost one-fourth (24%) of the females reported experiencing some form of sexual harassment during past 12 months. The most common act of sexual harassment included calling females a "fag", "dyke", "lezzie" or "queer" (17%). Relatives were the most common perpetrators of sexual harassment.

Three per cent, or 46, of the females reported that someone had groped, sexually touched or rubbed against her on public transport. About 1%, or 16, of the females reported that they had been asked to perform a sexual act against her will in order to pass an exam and get good grades at

school. Approximately 1%, or 16 females, reported that someone had ever touched her sexually, e.g. touched breasts or private parts when she was at school. Only 57 among 1,545 females were working. Among them, 10 (18%) females reported some form harassment at her workplace in the past 12 months, 9 (16%) reported sexual harassment and 4 (7%) emotional harassment. The most common act of sexual harassment was staring with lustful eyes which made the female respondents uncomfortable (6) and emotional harassment such as passing derogatory or offensive remarks (3).

Community members' response to violence against women

About four out of ten respondents (42% of females and 39% of males) reported witnessing or hearing about couples fighting in the community during the past 12 months. Approximately 47% of the females and 58% of the males tried to help the couple. The most commonly reported act of help included urging/convincing them to stop fighting (reported by 88% of the females and 93% of males). About 21% of the females and 10% of males reported that some women from their community told her/him about their experiences of violence. Approximately 78% of these females and 95% of these males tried to help. Almost all the females (99%) and two-thirds of the males gave advice to the survivors.

According to both females and males, the top three most responsible entities to end violence against women included the *Union Parishad* chairman/ member, police and local leader. According to them the three best ways to end violence against women are: i) Enforcing laws on domestic violence; ii) Teaching men that violence is never acceptable; and iii) Arranging dialogue and mediation for a couple. Approximately 31% of the males reported witnessing people in his community doing something to address VAW. The most reported acts included urging/convincing them to stop fighting (17%), separating the fighting couple (9%)

and telling the man to resolve conflict through discussion and negotiation (9%).

Discussion

The various aspects and components in this study lack several background characteristics. This implies that these characteristics of the sample will have to be controlled in calculating the effect of the intervention during the implementation. Each form of lifetime IPV was reported by much higher proportions of women in the study sites compared to the findings from the National VAW Survey 2015. Controlling behaviour by a husband had the highest prevalence (89% vs. 55%), while economic IPV had the lowest prevalence (15% vs. 11%) in both studies. Low rates of economic IPV may be due to lack of a robust scale for measuring this form of IPV.

Lifetime sexual IPV was reported by 38% of the women in this study, whereas the national rate was 27%. Similarly, the proportion of women reporting emotional IPV in the current study was much higher compared to the national study (50% vs. 29%). The rate of physical IPV in the current study also exceeded the national rate (56% vs. 50%). Rates of IPV during the past 12 month, however, were not higher in this study compared to the national rates in case of physical (14% vs. 21%) and emotional IPV (20% vs. 24%). It may seem puzzling why the lifetime rates were higher and current rates lower in the current study compared to the national study.

These differences may be due to differences in the geographic coverage in these two studies. Lifetime IPV prevalence rates in the Barisal division, for instance, were higher than the national rates and current rates lower in the BBS study. Situations usually leading to physical IPV were mainly focused on money problems; a woman's disobedience; and perceived improper childcare/disciplining. Such triggers for physical IPV are not unique to this study as the findings are in line with the cultural norms of Bangladesh.

The reported positive spousal communication was very high in the sample (>86%), which is counter-intuitive given the high levels of IPV in the study sites. Only 33% of the women reported feuds with their husband sometimes or often. It is not uncommon for women to overreport a positive spousal relationship given that the responsibility of maintaining such a relationship usually lies on the women's shoulder, and women are usually the ones to get blamed for a less than ideal relationship. Even if we allow for some underreporting of feuds this phenomenon cannot account for such high levels of IPV. This suggests not all IPV is preceded by a feud. In fact, about 6% of the abused women actually reported that violence occurs for no particular reason.

Around 65-73% of the women claimed they make decisions by themselves or jointly with husband regarding their own health and child healthcare, visiting family or relatives and major household purchases. Qualitative studies in Bangladesh on household decision-making have repeatedly shown that the meaning of "joint decision-making" usually differs for researchers and for Bangladeshi women. When it is left up to the women to define "joint decision-making" it includes a broad range of acts, which researchers may not consider to be as such.

Thus, for instance, women usually regard a husband's opinion on major household purchase as joint decision-making. They also tend to label seeking permission for their own or children's healthcare as joint decision-making. A spousal discussion related to any issue is almost obviously regarded as joint decision- making whether or not the final decision takes her opinion into account. This is why without knowing whose decision is final, one should not assume that the women actually makes joint decisions. Such issues of interpretation also explain why these figures are inflated. In this circumstance, it is more pertinent to focus on decisions that a woman can take on her own rather than in joint decision-making.

Household decision-making powers was extremely low among women with only 7-16% of them being capable of taking a decision on their own. This finding indicates women's low status and power in the household, which is in line with their exposure to violence. A higher proportion of men in the study sites had higher gender inequitable attitudes compared to women (69% vs. 42% were in the tertiles with high or moderate gender inequitable attitudes). If such gender inequitable attitudes among men are not addressed reducing VAW will be very challenging.

Thus this is a very important finding to pay attention to, which highlights the need for targeting men along with women in programmes. A very high proportion of all respondents (95% of the females and 98% of the males) agreed or strongly agreed with at least one item which support the normalisation/acceptance of violence against women. It is also important to note that more women than men agreed that a man is justified in hitting his wife for one or more of the reasons mentioned — more than two-thirds (68%) of the females vs. more than half (56%) of the males.

Findings show that a high proportion of women recognized the negative effects of IPV on their mental health (37%), such as anxiety, crying for no reason, sleep disturbance, lack of appetite and feelings of stress. The effects stated are in line with the symptoms recognized as relating to mental health problems, including the whole domain of anxiety.

About 69% of the women were silent about their experience of physical and/or sexual IPV. Similar to findings from other studies, those who disclosed IPV, shared it within their informal network, such as parents, husband's family, brothers and sisters, neighbours and local leaders. Women rarely sought support from formal or informal sources (only 8% reported seeking such help). One of the strategies of coping with IPV was to

temporarily leave (12%) the marital home and leaving a husband permanently (2%). Findings regarding coping with IPV underscore multiple barriers to seeking support from formal sources, such as narrow options for women outside marriage, high acceptance of IPV by women, the perpetration of violence being perceived as a male prerogative in correcting women and a culture of blaming women for violence, fear of worsening the situation by damaging family honour and escalation of violence.

The findings regarding women's coping suggested that the response of the community to violence against women is relatively low. Half of both the female and male participants reported trying to help an abused woman during a fight by convincing them to stop. The other half did not intervene considering the following: such violence is a private matter; intervention is futile; and the issue of a time constraint. Three in four women and almost all men reported helping abused women when they came to them.

However, responses to the question of how they helped revealed that most of them tried to make the abused women tolerate/accept the violence. This shows there is still considerable scope for working with the community members for making them proactive in stopping violence through more gender-responsive approaches. According to both female and male samples, enforcing laws regarding domestic violence, educating men regarding the unacceptability of violence and mediation were the three best ways of ending IPV.

Lifetime non-partner physical violence was reported by 12% of women, which is much lower than the national rate (28%). Family members were the most commonly reported perpetrators of non-partner physical violence (92%). The finding that 27% of the women were physically assaulted by the parents-in-law highlights the importance of addressing both IPV and physical violence by parents-in-law in the programmes.

About 24% of the women reported sexual harassment during the past 12 months.

Lower rates of non-partner sexual violence in Bangladesh may be explained by the high rate of child marriage since married women report much lower rates compared to women who have never married. It is important to note that higher reporting of sexual violence/harassment was achieved when questions were asked specifying the venue, such as on transport, at work or in school.

Thus, while the question whether anybody has 'touched, grabbed or pinched her in a sexual way' elicited a 0.52% prevalence rate, a similar question with mention of the venue -- 'Has anyone ever groped, sexually touched or had someone rubbing against her in the bus or another public transport' -- yielded 3.35% rate, which is higher than the rate mentioned above. Thus, we would recommend detailed sexual harassment studies to include more specific questions on the setting within which the harassment occurred for better comprehension and reporting.

Two in five men reported trying to help a sexually harassed woman when they witnessed the event. The main reasons for not intervening by others were a time constraint; fear; and considering it to be one's business. These reasons reveal the fear of the perpetrators and its low priority for them as bystander. Changing such mindsets and building a collective movement against sexual harassment are necessary steps for ending it.

INTRODUCTION

Bangladesh has one of the highest levels of VAW in the world and therefore requires special attention in this connection.

1. INTRODUCTION

Violence against women (VAW) is high worldwide with one in three women being physically and/or sexually abused by an intimate partner[1]. In all its forms, both psychological, physical and economic, such violence is rooted in harmful notions of masculinities and social norms that tolerate violence and allow it to continue unchallenged [2-4]. VAW has high economic, physical and psychological costs for women, their children and for the wider society [5-7]. Despite implementation of numerous programmes over the last few decades, a reduction in VAW in low- and middle-income countries (LMIC) is still not evident. This is largely due to the challenges in addressing such a complex issue as VAW on one hand, and the lack of evidence-based programming on the other.

Over time, advocates, researchers and practitioners in this field have made impressive attempts to generate hard evidence on what actually works in preventing VAW. Still, a lot more remains to be done in order to develop models that work in different contexts. Addressing VAW in high

prevalent countries needs to be considered, particularly as a priority for reducing overall levels of VAW in the world. Bangladesh has one of the highest levels of VAW in the world and therefore requires special attention in this connection.

1.1 OVERVIEW OF GENDER-BASED VIOLENCE (GBV) IN BANGLADESH

While Bangladesh's economic growth, reduction of poverty and improvement in several health indicators and human development ratings are significant, VAW is widely persistent in the family and in society at large [8]. The rates of VAW in Bangladesh are among the highest in the world [9]. About 54% of of married or previously married women in Bangladesh reported experiencing physical or sexual violence from spouses in their lifetime [8], which is much higher than the global average of 30% [9]. According to the Bangladesh Demographic and Health Survey 2014, 18% of married women agreed that tradition allows women to be beaten by their husbands [10].

More than one-quarter (28%) of the women and girls experienced non-partner physical violence and 3% of them experienced non-partner sexual violence in their lifetime [8]. Another study conducted among rural and urban men reports that 10% of urban and 14% of rural men have perpetrated rape against a female partner and non-partner during their lifetime [11].

In contrast to the literature on spousal or intimate partner violence, only a handful of small-scale studies on workplace violence and sexual harassment in public spaces exists. With regard to VAW in public places, there is no

nationally representative study, but there are small-scale studies. One of them found that 43% of rural adolescent girls were subjected to sexual harassment in public spaces [12]. Moreover, 76% of female students faced sexual harassment on the campuses of higher educational institutions [13].

According to the 2015 Report on Bangladesh Violence Against Women Survey, women perceived the workplace as the second most likely place to experience violence after the household [8]. Income-earning women reported a higher percentage (33%) of physical and/or sexual IPV during the past 12 months than their non-earning counterparts (26%) [8]. As high as 73% of the female garment workers had experienced or witnessed physical or emotional violence at work [14, 15], and 60% had experienced sexual harassment in the factories [16].

1.2 INTERVENTIONS ADDRESSING GBV AND THE GAPS

While the magnitude and correlations of spousal violence against women has been well documented in Bangladesh, VAW at work, educational institutions and in public spaces have not been studied enough. Bangladesh is composed of mostly rural communities, and it is important to document VAW and better understand the rural women's experience of VAW in order to understand this phenomenon in the country more generally. VAW, both inside and outside the home, serves as an important deterrent to women's development. Measuring its magnitude and understanding its precursors is critical for designing appropriate policies and programmes to prevent it.

The Prevention of Women and Children Repression Act 2000, Domestic Violence (Prevention and Protection) Act 2010, and the banning of the two-finger test in medical evidence collection in rape cases are important achievements in the Bangladesh legislation. High Court (HC) directives, such as the ruling against *fatwas* and the directive ordering the formation of anti-sexual harassment committees at educational institutions and workplaces, are important steps in making progress in the work on reducing VAW.

Moreover, the Ministry of Labour is working on a law on sexual harassment in the workplace. However, the implementation of the laws and HC directives is limited. The government's institutional mechanisms need to be strengthened in order to increase any effectiveness in measurably reducing VAW rates in the country, and improve capacities to monitor and evaluate the impact of national VAW prevention programmes and mechanisms.

Bangladesh has had a striking success in reducing acid violence against women through NGO mobilization and the passage of two acts the Acid Control Act 2002 and the Acid Crime Prevention Act 2002. The civil society organizations that engaged in efforts to address gender-based violence have played a key role in raising awareness among women. For instance, the 'We Can Campaign', a platform aimed at preventing VAW, has enrolled tens of thousands of Change Makers since 2005, reaching communities in 55 of the 64 districts in the country. BRAC has a wide network for providing legal services to abused women in Bangladesh.

Hellen Keller International (HKI) has adapted the "Stepping Stones" curricula, which has been

effective in reducing VAW. HKI trained adult male and female household members in 16 rural districts of Bangladesh during 2014-2018 [17]. SAFE, an icddr,b-led consortium, conducted tests and found that sensitizing both males and females through interactive group sessions and promotion of activism among them reduced spousal physical

violence against married adolescent girls in urban slums, although not among adult women [18]. The other initiative in Bangladesh includes the skills-building approaches (BALIKA) by Population Council to empower girls to delay the age of marriage [17].

1.3 UN WOMEN BANGLADESH PROJECT: CGBV OVERVIEW

UN Women is committed to the prevention of VAW in Bangladesh and using evidence-based programming and has initiated the Combating Gender-Based Violence (CGBV) in Bangladesh project, supported by the Government of Canada. CGBV is focusing on sustained and comprehensive primary prevention interventions that reduce risk for violence against women at the individual, family, community and societal/institutional levels. Evidence-based interventions that enhance women's and girl's self-esteem and confidence, that compel a review of masculinities and that challenge existing norms that confer an inferior status to women have been implemented through community mobilisation and family-based interventions.

UN Women intends to address these social norms by adapting globally evaluated approaches and curricula to be implemented as part of the community-based interventions in the project sites upon the Stepping Stones [19] and SASA! [20] interventions in Africa. Concurrently, the project will increase the capacities of local government officials on VAW prevention and response through facilitating linkages with service providers and strengthening local governance and advocacy.

The CGBV intervention at the local district and community levels includes four components:

1. Community-based intervention — the Project will adapt the community based SASA! Together approach to engage with all the stakeholders across the community to rethink and reshape the unequal power relations and discriminatory social norms. It will create the space and technical assistance to design and implement the SASA! Together model in a culturally and contextually responsive manner for Bangladesh. The project will consider the implementation of community-based interventions due to their evidence-generating attributes in preventing violence against women. Through the SASA! Together approach, community activists, and community leaders will be engaged in strengthening their knowledge and skills on gender and power, human rights, VAW prevention, as well as expanding their influence in the community. The existing network of community-based organizations and women rights groups will be strengthened to implement community activities and linking them with concerned local government institutions.

- **2.** Family-based intervention The CGBV will be adapting and implementing the Sammanit Jeevan" module which is a participatory, group-based, family-oriented workshop series designed in 2016. The Sammanit Jeevan manual was developed as a part of the VSO's One Community One Family (OCOF) project which is designed mainly for trainers/ facilitators for training and sensitizing community members to play an active role in promoting harmony within families and reducing violence against women and girls. The workshop manual will provide relevant content to the Bangladeshi context by exploring extended and multi-layered family relationships that are not often touched upon in GBV prevention trainings.
- 3. The manual will address gender, relationship, family conflict, violence, communication and relationship skill. The Sammanit Jeevan manual will give opportunities to know the respective community value and attitudes towards gender and relationship within their

- family, to build their knowledge, to develop their skills to help them to communicate with others in transforming gender norms and build a healthy life. The NGO partners will be trained on this curriculum and facilitate men's courtyard sessions, women's courtyard sessions and joint sessions, including extended family members (e.g. mother-in-law) on gender norms in the family, relational power dynamics and VAW prevention.
- **4.** Local governance and participation -- upazila and union leaders and parishad members and VAW committees in project sites will be trained on gender-responsive budgeting and integrating gender and VAW prevention in local governance.
- 5. Linking and strengthening service providers in project upazilas and unions, health, justice and legal service providers will be linked to NGOs and community leaders and trained on VAW, which will include a focus on primary prevention.

1.4 OBJECTIVES OF THE BASELINE STUDY

This baseline survey is a key component of the CGBV Project's Evaluation Framework that aims to gather data on the indicators of expected results from the VAW prevention interventions that will be implemented in the project sites. The baseline data will be used to assess the impact of the interventions at the community level by measuring changes in VAW incidence and attitudes related to VAW before and after project interventions, and in intervention sites as compared to control sites.

The main objectives of this baseline study are to estimate the proportion of:

- Married or previously married women aged 15-49 years, who experienced pphysical, sexual and emotional violence by a current or former intimate partner in the past 12 months.
- Women aged 15-49 years, who experienced non-partner sexual violence in the past 12 months.

- women and men who agree with one or more of the gender inequitable attitudes, accept VAW and justify a man beating his wife.
- Currently married women, aged 15-49, who participate in making household decisions
 either by themselves or jointly with their husband.
- Married or previously married women who earn an income and have control over their own earnings.
- Victim/survivors of physical or sexual violence, who have sought help, by sector, e.g. health, police, justice, social services).
- Females participating in the labour force.

DESIGN OF CGBV PROGRAMME EVALUATION

The districts were selected based on two key criteria. The first criterion was related to the high prevalence of VAW; and the second one is linked with economic sectors of importance for women's economic engagement, including those prioritized by the government for further investment in the coming years.

2. DESIGN OF CGBV PROGRAMME EVALUATIONN

2.1. EVALUATION QUESTIONS

Below are the primary evaluation questions for the CGBV evaluation:

- 1. Have the CGBV interventions had an effect on reducing IPV in intervention sites? If so, to what extent and is this effect greater than any change in control sites?
- 2. Have the CGBV interventions had an effect on decreasing gender inequitable attitudes and the acceptability of VAW among women and men in intervention sites? If so, to what extent and is this effect greater than any change in control sites?

Other evaluation questions include:

- Have the CGBV interventions had an effect on reducing non-partner VAW in intervention sites? If so, to what extent and is this effect greater than any change in control sites?
- Have the CGBV interventions had an effect on increasing the number of women seeking help among who experienced VAW in intervention sites? If so, to what extent and is this effect greater any than change in control sites?

2.2. CGBV STUDY SITES

The CGBV study is being implemented in a total of 24 villages from Bogura, Cumilla and Patuakhali districts (Table 1). The districts were selected based on two key criteria. The first criterion was related to the high prevalence of VAW; and the second one is linked with economic sectors of importance for women's economic engagement, including those prioritized by the government for further investment in the coming years.

Moreover, the poverty reduction trends at both national and rural levels and labour force

participation data were also used to select the locations. Bogura was identified as one of the districts with a high VAW prevalence [8]. The district is also well known for its agro-based industries and growing extremism. Patuakhali, on the other hand, is a disaster-prone district in the southwest with agro- and fishery-based small industries. Cumilla is religiously conservative, located at the border. Presently, the government is planning to establish Cumilla as an economic zone. Table 1 presents a more detailed profile of the study districts.

TABLE 1. PROFILE OF THE STUDY DISTRICTS

UN Women's Observations	 High prevalence of VAW, growing industrialization, high child marriage - Recent newspaper report also shows spread of extremism in some part of the district 	– Higher literacy rate	- Some part of the district and adjacent districts are religiously conservative - Border town
NGO Interventions	 Heavy presence of NGOs. At least 75 international, national and local organizations are working including TMSS, CARE, BRAC, Plan, RDRS Some NGOs are addressing VAW 	 Health, legal aid and Micro Credit organizations BRAC, BLAST, ASA, Save the Children, CWFD Generation Breakthrough covered the district 	– About 150 NGFOs are working. Key focus on micro credit, premiership development, education
Marginalization	– Drought prone	- Cyclone prone - Riverine zone - Small indigenous population (Rakhiaine)	– Trafficking/ cross-border movement
Cultural Diversity & Socioeconomic Condition [23-25]	- Reputed for its cultural activism - Literacy rate 49.4% - 94% Muslim - Very high rate of child marriage. Proportion of female teenage (15-19years) married population is 46.4%	93% Muslim54% LiteracyWomen aged 15-19 yearscurrently married is 17.2-27.7% (moderate)	– 53.3% literacy rate – 95% population is Muslim, 5% Hindus – Politically vibrant
Major Economic Sectors [21, 22]	 Overseas migration of men and women Small and medium industries Agro-processing industries 	 Agriculture Fishing Agro- and fishery-based small and medium industries 	- Overseas migration is highest among all districts - Growing industrialization (RMG, agro-processing, textile) - Agriculture - Cottage industries
High VAW Prevalent District [8] (Highest to lowest)	Bogura	Patuakhali	Cumilla

2.3. CGBV IMPACT EVALUATION DESIGN

The study employs a two-pronged Cluster Randomized Controlled Trial (CRCT) design, with villages serving as the clusters. The clusters are as follows: Cluster 1. CGBV intervention

Cluster 2. Control

2.4. SAMPLE SIZE AND SELECTION

2.4.1. SAMPLE SIZE

The sample size was calculated separately for each of the primary outcome arms, namely, i) IPV against women; and ii) violence condoning

attitudes among women and men. Considering the basic assumptions as cluster size 50, level of significance 0.05, power 0.80, intra-cluster correlation 0.015 the sample size for different outcomes were as follows (Table 2).

TABLE 2. SAMPLE SIZE

Outcome	Baseline rate	Expected change	End line rate	Required number of clusters	Required sample size
Proportion of women and girls aged 15 years and older with one or more partners who reported physical, sexual or emotional violence by a current or former intimate partner in the previous 12 months.	38.00%	39% reduction	23.18%	6 per cluster (12 in total)	300 per cluster (600 in total)
Percentage of women who think it is justifiable for a man to beat his wife (i.e. Percentage who agree with at least one specified reason in a survey)	38.30%	33% decrease	18.96%	12 per cluster (24 in total)	600 per cluster (1,200 in total)
Percentage of men who think it is justifiable for a man to beat his wife (i.e. Percentage who agree with at least one specified reason in a survey)	38.30%	33% decrease	18.96%	12 per cluster (24 in total)	600 per cluster (1,200 in total)
Final				12 per cluster (24 in total) (maximum of the 3 scenario)	600 females and 600 males per cluster (1200 females and 1,200 males in total)

To measure IPV and non-partner sexual violence prevalence it is important to allow a random sample of women and girls which will include currently married women, previously married women and never-married women. According to the 2014 Bangladesh Health and Demographic Survey (BDHS), the proportion of never-married women is 15.4%, currently married women 79.8% and previously married women 4.8% among women aged 15-49 [10]. Considering these proportions and a 10% non-response rate, the final cluster size for the female sample became 69 women and girls. Considering a 10% non-response rate the cluster size for the male sample became 55. Hence, the final sample size became 1,560 women and 1,320 men.

2.4.2. SAMPLE SELECTION

One *upazila* was randomly selected from the list of *upazilas*¹ in each district. Two unions were randomly selected from each of these *upazilas*, resulting in a total of six unions participating in the study. Then the selected two unions from each district were randomly assigned to either the intervention or the wait listed control groups. The wait listed control groups will receive an intervention if the intervention seems to be effective and depending on the availability of funds. Four villages (clusters) were then randomly selected from each union, making a total of 24 villages.

A total of 69 randomly selected females aged 15-49 years (may include currently married, previously married and never-married women) and 55 males aged 18-59 years from each village (cluster) were included in the study. To that end, 65 households were randomly selected from each village for the female survey and 55 for the male survey. If there was more than one eligible person in a sample household one person was randomly chosen.

¹ UNFPA is currently working to address GBV in three upazilas in Bogura and three upazilas in Patuakhali districts. Those districts were excluded from the list of upazilas.

BASELINE STUDY METHODOLOGY

The females aged between 15 and 49 years and males aged 18-59 years were considered to be eligible.

3. BASELINE STUDY METHODOLOGY

3.1. HOUSEHOLD ENUMERATION

An enumeration of the households in each cluster was conducted by a trained team of data collectors for collecting information on the household members' sex, age, education, marital status, occupation, disability, and whether they usually live in the household. Special care was taken to train the data collectors on how to collect and check information on

age, occupation and current living status. The enumeration data provided us with a list of eligible females and males for selection as study participants. The females aged between 15 and 49 years and males aged 18-59 years were considered to be eligible. Sixty-nine females and 55 males were then randomly selected from the list of eligible females and males.

3.2. SURVEY TOOLS AND DEFINITIONS

In the baseline survey, three separate pre-designed questionnaires were used to collect data from three different target participants -- of married or previously married women, never married females and community males. Questionnaires were developed based on literature, and locally and internationally validated tools (e.g. World Health Organization (WHO) violence against women instruments, Gender Equitable Men scale, etc.) for different indicators. The questionnaires contained questions on the socio-demographic characteristics of respondents (e.g. age, education

attainment, employment, marital status, household assets), empowerment indicators (e.g. non-government organization membership), attitudes regarding gender and VAW, experience of VAW in different locations by different perpetrators, and activism regarding prevention and response to violence against women in the community. The questionnaires for married or previously married women and never-married women included seven modules and the male questionnaire included 3 modules (Table 3).

TABLE 3. QUESTIONNAIRE MODULES AND SAMPLES INTERVIEWED

	Questionnaire module	Samples interviewed			
		Married or previously married women	Single females	Males	
1.	Socio-demographic characteristics	✓	✓	✓	
2.	Attitudes about gender	✓	✓	✓	
3.	Socio-demographic characteristics of respondents' spouse/partner	✓	✓	-	
4.	Intimate relationship	✓	✓	÷	
5.	Impact and coping with experiencing violence	✓	✓	-	
6.	Non-partner sexual violence and harassment	✓	✓	-	
7.	Activities regarding prevention and response to violence against women in the community	✓	✓	✓	

This study focused on violence by an intimate partner (husband of married or previously married women and boyfriend for never-married women). It included acts of physical, sexual, emotional and economic abuse by a current or most recent husband or boyfriend. It also looked at controlling behaviours, including acts to constrain a woman's mobility or her access to friends and relatives, ignoring her or treating her indifferently. For each act of physical, sexual, emotional or economic abuse by an intimate partner (Box 1), the participant was asked whether it had ever happened or happened in the past 12 months,

with them and with what frequency (once or twice, a few times, or many times).

The study also included questions on physical and sexual violence and sexual harassment against women by perpetrators other than intimate partners and violence at workplace (Box 2). Gender norms and attitudes were important outcomes of the study. It included statements that support gender equality/inequality and acceptance of VAW (Box 3). For each statement, the participant was asked whether she strongly disagreed, disagreed, agreed or strongly agreed with it.

Box 1. OPERATIONAL DEFINITIONS/ACTS OF DIFFERENT FORMS OF INTIMATE PARTNER VIOLENCE

Physical violence by an intimate partner

- Slapped or had something thrown at her that could hurt her
- Pushed or shoved
- Hit with fist or something else that could hurt
- Kicked, dragged or beaten up
- Choked or burnt on purpose
- Threatened to use or actually used a gun, knife or other weapon against her

Emotional abuse by an intimate partner

- Insulted or made to feel bad about herself
- Had done things to scare or intimidate her on purpose, e.g. by the way he looked at her, by yelling or smashing things
- Threatened to hurt her or someone she cared about
- Threatened to kill himself if she divorces / leave him
- Stopped her from talking to, or seeing your children (if any)

Sexual violence by an intimate partner

- Physically forced to have sexual intercourse when she did not want to
- She had sexual intercourse when she did not want to because she was afraid of what partner might do
- Forced to do something sexual that she found degrading or humiliating

Controlling behaviours by an intimate partner

- Tried to keep her from seeing friends
- Tried to restrict contact with her own family
- Insisted on knowing where she was at all times
- Ignored her and treated her indifferently
- Got angry if she spoke with another man
- He was often suspicious that she was unfaithful
- He expected her to ask permission before seeking health care for herself

Economic violence by an intimate partner

- Prohibited her from getting a job, going to work, trading, earning money or participating in incomegeneration projects
- Taken her earnings, jewellery or any valuable things against her will
- Refused to give her money she needed for household expenses even when he had money for other things (such as alcohol and cigarettes)
- Kicked her out of the house

Box 2. OPERATIONAL DEFINITIONS/ACTS OF DIFFERENT FORMS OF VIOLENCE PERPETRATED BY SOMEONE OTHER THAN INTIMATE PARTNER

Physical violence by someone other than intimate partner

- Slapped, hit, beaten, kicked or done anything else to hurt her
- Thrown something at her/Pushed her or pulled her
 hair
- Choked or burnt on purpose
- Threatened to use or actually used a gun, knife or other weapon against her

Sexual violence by someone other than intimate partner

- Made sexual comments, jokes, movements, or looked at her
- Brushed up against her in a sexual way on purpose
- Spread sexual rumours about her
- Called her "fag," "dyke," "lezzie," or "queer"
- Flashed or "mooned" her
- Pulled at her clothing in a sexual way
- Blocked her way or cornered you in a sexual way
- Spied on her as she dressed or showered
- Touched, grabbed, or pinched her in a sexual way
- Showed, gave, or left sexual pictures, photographs, messages or notes
- Wrote sexual messages or graffiti (e.g. on bathroom walls, in locker rooms, in a note or book) about her
- Tried to kiss or embrace her against her will
- Touched you sexually when she did not want them to (e.g. touching of breasts or private parts)
- Made her touch their private parts against her will
- Catcalled or whistled

Sexual violence by someone other than intimate partner

- Attempted but NOT succeed to force you into sexual intercourse when you did not want to, for example by holding you down or putting you in a situation where you could not say no?
- Touched her sexually (e.g. touching of breasts or private parts)
- Made her touch their private parts against her will.

Violence by someone at her workplace

- Touched her in a way that makes her uncomfortable
- Made unwanted attempts to draw her into a discussion of sexual matters
- Stared at her with lustful eyes which made her uncomfortable
- Made sexual jokes or remarks
- Displayed offensive sexual visual material to her or made an obscene gesture in front of her at work
- Forced her to do anything sexual in return of favours to her at work
- Physically attacked
- Threatened with physical harm
- Intentionally spread rumours about her
- Gave scaring posture/gesture or threatening look
- Passed derogatory or offensive remark to her
- Publicly embarrassed

Box 3. OPERATIONAL DEFINITIONS/STATEMENTS GENDER NORMS AND ATTITUDES

Attitudes regarding gender

Whether you strongly agree, agree, disagree or strongly disagree with each of the statements:

- It is important that sons have more education than daughters.
- Daughters do not need to be sent to school since they are just supposed to get married, have children and take care of their family.
- It is the daughters, and not the sons, who need to do the bulk of the chores at home.
- If there is a limited amount of money to pay for tutoring, it should be spent on sons first.
- A good wife and mother should not get involved with community work so she can focus on managing the household.
- Women should leave politics to the men.
- A woman has to have a husband or sons or some other male kinsman to protect her.
- Men should not be asked to help around the house or in taking care of the children because that is the woman's job.
- A good woman never questions her husband's opinions, even if she is not sure she agrees with them.
- Women should not be allowed to work outside the home so she could take care of her family full-time.
- Women and men should be treated equally in society.
- Daughters and sons should both be sent to school.
- Daughters and sons should be given equal resources (e.g. food, nutrition, school expenses)
- Women should be allowed to work outside the home if they want.
- Husbands should help their wives in the household chores.
- Women should participate in decision-making in the household, such as deciding on big purchases, or deciding on her health care.

Acceptance of VAW in general

Whether you strongly agree, agree, disagree or strongly disagree with each of the statements:

- It is right for the husband to control his wife's movement and actions
- It is right for the husband to use physical punishment to "discipline" his wife
- Others should not intervene in violence between husband and wife because it is a private matter
- A woman should tolerate violence to keep her family together
- If a woman is raped, she usually did something careless to put herself in that situation
- It is not rape when a husband forces his wife to have sex because it is his right to do so

Justification of wife-beating

In your opinion, is a husband justified in hitting or beating his wife in the following situations:

- If she visits her family or friend without her husband's permission?
- If she neglects the children?
- If she argues with him?
- If she refuses to have sex with him?
- If she fails to provide the food on time?

3.3. DATA COLLECTION METHODS, DATA QUALITY MONITORING AND MANAGEMENT

Data were collected using face-to-face interviews conducted in private and in a location convenient for the participants. The answers were recorded on Personalized Digital Assistants (PDAs). Three separate data collection programmes were developed for interviewing of married or previously married women, single females and males.

A total of six survey teams were deployed for baseline data collection from three study districts, one for the female survey and one for the male survey in each district. Each female survey team consisted of 5 female interviewers and one female supervisor; and each male survey team consisted of 4 male interviewers and one male supervisor. One quality control officer (QCO) was deployed in each district. A survey coordinator was responsible to oversee the surveys under close supervision of the researchers. The survey teams received a 12-day intensive training on gender, survey methodology, ethical considerations for VAW research and on administering the questionnaires.

While the interviewers conducted the interviews in the field, the supervisors observed the quality of the interviews, kept notes and discussed problems at review sessions at the end of each working day. Five per cent of the study participants were revisited by the supervisors, who administered a short questionnaire focused mainly on identifying any problems in adhering to ethical guidelines and administering questions on particular topics. The QCO checked every interview on a daily basis, kept

notes, provided feedback to the interviewers and supervisors and corrected errors where possible.

Where necessary, the QCO guided the interviewer to make a phone call to the respondent to collect any missing data and to correct errors if possible, and sent the interviewer to revisit the respondent if it was necessary. The QCO consulted with the researchers if the problems could not be resolved by themselves and communicated decisions back to the interviewers. The survey coordinator randomly visited the survey teams for spot checks. The research team from Dhaka occasionally visited the field and provided necessary feedback to the survey teams.

The collected data was uploaded on a designated server at the end of the business day, which allowed the researchers to instantly review the data. Once the data was uploaded to the server a researcher checked the quality of the data for errors and inconsistencies using a data-cleaning routine developed in STATA that was based on the logical checks in the questionnaires. Problems identified in the data were then communicated to the survey teams and were resolved using the similar technique used by the QCO for error corrections.

One programmer was available during the survey period for necessary troubleshooting and data downloading. The data was password protected to avoid unauthorized access to data. All data was anonymous during the analytical process.

3.4. MEASUREMENT AND DATA ANALYSIS

All datasets went through a data-cleaning process. The cleaned female and male datasets were analysed separately considering the key project outcomes and indicators. Descriptive analyses were performed to report frequencies and percentages of different indicators. Results were compared between the control and intervention arms, and by district, age, socioeconomic status and other demographic characteristics where necessary.

All group differences were assessed using Chisquare tests of independence for categorical variables and t-tests for continuous variables. The significance level was set at p<.05 for all bi-variate analyses.

The basic background characteristics (e.g. age, education, marital status, socioeconomic status) of the female and male samples were

compared by arms to check the balance. The arms were considered balanced if there were no, or few significant differences in background characteristics.

Multiple statements were used to measure some of the indicators. For example, 16 items were used to measure gender inequitable/equitable attitudes among females and males; and 6 items to measure physical violence against women. The detailed description of scales and number of items used to measure any indicator, and the way of calculating different indicators are presented in the Results section in detail. The results have been presented both for each statement and in aggregated form. To do so, a summative score was calculated and then divided into tertiles. For any measure, to keep the directions of all the items the same, all negative statements were reversely coded.

3.5. ETHICAL CONSIDERATIONS

This study follows the WHO recommendations for ethical considerations in researching violence against women [26] and the Council for International Organizations of Medical Sciences International Guidelines for Ethical Review of Epidemiological Studies [27]. Key principles and guidelines are discussed below.

The selected study participants were contacted in person using information collected during enumeration. The interviews were conducted in a private setting of the participants' choice upon receiving oral consent. If confidentiality could

not be maintained for any reason the interview was rescheduled or relocated to a time or place that might be more safe or convenient for the respondent. Oral consent was sought because of the low levels of literacy and concerns regarding confidentiality. Usual oral consent was sought from women and men aged 18 years or more.

Married girls aged below 18 were considered as emancipated minor and the usual consent procedure was followed. In order to interview minors (unmarried girls aged below 18) oral consent from guardians were sought first and then

assent from the minors. The respondents were informed verbally of the purpose and nature of the study, its expected benefits and voluntary nature of participation. They were also informed that the data collected will be held in strict confidence.

To ensure that the participant is aware that the survey includes questions on highly personal and sensitive topics, the interviewer forewarned the respondent that some of the topics were difficult to talk about. The interviewers were then recorded on the consent form where it was noted that the consent procedure had been administered and whether permission to conduct the interview had been granted.

Participation in the study was on a voluntary basis. The participants were informed that she/he is free not to participate in the study; to terminate the interview at any point; and to skip any questions that she/he does not wish to respond to. No

inducement was provided. To avoid a possible backlash from community members, the study was introduced as a survey of women's health and life experiences at the household and community level.

A number of mechanisms were used to protect the confidentiality of the information collected. All interviewers receive strict instructions about the importance of maintaining confidentiality. No interviewer conducted an interview in their own community. No name was recorded on the PDAs. Instead, all the study participants were given a unique code and all the identifying information were kept in a separate file. The file is being exclusively accessed by the researchers and will only be used in future for identifying the participants if required. The data were analyzed and care was taken to present the research findings in sufficiently aggregated form to ensure that no study participant can be identified by name.

3.6. STRENGTHS AND LIMITATIONS OF THE STUDY

The main strength of this study is the use of a cluster randomized controlled trial (CRCT), the gold standard evaluation design, which ensures generation of hard evidence on what works in reducing VAW. Use of internationally standard instruments and scales for measuring the outcomes is another strength of the study, which makes the rates comparable with other studies conducted worldwide and in Bangladesh. Rigorous training of the interviewers and intensive field monitoring has ensured better quality data. Inclusion of three different districts could be considered an added advantage of this study as it would provide better results than covering only one district. If the intervention is found to be

effective, it might be easily scalable. Some caution is required in interpreting some of the findings presented in this report.

For instance, the bi-variate associations between IPV and background characteristics of the study participants may or may not hold in multivariate analysis. Also, the cross-sectional nature of the baseline data does not allow establishing any causal relationship between participants' background characteristics and their experience of violence. Due to self-reporting, there may be recall or other reporting bias in the data. Though some by-district results have been presented in the report, interpretation of these results requires

caution as the sample size is not powered enough to detect district-level differences. Also, the labour force participation rates are not comparable with the rates from the dedicated labour force surveys. In the labour force surveys someone looking for a job is defined as unemployed and considered as part of the labour force. This survey, however, did not ask the housewives and students whether they were looking for jobs.

RESPONSE RATES AND PROFILE OF RESPONDENTS

A total of 1,545 females were successfully interviewed at baseline with a response rate of 94% with 761 females in the control arm and 784 in the intervention arm. A total of 1,259 males were successfully interviewed (628 in control and 631 in intervention) at baseline.

4. RESPONSE RATES AND PROFILE OF RESPONDENTS

4.1. SOCIO-DEMOGRAPHIC CHARACTERISTICS OF FEMALE STUDY PARTICIPANTS

A total of 1,545 females were successfully interviewed at baseline with a response rate of 94% with 761 females in the control arm and 784 in the intervention arm (Table 4).

The study arms were balanced in terms of background characteristics. No statistically significant difference was observed between female participants from the control and intervention arms except for education and religion. Mean years of education was significantly higher in the control arm (6.73) compared to intervention arm (6.01). The participants were predominantly Muslim, with a significant difference between the control and intervention arms (99% vs. 92%) (Table 4).

The average age of these participants was approximately 31 years. The highest proportion (22%) of the females was from the 30-34 age group, while the lowest (7%) was from the 45-49 age group. Around 12% of them were adolescents. Around 86% attended formal schools and 80% of the females could both read and write. The mean years of schooling was 6.36. Around 25% of the females had 1-5 years of education, 50% had 6-10

years of education and 10% had 11 or more years of education. About 15% of the females did not pass any class. Among the females who attended school, approximately 9% were continuing their education to date. Approximately 95% of the female study participants were Muslim.

Married and previously married women dominated the sample (93%) and only 7% had had remained single. Almost 72% of the married and previously married women wedded before reaching 18 years. The duration of marriage was 0-4 years for 14%, 5-9 years for 17% and 10 years or more for 69% of married and previously married women. Around 9% had experienced multiple marriages. Approximately 92% of the married and previously married women had children. About 57% had 1-2 children and 35% had 3 or more children. Only 21% of the females were involved with income generation. An overwhelming majority of the income earning females (83%) did home-based work. Approximately 39% of the sample were members of a non-government organization. Approximately 23% of the females were from the lowest socioeconomic status and 19% were from the highest socioeconomic status (Table 4)

4.2. SOCIO-DEMOGRAPHIC CHARACTERISTICS OF COMMUNITY MALE SAMPLE

A total of 1,259 males were successfully interviewed (628 in control and 631 in intervention) at baseline with a response rate of 93% (Table 4).

The study arms were balanced in terms of age and education of the male sample and not balanced in terms of religion, marital and socioeconomic status. The proportion of Muslims was high in the male sample, and it was significantly higher in the control arm compared to the intervention arm (97% vs. 91%). Eighty percent of males in the control arm and 87% in the intervention arm had been married. Males in the control arm were poorer compared to the males in the intervention arm. Around 44% of the males in the control arm belonged to the upper two

wealth quintiles, whereas it was only 35% in the intervention arm (Table 4).

The male sample was comparatively older than the female sample (mean age 36.69 years vs. 30.85 years). The highest proportion of the males belonged to the 35-39 years age group (17%) and 5% of the males were adolescents. Those in the male sample had less education than those in the female sample (mean years of schooling 5.59 vs. 6.36). Around 70% of the males could both read and write and 75% attended formal schools. Around 27% of the males had no education, 29% had 1-5 years of education, 29% had 6-10 years of education and 15% had 11 or more years of education. Approximately 84% had married. Approximately 20% of the male study participants were from the lowest socioeconomic status and 19% from the highest socioeconomic status (Table 4).

TABLE 4. SOCIO-DEMOGRAPHIC CHARACTERISTICS OF FEMALE AND MALE STUDY PARTICIPANTS AT BASELINE BY ARM

		Female	a)			Male			Fe	Female participants' spouses	nts' spouse	Ş
Characteristics	Control %	Intervention %	p-value	Full sample	Control %	Intervention %	p-value	Full	Control %	Intervention %	p-value	Full
u	761	784		1,545	628	631		1,259	703	733		1,436
Mean age, in years (range, SD)	31.10 (15-49, 8.80)	30.61 (15- 49, 8.74)	0.274	30.85 (15-49, 8.78)	36.37 (18-59, 11.42)	37.00 (18- 59, 10.98)	0.307	36.69 (18-59, 11.20)	40.92 (18-80, 10.53)	40.36 (20- 87, 10.61)	0.314	40.63 (18-87, 10.58)
Age (categorical)												
15-19 years*	11.43	12.50		11.97	5.73	4.12		4.92	0.14	0.00		0.07
20-24 years	14.85	16.07		15.47	10.67	86.6		10.33	2.70	4.37		3.55
25-29 years	15.51	15.69		15.60	15.13	12.84		13.98	11.10	10.37		10.72
30-34 years	21.16	21.94		21.55	14.01	16.64		15.33	12.80	14.19		13.51
35-39 years	18.13	16.20	0.754	17.15	17.04	17.91	00	17.47	20.34	20.87	1010	20.61
40-44 years	10.64	11.10	40.7.0	10.87	8.76	10.94	0.00	9.85	15.50	15.14	U.C.O	15.32
45-49 years	8.28	6.51		7.38	11.94	11.25		11.60	14.65	15.42		15.04
50-54 years	1	1		1	8.60	7.77		8.18	96.6	7.23		8.57
55-59 years	1	1		ı	8.12	8.56		8.34	69.9	6.82		6.75
60 years or more									6.12	5.59		5.85
Can both read and write	80.81	78.57	0.712	79.68	69.27	68.30	0.720	68.78				
Attended formal schools	88.3	84.06	0.008	86.15	76.43	72.58	0.347	74.5	77.81	75.31	0.656	76.53
Mean years of education (range, SD)	6.73 (0-17, 3.78)	6.01 (0-17, 3.85)	0.000	6.36 (0-17, 3.82)	5.59 (0- 17, 4.60)	5.59 (0-18, 4.80)	0.979	5.59 (0-18, 4.70)	5.89 (0-17, 4.57)	5.41 (0-17, 4.44)	0.046	5.64 (0-17, 4.51)
Level of education												
No education	12.48	17.47		15.02	24.68	28.68		26.69	23.76	26.06		24.93
1-5 years of education	23.39	27.04		25.24	32.32	26.62		29.47	27.03	31.38		29.25
6-10 years of education	52.56	46.94	0.001	49.71	28.18	29.48	0.221	28.83	34.99	32.61	0.018	33.77
11-12 years of education	8.28	4.85		6.54	8.12	7.92		8.02	7.68	4.09		5.85
More than 12 years of education	3.29	3.70		3.50	6.69	7.29		6.99	6.54	5.87		6.20

										-		
		Female	a			Male			Fe	Female participants' spouses	nts' spouse	Ş
Characteristics	Control %	Intervention %	p-value	Full sample	Control %	Intervention %	p-value	Full sample	Control %	Intervention %	p-value	Full
Ц	672	629		1,331	1	1		1				
Continuing education till date	9.23	9.56	0.835	9.39	1	1		г				
u	761	784		1,545	761	784		1,545				
Religion												
Muslim	98.69	91.58		95.08	97.45	91.28		94.36	1	1		1
Hindu	1.31	8.42	0.00	4.92	2.55	8.72	0.00	5.64	1	•		1
Current marital status	S											
Never married	7.62	6.51	0.633	7.06	18.95	12.36	000	15.65	1	•		1
Ever married	92.38	93.49	0.0	92.94	81.05	87.64	000	84.35	1	•		1
۲	703	733		1,436	703	733		1,436	1	•		1
Age at first marriage												
<18	71.55	71.62		71.59	ſ	r		1	ī	1		1
18-20	23.76	23.74	0.999	23.75	ı	1		1	1	1		1
21+	4.69	4.64		4.67	Г	r		1	r	1		1
Duration of marriage												
0-4 years	13.09	14.87		14.00	Г	r		ı	ľ	1		ı
5-9 years	17.64	16.64	0.875	17.13	1	1		ı	1	1		ı
10+ years	69.27	68.48		68.87	T	T		1	1	•		1
Number of marriages												
Married once	91.18	92.36		91.78	Г	r		1	Г	1		1
Married twice or more	8.82	7.64	0.416	8.22	1	ı		ı	1	I		1
Number of living children												
0	7.82	8.32		8.08	ı	1		1	1	1		1
1-2	56.47	57.03	0.704	56.75	Г	r		1	Г	1		1
3+	35.71	34.65		35.17	1	1		ı	1	1		ı
L	761	784		1,545								
Earn an income	18.00	24.11	0.068	21.10	1	ı		1	1	1		ı

		Female	Q			Male			Fe	Female participants' spouses	nts' spouse	ý
Characteristics	Control %	Interve	p-value	Full	Control %	Intervention %	p-value	Full	Control %	Intervention %	p-value	Full
u	138	190		328								
Place of income generating work	rating wo	¥										
Inside home	82.61	82.63	9000	82.62	1	1		ī	ī	1		ı
Outside home	17.39	17.37	0.990	17.38	ı	1		ı	1	1		ı
۲	761	784		1,545								
Membership of any NGO	36.93	40.05	0.207	38.51	I	I		1	I	I		ı
Socioeconomic status (wealth index)												
Lowest	22.34	23.72		23.04	19.75	20.44		20.10	1	•		ı
Second	19.97	16.84		18.38	20.06	22.82		21.45	ı	1		ı
Middle	22.34	20.66	1	21.49	16.56	21.55	1	19.06	1			i
Fourth	18.79	17.98	0.151	18.38	22.45	18.70	0.025	20.57	ī	•		ı
Highest	16.56	20.79		18.71	21.18	16.48		18.82	1	1		ı
Frequency of drinking alcohol												
Never	1	1	1	1	I	1	1	1	96.44	96.32		96.38
Ever	1	ı	1	ī	I	1	ī	ľ	2.71	3.00		2.85
Every day/nearly everyday	1	1	1	1	1	ı	1	1	0.71	0.28		0.49
1-3 times a week	1	1	1	1	1	I	1	1	0.57	0.14		0.35
1-3 times a month	1	1	ī	1	1	I	1	1	0.43	0.41	0.527	0.42
Less than once a month	Γ	I	I	1	ı	I	1	ı	0.57	1.23		0.91
Only once	1	1	1	1	ı	•	1	1	0.14	0.14		0.14
Drank before their marriage but not after	1	ī	1	T.	1	1	T.	ı	0.28	0.82		0.56
Don't know	1	1	1	1	1	•	1	1	0.85	0.68		0.77

		Female	a			Male			Fe	Female participants' spouses	nts' spous	se
Characteristics	Control %	Control Intervention %	p-value	Full	Control %	Control Intervention p-value %	p-value	Full	Control %	Control Intervention p-value %	p-value	Full
C	Ī	ı	ı	ı	1	1	ı	ı				
Drug abuse, ever												
Yes	1	r	ı	ı	1	1	1	í	3.13	2.05		2.58
No	1	•	1	1	1	1	1	1	96.02	97.54		96.80
Don't know/ don't remember/ refused	1	ı	•	1		ı	1	1	0.85	0.41	0.241	0.63
Husband involved in a relationship with other women while being with her	1	1	I	1	ı	1	ı	ı	6.97	4.91	0.138	5.92
Husband involved in physical fight with another man since she knows him	1		1	1	ı	•	1	1	3.56	3.27	0.368	3.41
Husband involved in physical fight with another man in the past 12 months	1	1	I	1	1	1	ı	1	1.00	0.68	0.514	0.84

* Age range for males started from18

4.3. BACKGROUND CHARACTERISTICS OF THE FEMALE PARTICIPANTS' SPOUSES

Husbands of the female participants were older than their wives by nine years on average (mean age 40.63 vs. 30.85) (Table 4). Seventy-two percent of them were aged 35 years or more. Husbands had less education compared to their wife (mean years of schooling 5.64 vs. 6.36). Approximately 76% of them attended formal schools. Around 29% completed 1-5 years of education, 34% completed 6-10 years of education and 12% completed 11 or more years of education. About 25% did not pass any class. Approximately, 3% of the females reported that their husband drank alcohol.

Less than one percent (0.5%) reported their husband drinking alcohol everyday/nearly every day, 0.4% 1-3 times a week, 0.4% 1-3 times a month, 0.9% less than a month, 0.1% only once in lifetime and 0.6% used to drink before the marriage only. Three percent of the females reported that their husband had abused drugs and 6% that they had been involved in an extramarital relationship. Around 3% of the husbands had been involved in a physical fight with another man and 1% during the past 12 months (Table 4).

4.4. LABOUR FORCE PARTICIPATION RATE

The household enumeration data was used to report labour force participation rates in the study villages. The total enumerated population was 34,259, which included 16,699 females and 17,559 males. Among them 11,766 females and 12,500 males formed part of the working age population i.e. aged 15 years or older. The overall labour force participation rate was 52% in the population. The female labour force participation rate was 19% and male labour force participation rate was

84% (Figure 1). Both the female and male force participation rates were higher in intervention arm (female 22%; male 85%) compared to control arm (female 16%; male 83%) (Figure 1). More females from Patuakhali district (31%) were in the labour force compared to Cumilla (9%) and Bogura (15%) districts (Figure 2). On the other hand, male labour force participation rate was higher in Bogura (85%) compared to Cumilla (83%) and Patuakhali (84%) districts (Figure 2).

FIGURE 1. FEMALE AND MALE LABOUR FORCE PARTICIPATION RATES BY ARM

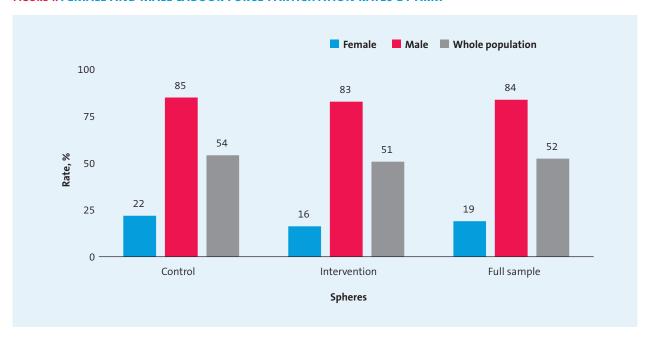
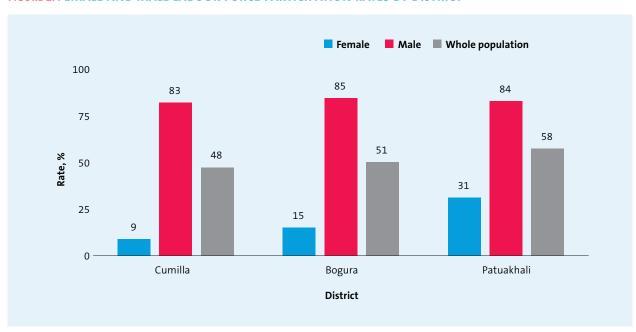


FIGURE 2. FEMALE AND MALE LABOUR FORCE PARTICIPATION RATES BY DISTRICT



GENDER NORMS AND ATTITUDES, AND ACCEPTANCE OF VAW

Approximately 91% of the females and 98% of the males agreed/ strongly agreed with at least one gender inequitable item.

5. GENDER NORMS AND ATTITUDES AND ACCEPTANCE OF VAW

This chapter presents the findings on the attitudes of females and males surrounding gender, acceptance of violence against women in general and justifications for wife beating. For each statement regarding gender and acceptance of VAW, there were four response options: strongly disagree, disagree, agree and strongly agree. During the analysis, the first two categories (strongly disagree and disagree) and last two categories (agree and strongly agree) were lumped together and coded 0 and 1 respectively. For the statements on wife beating, there were two response categories: yes, and no. All positive statements were reversely coded to keep the trends of all the items the same. Summative scores were calculated for each measure and then the score was divided into tertiles of either low, moderate or high levels of gender inequitable attitudes.

5.1. VIEWS SUPPORTING GENDER INEQUALITY/EQUALITY

A total of 16 items were used to measure views supporting gender inequality/equality among females and males. These statements were adapted from the Gender-Equitable Men (GEM) Scale [28], Gender Norm Attitudes (GNA) Scale [29] and Demographic and Health Survey domestic violence module [10].

Approximately 91% of the females and 98% of the males agreed/strongly agreed with at least one gender inequitable item. The most commonly held gender inequitable views were: a woman has to have a husband or sons or some other male kinsman to protect her (74% females and 88% males); it is important that sons have more

education than daughters (46% females and 75% males); women should leave politics to the men (47% females and 62% males); women should not be allowed to work outside home so she could take care of her family full-time (42% females and 62% males); and a good woman never questions her husband's opinions, even if she is not sure she agrees with him (46% females and 57% males) (Figure 3).

On the other hand, only around 0-6% of the females and 0-13% of the males agreed/strongly agreed with gender inequitable statements such as: daughters' and sons should not both be sent to school; husbands should not help their wives

86 100 88 80 75 74 62 62 09 57 Percentage 47 46 40 20 ■ Male ■ Female 0 0 A woman has to have a husband or sons or some other male kinsman to protect her It is important that sons have more education than daughters Women should not be allowed to work outside the home so she could take care of her family full-time A good woman never questions her husband's opinions, even if she is not sure she agrees with him Women should not be allowed to work outside the home if they want A good wife and mother should not get involved with community work a good wife and mother so she could focus on managing the household It is the daughters, and not the sons, who need to do the bulk of the chores at home. Men should not be asked to help around the house or in taking care of the children, because that is the woman's job If there is a limited amount of money to pay for tutoring, it should be spent on sons first Daughters do not need to be sent to school since they are just supposed to get married, have children and take care of their family Daughters and sons should not be given equal resources Women and men should not be treated equally in society At least one item Women should leave politics to the men Women should not participate in decision-making in the household Husbands should not help their wives in household chores Daughters' and sons should not both be sent to school Gender inequitable statements

FIGURE 3. PROPORTION OF FEMALES AND MALES AGREED/STRONGLY AGREED WITH GENDER INEQUITABLE ATTITUDES

in the household chores; women should not participate in decision-making in the household, such as deciding on big purchases, or deciding on her health care; women and men should not be treated equally in society; daughters and sons should not be given equal resources (e.g. food, nutrition, school expenses); and daughters do not need to attend school since they are just supposed to get married, have children and take care of their family (Figure 3).

The total attitudinal score ranged between 0 and 38 for female and 0-39 for male samples, where a higher score indicated more gender inequitable attitudes. The mean score of gender inequitable attitudes for females was 15.08 and 19.16 for males, indicating higher gender inequitable attitudes among men. Females in the intervention arm were slightly more gender inequitable compared to the control arm (mean score 15.69 vs. 14.47). Such differences was not observed among men (Table 5).

When divided into tertiles, 58% of females belonged to the low gender inequitable attitude category, 41% to the moderate and 1% to the high gender inequitable attitudes tertile. About 31% and 67% of the males expressed low and moderate gender inequitable attitudes respectively, and 2% had highly gender inequitable attitudes. Thus, according to these findings females had lower gender inequitable attitudes compared to men (Figure 4).

Females from Patuakhali district were more gender inequitable compared to females from other two districts (mean score: 18.13 in Patuakhali, 13.25 in Bogura and 14.03 in Cumilla). In contrast, males from Patuakhali were less gender inequitable compared to those from Cumilla and Bogura (mean score: 17.21 in Patuakhali, 20.11 in Bogura and 20.13 in Cumilla) (Table 6).

5.2. ACCEPTANCE OF VIOLENCE AGAINST WOMEN

To measure attitudes regarding acceptance of VAW a total of six statements were used from the Gender-Equitable Men (GEM) Scale [28], the Gender Norm Attitudes (GNA) Scale [29] and the Demographic and Health Survey domestic violence modules [10].

Acceptance of VAW was almost universal among female and male samples. About 95% of the females and 98% of the males agreed/strongly agreed with at least one item which supports violence against women, with most agreement focused on the statement that it is right for the husband to control his wife's movements and actions (85% of females and 92% of males); while approximately 9% of the females and 7% of the

males agreed with all statements. Among them, more than 50% females agreed/strongly agreed with five among six statements while more than 50% of males agreed/strongly agreed with three among the total of six statements which support VAW.

It is also noteworthy that more women than men agreed with the following statements: it is not rape when a husband forces his wife to have sex because it is his right to do so (59% vs 33%); it is right for the husband to use physical punishment to discipline his wife (51% vs 35%); and a woman should tolerate violence to keep her family together (55% vs. 52%) (Figure 5).

Table 5. Gender inequitable attitudes of females and males by arm

		Female	ale.			Male	ø.	
	Control	Intervention	P-value	Full sample	Control	Intervention	P-value	Full sample
د	761	784		1,545	628	631		1,459
Gender inequitable attitudes, %								
Disagree with all items	7.62	11.10		9.39	1.27	1.74		1.51
Agree with at least one	92.38	88.90	0.019	90.61	98.73	98.26	0.495	98.49
Agree with all items	0	0		0	0	0		0
Gender inequitable attitudes, mean score (range, SD)	14.47 (0- 34, 7.25)	15.69 (0-38, 7.90)	0.0017	15.08 (0-38, 7.61)	19.25 (0- 35, 6.41)	19.07 (0-39, 6.68)	0.616	19.16 (0-39, 6.54)
Acceptance of VAW, %								
Disagree with all items	5.26	5.74		5.50	2.55	2.06		2.30
Agree with at least one item	94.74	94.36	0.426	94.50	97.45	97.94	0.754	97.70
Agree with all items	8.54	10.33		9.45	7.64	6.97		7.31
Acceptance of VAW, mean score (range, SD)	9.39 (0-18, 3.81)	9.97 (0-18, 3.97)	0.004	9.69 (0-18, 3.89)	9.40 (0-18, 3.45)	9.39 (0-18, 3.49)	0.966	9.39 (0-18, 3.47)
Justification of wife beating, %								
Disagree with all items	32.33	30.99		31.65	47.13	40.25		43.69
Agree with at least one item	67.67	69.01	0.143	68.35	52.87	55.63	0.007	56.32
Agree with all items	16.16	20.03		18.12	1.91	4.12		3.02
Justification of wife beating, mean score (range, SD)	2.06 (0-5, 1.86)	2.12 (0-5, 1.91)	0.427	2.09 (0-5, 1.89)	1.18 (0-5,1.34)	1.28 (0-5, 1.41)	0.195	1.22 (0-5, 1.40)

FIGURE 4. FEMALES AND MALES GENDER INEQUITABLE ATTITUDES BY ARM

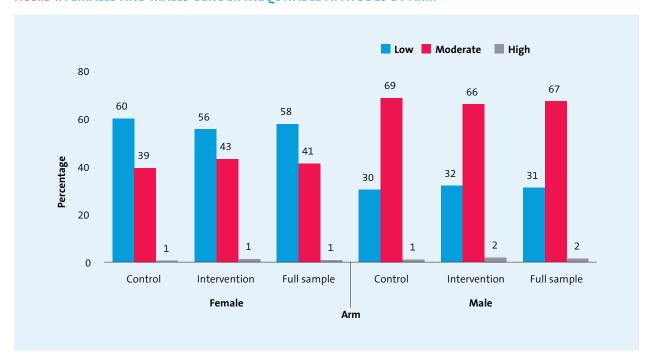


FIGURE 5. FEMALES AND MALES AGREED/STRONGLY AGREED WITH STATEMENTS THAT SUPPORT THE ACCEPTANCE OF VAW, N=1,545

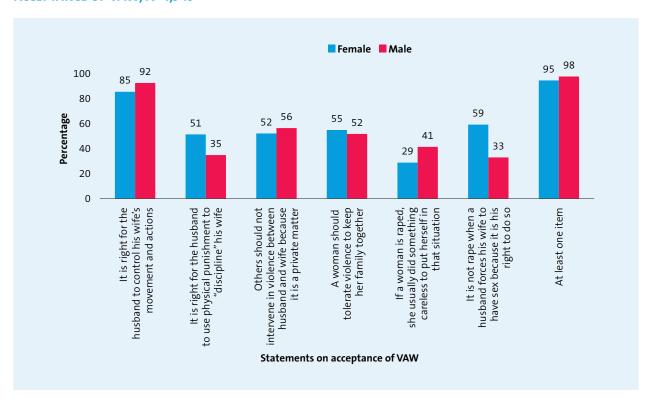


TABLE 6. GENDER ATTITUDES OF FEMALES AND MALES BY STUDY SITE

		Fen	Female (n=1,545), %),%			¥	Male (n=1,459), %	%	
Characteristics	Cumilla	Bogura	Patuakhali	p-value	Full sample	Cumilla	Bogura	Patuakhali	p-value	Full
5	517	530	498		1,545	422	421	416		1,459
Gender inequitable attitudes										
Gender inequitable attitudes, mean score (range, SD	14.03 (0-36, 6.69)	13.25 (0-38, 7.91)	18.13 (0-36, 7.26)	0.084 ¹ <0.001 ² <0.001 ³	15.08 (0-38, 7.61)	20.13 (0-39, 6.69)	20.11 (0-36, 5.34)	17.21 (0-34, 7.06)	0.96 ¹ <0.001 ² <0.001 ³	19.16 (0-39, 6.54)
Gender inequitable attitudes, %										
Tertile I (low gender inequitable attitude)	62.28	70.75	39.36	0.000	57.80	28.67	19.00	45.91	0.000	31.14
Tertile II (moderate gender inequitable attitude)	37.33	28.11	59.44		41.29	69.67	79.10	53.13		67.36
Tertile III (high gender inequitable attitude)	0.39	1.13	1.20		0.91	1.66	1.90	96.0		1.51
Acceptance of VAW										
Acceptance of VAW, mean score (range, SD)	9.09 (0-18, 3.64)	8.88 (0-18, 3.91)	11.16 (0-18, 3.71)	0.34 ¹ <0.001 ² <0.001 ³	9.69 (0-18, 3.89)	10.70 (0-18, 3.63)	7.77 (0-18, 2.62)	9.71 (0-18, 3.40)	<0.001 ¹ 0.0001 ² <0.001 ³	9.39 (0- 18, 3.47)
Acceptance of VAW, %										
Tertile I (low acceptance)	27.27	29.43	12.25	0.000	23.17	13.03	56.87	30.09	0.000	21.21
Tertile II (moderate acceptance)	53.97	50.38	20.60		51.65	31.12	99:69	5.23		58.70
Tertile III (high acceptance)	18.76	20.19	37.15		25.18	19.47	55.53	25.00		20.10
Justification of wife beating										
Justification of wife beating, mean score (range, SD)	1.53 (0-5, 1.64)	1.99 (0-5, 1.98)	2.78 (0-5, 1.82)	<0.001 ¹ <0.001 ² <0.001 ³	2.09 (0-5, 1.89)	1.42 (0-5, 1.42)	0.76 (0-5, 1.09)	1.49 (0-5, 1.53)	<0.001 ¹ 0.530 ² <0.001 ³	1.22 (0-5, 1.40)
Justification of wife beating, %										
Tertile I (low justification)	59.77	48.87	15.86	0.000	46.28	29.00	81.47	57.45	0.000	00.99
Tertile II (moderate justification)	24.37	23.58	27.55		25.83	33.18	15.44	31.01		26.53
Tertile III (high justification)	15.86	29.72	40.76		27.90	7.82	3.09	11.54		7.47

Note: ¹p-value for comparison between Cumilla and Bogura; ²p-value for comparison between Cumilla and Patuakhali; ³p-value for comparison between Bogura and Patuakhali

The total score of this measure ranged between 0 and 18, with the higher score indicating higher acceptance of violence. The mean score of acceptance of violence for females was 9.69 and it was 9.39 for males, indicating no difference between females and males on average. Acceptance of VAW was slightly higher among females in the intervention arm compared to control arm (mean score 9.97 vs. 9.39). Such a difference was not observed among the males from different study arms (Table 5).

About 23% of the females and 21% of the males had low acceptance of VAW; 52% of the females

and 59% of males had moderate acceptance; and 25% of females and 20% of males had acceptance of VAW showing relatively higher acceptance of VAW among females (Figure 6). Similar to gender inequitable attitudes, females from Patuakhali district had higher acceptance of VAW compared to Cumilla and Bogura (mean score: 11.16 in Patuakhali, 9.09 in Cumilla and 8.88 in Bogura). Males from Cumilla district reported higher acceptance of VAW compared to those from other two districts (mean score: 10.70 in Cumilla, 7.77 in Bogura and 9.71 in Patuakhali) (Table 6).

5.3. JUSTIFICATION OF WIFE BEATING

Attitudes towards wife beating were measured using five statements. These items were drawn from the Demographic and Health Survey women's empowerment and health seeking behaviour module [10].

More than two-thirds (68%) of the females and more than half (56%) of the males agreed that a man was justified in hitting his wife for one or more of the reasons mentioned (Figure 7). The most commonly mentioned reasons justifying physical violence were: if his wife visits family or friend without his permission (54% among females and 46% among males); if his wife argues with him (51% among females and 30% among males); and if his wife neglects the children (47% among females and 32% among males). About 28-30% of the females and 7-8% of the males agreed with the statements that a man can hit his wife if she refuses to have sex and fails to provide food on time (Figure 7).

The total score for this measure ranged between 0 and 5, with higher score indicating higher justi-

fication of wife beating. The mean score regarding justification of wife beating was 2.09 for females and 1.22 for males, indicating a higher acceptance of wife-beating among females (Table 5).

Approximately 46% of females and 66% of males reported low acceptance of justification of wife beating. Approximately 26% of the females and 27% of the males reported moderate acceptance, while 28% of females and 7% of males reported high acceptance of justification of wife beating (Figure 8). The findings clearly show higher acceptance of wife-beating among females compared to males.

Females from Patuakhali reported greater acceptance of justification of wife beating compared to other two districts (mean score: 2.78 in Patuakhali, 1.53 in Cumilla and 1.99 in Bogura). Males from Bogura district reported lower acceptance of justification of wife beating than Cumilla and Patuakhali (mean score: 2.78 in Patuakhali, 1.53 in Cumilla and 1.99 in Bogura) (Table 6).

FIGURE 6. ACCEPTANCE OF VAW AMONG FEMALES AND MALES BY ARMS, N=1,545

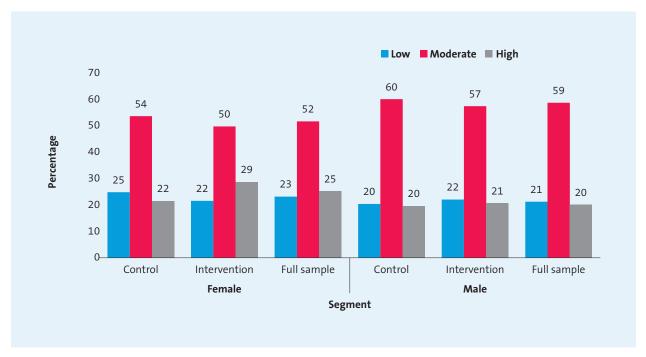
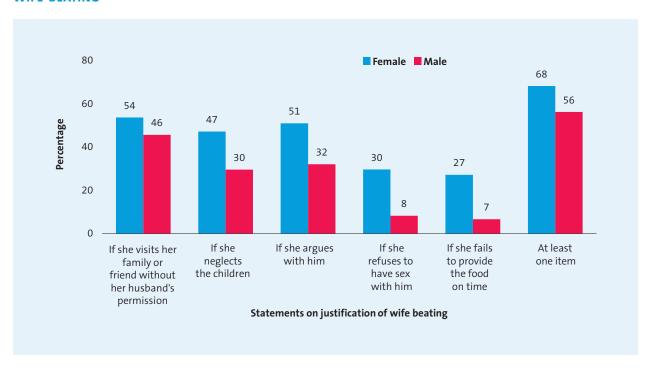


FIGURE 7. FEMALES AND MALES AGREED/STRONGLY AGREED WITH STATEMENTS ON JUSTIFICATION OF WIFE-BEATING



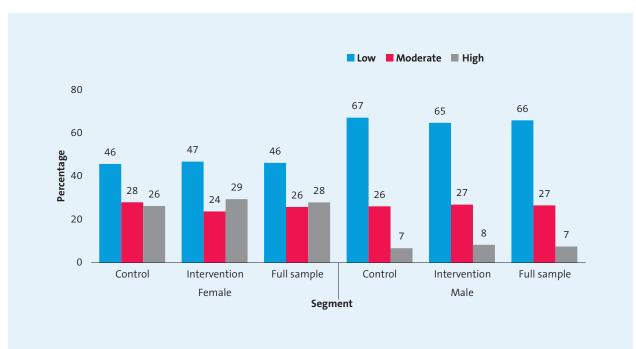


FIGURE 8. JUSTIFICATION OF WIFE BEATING AMONG FEMALES AND MALES BY ARM

5.4. GENDER NORMS AND ATTITUDES, ACCEPTANCE OF VAW IN GENERAL AND JUSTIFICATION OF WIFE BEATING BY VIRTUE OF THE PARTICIPANT CHARACTERISTICS

Both women and men, who were older, had completed a lower level of education and belonged to a lower socioeconomic group held higher gender inequitable attitudes. They reported a higher acceptance of VAW in general and of wife beating (Table 7 and 8).

Table 7. Gender inequitable attitudes, acceptance of VAW and justification of wife-beating by virtue of female participant CHARACTERISTICS

	Gender i	Gender inequitable attitudes, %	ndes, %	Acce	Acceptance of VAW, %	%	Justifica	Justification of wife beating, %	ting,%
	Tertile I (low)	Tertile II (moderate)	Tertile III (high)	Tertile I (low)	Tertile II (moderate)	Tertile III (high)	Tertile I (low)	Tertile II (moderate)	Tertile III (high)
Age (in years)									
15-19 years	70.81	29.19	0.00	37.30	42.16	20.54	56.76	25.41	17.84
20-24 years	69.04	30.54	0.45	28.87	50.21	20.92	51.88	26.36	21.76
25-29 years	63.90	35.68	0.41	23.65	56.43	19.92	48.13	25.73	26.14
30-34 years	57.36	41.74	0.90	21.62	51.65	26.73	44.74	27.33	27.93
35-39 years	50.57	47.55	1.89	20.00	50.94	29.06	41.51	28.68	29.81
40-44 years	41.07	58.93	0.00	13.10	56.55	30.36	39.88	21.43	38.69
45-49 years	42.98	53.51	3.51	14.04	54.39	31.58	38.60	21.05	40.35
p-value		0.000			0.000			0.000	
Education (completed class)									
No education	37.50	62.07	0.43	15.95	48.71	35.34	40.09	16.81	43.10
1-5 years	39.74	58.46	1.79	7.95	26.67	35.38	27.18	35.13	37.69
6-10 years	66.67	32.55	0.78	28.91	50.26	20.83	53.26	25.00	21.74
11-12 years	88.12	11.88	0.00	39.60	54.46	5.94	67.33	19.80	12.87
>12 years	92.59	7.41	0.00	51.85	42.59	5.56	72.22	20.37	7.41
p-value		0.000			0.000			0.000	
Wealth quintile									
Lowest	48.03	50.84	1.12	14.89	51.97	33.15	36.52	29.21	34.27
Second	62.49	34.15	0.35	26.06	55.28	18.66	57.04	26.06	16.90
Middle	56.93	42.17	0.90	26.20	50.30	23.49	47.29	24.70	28.01
Fourth	54.58	44.37	1.06	21.13	49.30	29.58	39.79	27.82	32.39
Highest	66.44	32.53	1.04	29.07	51.56	19.38	52.94	20.76	26.30
p-value		0.000			0.000			0.000	

Table 8. Gender inequitable attitudes, acceptance of VAW and justification of wife beating (tertiles) by virtue of male PARTICIPANT CHARACTERISTICS

	Genderine	equitable attitudes, %	es,%	Acce	Acceptance of VAW, %	%	Justific	Justification of wife beating, %	ting, %
	Tertile I (low)	Tertile II (moderate)	Tertile III (high)	Tertile I (low)	Tertile II (moderate)	Tertile III (high)	Tertile I (low)	Tertile II (moderate)	Tertile III (high)
Age (in years)									
18-19 years	33.87	62.90	3.23	20.97	51.61	27.42	66.13	29.03	4.84
20-24 years	31.54	69.79	0.77	28.46	51.54	20.00	64.62	30.00	5.38
25-29 years	36.93	61.36	1.70	26.70	56.82	16.48	71.02	22.73	6.25
30-34 years	33.68	64.77	1.55	19.69	66.32	13.99	72.02	22.28	5.70
35-39 years	28.18	70.45	1.36	20.91	58.64	20.45	98.99	23.64	10.00
40-44 years	39.52	60.48	0.00	20.97	58.06	20.97	68.55	25.00	6.45
45-49 years	26.71	72.60	0.68	20.55	96.09	18.49	63.70	28.08	8.22
50-54 years	22.33	74.76	2.91	10.68	62.14	27.18	58.25	33.01	8.74
55-59 years	25.71	71.43	2.86	18.10	55.24	26.67	55.24	34.29	10.48
p-value		0.163			0.036			0.274	
Education									
No education	13.69	82.44	3.87	12.80	62.20	25.00	54.46	34.23	11.31
1-5 years	23.45	74.93	1.62	16.98	59.84	23.18	61.46	29.92	8.63
6-10 years	38.57	61.43	0.00	21.21	59.78	19.01	72.18	22.31	5.51
11-12 years	55.45	44.55	00.00	40.59	50.50	8.91	83.17	15.84	0.99
>12 years	71.59	28.41	00.00	48.86	45.45	2.68	84.09	12.50	3.41
p-value		0.000			0.000			0.000	
Wealth quintile									
Lowest	20.55	78.26	1.19	12.25	62.06	25.69	56.52	31.23	12.25
Second	25.19	71.85	2.96	19.63	54.44	25.93	57.41	34.81	7.78
Middle	31.67	66.67	1.67	17.92	62.92	19.17	66.25	27.08	6.67
Fourth	34.36	64.48	1.16	23.55	61.00	15.44	76.83	17.76	5.41
Highest	45.15	54.43	0.45	33.33	53.16	13.50	73.84	21.10	5.06
p-value		0.000			0.000			0.000	

5.5. SPOUSAL COMMUNICATION, VERBAL DISPUTES AND DECISIONMAKING IN THE HOUSEHOLD

More than 85% of the women reported that she and their husband usually discussed about what happened to herself and their partner during the day; about each ones' worries and/or feelings at the end of the day. Eighty-four percent of the couples usually discussed all four topics while 4% did not discuss anything (Table 9).

About 5% of the women quarrelled often with their husband, 28% sometimes, half of them rarely quarrelled, while 18% never argued with their spouse. Similar to the reasons behind physical IPV the top three reasons for quarrels included money problems in the family (51%), spousal disobedience (38%) and lack of child carechild disciplining (38%) (Table 9).

Table 9. Spousal communication and household decision-making by arm, N=1,436

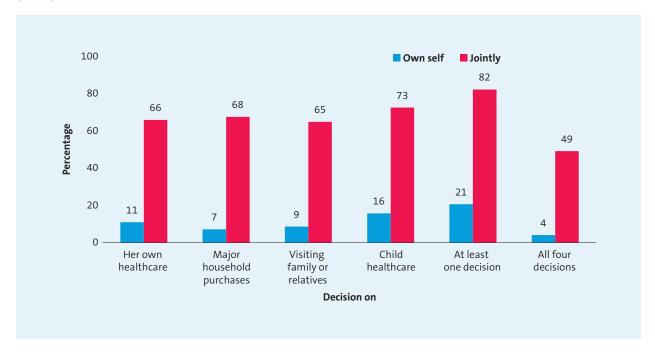
Characteristics	Control %	Intervention %	P-value	Full sample
n	703	733		1,436
Spousal communication				
Spouses discussed the following topics together				
Things that happened to her partner in the day	85.78	85.68	0.957	85.72
Things that have happened to herself in the day	89.90	88.13	0.284	89.00
Her worries or feelings	94.17	93.72	0.725	93.94
Husband's worries or feelings	92.60	93.04	0.747	92.83
Number of topics discussed between spouses				
None	3.98	4.37		4.18
At least one	96.02	95.63	0.943	95.82
All four	84.21	84.04		84.12
Frequency of spousal feud				
Never	17.78	17.33		17.55
Rarely	48.51	51.16	0.686	49.86
Sometimes	29.02	26.47	0.080	27.72
Often	4.69	5.05		4.87

Characteristics	Control %	Intervention %	P-value	Full sample
n	578	606		1184
Particular situations/reasons that tend to quarrel or lead to occurrence of physical intimate partner violence				
Money problems in the family	52.42	49.67		51.01
She is disobedient	37.02	38.78		37.92
She does not take care of children properly/child disciplining	36.15	39.79		37.99
Problems with his or her family	15.22	13.86		14.53
If she neglects household chores	12.98	17.66		15.37
She refused sex	8.3	5.61		6.93
He is unemployed	12.11	8.75		10.39
No food at home	3.81	6.44		5.15
Difficulties at his work	4.67	6.27		5.49
If she talks with another person	3.46	2.48		2.96
When husband drunk	2.08	1.32		1.69
Demand of dowry /additional resources from her family	1.38	0.83		1.1
No particular reason	5.36	7.59		6.50
Others	17.47	15.21		16.31
Household decision-making				
Women who usually make decision singly or jointly with her husband about:				
Her own healthcare	65.58	66.30	0.771	65.95
Major household purchases	68.56	66.71	0.454	67.62
Visiting family or relatives	67.43	62.62	0.056	64.97
Child healthcare	72.40	72.85	0.849	72.63
Number of decisions made by own self or jointly				
None	17.78	17.60		17.69
At least one decision	82.22	82.4	0.359	82.31
All four decisions	51.07	47.34		49.16
Women who usually make decision by own self about:				
Her own healthcare	11.52	10.50	0.538	11.00
Major household purchases	8.53	5.87	0.050	7.17
Visiting family or relatives	9.96	7.37	0.081	8.64
Child healthcare	16.93	14.60	0.226	15.74
Number of decisions made by own self				
None	76.96	81.58		79.32
At least one decision	23.04	18.42	0.257	20.68
All four decisions	4.55	3.55		4.04

The four questions used to measure decision-making in the household were taken from the Demographic and Health Survey women's empowerment and health seeking behaviour module [10]. Almost two-thirds of married or previously married women reported that they usually made decisions either on their own or jointly with their husband about their own healthcare, major household purchases, visiting family or relatives and child healthcare. However, only 7-16% of the women reported making such decisions on their own.

Almost half of the women (49%) could make all four decisions and 82% at least one decision on their own or jointly with their husband. Only 4% of the women could make all four decisions and 21% at least one decision on their own (Figure 9). Still, around 18% of women reported not participating in the decision- making for any of the four decisions at all (i.e. they did not make the decision singly nor jointly with their husband).

Figure 9. Proportion of women usually make decisions singly or jointly with their husband (2019), N=1,436



INTIMATE PARTNER VIOLENCE AGAINST WOMEN

Almost two-thirds (65%) of the women reported exposure to physical and/or sexual IPV in lifetime and more than one-fifth (21%) reported such violence in the past 12 months.

6. INTIMATE PARTNER VIOLENCE AGAINST WOMEN

This chapter presents findings on the prevalence of different forms of intimate partner violence (IPV) against married and previously married women. The forms of IPV explored were as follows: physical, sexual, emotional and economic actions perpetrated by a current or former (most recent) intimate partner (husband in this case). Apart from the four forms of IPV, the findings on controlling behaviour of the husband were also explored. Women's experiences of IPV were measured using a set of behaviour-specific questions (acts) drawn from the World Health Organization (WHO) violence against women instruments [6].

Asking behaviour-explicit questions minimizes reporting biases that arise from subjective perceptions of abuse. For each act that elicited an affirmative response, a woman was asked whether she had experienced that act within 12 months and about the frequency with which it had occurred. The results on the extent of physical, sexual, economic and emotional violence by current or most recent partner are presented for a

lifetime and for the past 12 months, by arm and by study site. The magnitude of controlling behaviour was presented for a lifetime. The denominators for lifetime rates included all married and previously married women, while in the calculation of the current rates for the past 12 months women who were not in a relationship in the past 12 months were excluded.

6.1. ANY INTIMATE PARTNER VIOLENCE

Almost two-thirds (65%) of the women reported exposure to physical and/or sexual IPV in lifetime and more than one-fifth (21%) reported such violence in the past 12 months. The lifetime prevalence of any physical and/or sexual and/or emotional IPV among them was 73%, which

was 29% in the past 12 months (Figure 10). No significant difference was observed in respect to any physical and/or sexual IPV and any physical and/or sexual and/or emotional IPV between the study's arms (Table 12) and between the study districts (Figure 11).

FIGURE 10. LIFETIME AND CURRENT (PAST 12 MONTHS) PREVALENCE OF DIFFERENT FORMS OF IPV AGAINST WOMEN AGED 15-49 YEARS. N=1,436

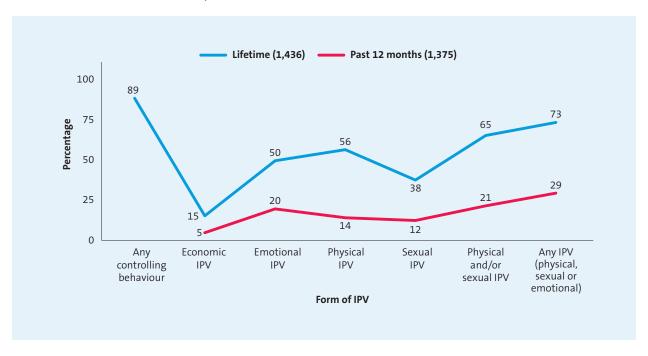
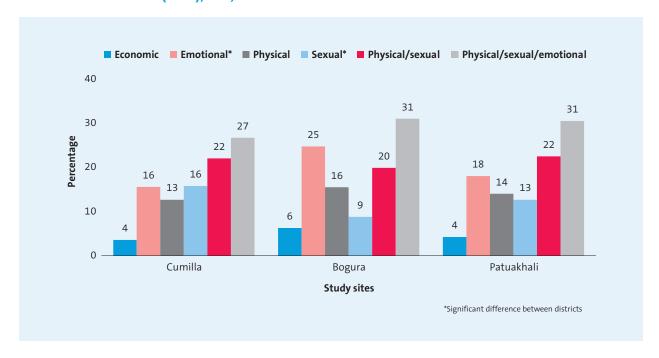


Figure 11. Women's experience of any economic, emotional, physical, sexual IPV in past 12 months by study site (2019), N=1,375



6.2. CONTROLLING BEHAVIOUR

A total of seven questions were asked to measure exposure to the controlling behaviour of the husband. The response options were: 'Yes' and 'No'. Reported by 89% of females, the controlling behaviour of husbands was the type of IPV reported by the largest proportion of ever married women. The most common controlling behaviour was to expect the woman to ask his permission before seeking healthcare for herself (81%) (Table 10). Almost a third of the husbands got angry if she talked with another man. Less common were behaviours such as often being suspicious that a wife was unfaithful; trying to restrict contact with

her family of birth; ignoring her and treating her indifferently; insisting on knowing where she was at all; times and trying to keep her from seeing her friends (5-13%). The mean score of control by a husband was 1.57 (range 0-7; SD 1.20).

Around 83% of the women reported experiencing low controlling behaviour by their husband, 13% -- moderate and 3% reported high controlling by their husband. There was no significant difference between women from the control and intervention arms in regard to experiencing such behaviour (Table 10).

Table 10. Controlling behaviour of husbands towards married and previously married women aged 15-49 by arm, N=1,436

Characteristics	Control %	Intervention %	p-value	Full sample
n	703	733		1,436
Her husband usually:				
Expects her to ask his permission before seeking health care for herself	80.37	82.54	-	81.48
Gets angry if she talks with another man	28.88	30.97	-	29.94
Tries to keep her from seeing her friends	11.24	13.92	-	12.6
Insists on knowing where she is at all times	11.24	11.87	-	11.56
Ignores her and treats her indifferently	9.67	9.28	-	9.47
Tries to restrict contact with her family of birth	6.12	6.41	-	6.27
Is often suspicious that she is unfaithful	4.27	5.32	-	4.81
Any controlling behaviour by husband	87.77	89.22	0.387	88.51
Mean score of controlling behaviour by husband (range, SD)	1.51 (0-7, 1.20)	1.60 (0-7, 1.20)	0.180	1.57 (0-7, 1.20)
Controlling behaviour by husband, %				
Tertile I (Low control)	84.50	82.40		83.43
Tertile II (Moderate control)	12.23	14.19	0.536	13.23
Tertile III (High control)	3.27	3.41		3.34

6.3. ECONOMIC VIOLENCE

Economic IPV against married and previously married women was measured using four questions, with response options yes, no and not applicable. The participants were asked whether she has experienced such violence in her lifetime and in the past 12 months. Fifteen percent of the women reported experiencing at least one form of economic IPV in their lifetime and 5% reported such violence in the past 12 months (Table 11).

The most reported act was that her husband refused to give money for household expenses even when he had money for other things (such as alcohol and cigarettes) (7% in lifetime and 3%

in past 12 months); followed by kicked her out of house (6% in lifetime and 2% in past 12 months); prohibited her from getting a job, going to work, trading, earning money or participating in income generation activities and took her earnings, jewellery or any valuable things from her against her will (5% in lifetime and 1% in past 12 months) (Table 11).

There was no statistically significant difference between arms (Table 11) and between study districts in terms of any economic IPV in the past 12 months (Figure 11).

6.4. EMOTIONAL VIOLENCE

A total of five items were used to measure emotional IPV during lifetime and in the past 12 months. The response options included 'yes', 'no' and 'not applicable'. Half of the married and previously married women reported at least one form of emotional IPV during their lifetime and 20% reported such violence in the past 12 months (Table 11). The most reported act was that the husband did things to scare or intimidate his spouse on purpose (e.g. by the way he looked at her, by yelling and smashing things) (34% in lifetime and 13% in past 12 months); followed a

husband insulting his wife or making her feel bad about herself (33% in lifetime and 11% in past 12 months).

No significant difference was observed among women from the control and intervention arms in reporting such violence (Table 11). More women (25%) in Bogura district reported emotional IPV in the past 12 months compared to those in Patuakhali (18%) and Cumilla (16%) districts (Figure 11).

Table 11. Economic and emotional intimate partner violence against married and previously married women AGED 15-49 BY ARM, N=1,436

		Lifetime	ime			During past 12 months	2 months	
Characteristics	Control %	Intervention %	p-value	Full sample	Control %	Intervention %	p-value	Full
٤	703	733		1,436	299	708		1,375
Economic violence								
Her husband:								
Refused to give her money she needed for household expenses even when he had money for other things (such as alcohol and cigarettes)	8.25	5.59		6.89	2.55	2.54		2.55
Kicked her out of house	69.9	5.73		6.2	2.25	1.41		1.82
Prohibited her from getting a job, going to work, trading, earning money or participating in income-generating activities	5.12	5.73		5.43	1.35	1.41		1.38
Took her earnings, jewellery or any valuable things from her against her will	4.69	4.64		4.67	1.05	1.13		1.09
Any economic violence	16.07	14.46	0.395	15.25	4.80	4.66	0.905	4.73
Emotional violence								
Her husband:								
Insulted her or made her feel bad about herself	32.86	32.47		32.66	10.64	12.15		11.42
Done things to scare or intimidate her on purpose (e.g. by the way he looked at her, by yelling and smashing things)	35.7	32.33		33.98	14.24	12.15		13.16
Threatened to kill himself if she divorces/leave him.	3.84	4.37		4.11	2.1	1.55		1.82
Threatened to hurt her or someone she cares about	2.13	2.32		2.23	1.05	0.28		0.65
Stopped her from talking to, or seeing her children (if any)	1.28	0.68		0.97	0.75	0		0.36
Any emotional violence	50.64	48.57	0.432	49.58	19.34	19.77	0.839	19.56

6.5. PHYSICAL VIOLENCE

Six items were used to measure physical IPV during a lifetime and the past 12 months. Almost 56% of the married and previously married women reported experiencing any physical violence by the husband during their lifetime and 14% in the past 12 months (Table 12). The most reported acts of physical IPV included slapping or throwing something at her that could hurt her (56% in a lifetime and 13% in the past 12 months), followed by pushing or shoving or pulling hair (20% in lifetime and 5% in the past 12 months), hitting her with a fist or with something else (16% in lifetime

and 4% in past 12 months), kicking or dragging or beating her up (13% in lifetime and 3% in past 12 months), choking or burning her on purpose (3% in lifetime and 1% in past 12 months) and threatening her with or actually using a gun, knife or other weapon against her (2% in lifetime and 1% in past 12 months) (Table 12). No significant difference was observed in the prevalence of physical IPV in the past 12 months between the study arms and between the study districts (Figure 11).

6.6. SEXUAL VIOLENCE

Sexual IPV over a lifetime and in the past 12 months was measured using three items. Approximately 38% of married and previously married women reported experiencing sexual violence by their husband, while 12% of them reported such violence in the past 12 months (Table 12). Physically forcing her to have sex when she did not want to was the most commonly mentioned act of sexual IPV (35% in lifetime and 10% in past 12 months). Twenty-one percent of the women reported that at least once during her

lifetime had had sexual intercourse when they did not want to because they was afraid of what their husband might do, while 8% of them experienced this in the past 12 months. Around 3% of the women reported that their husband forced her to do something sexual that she found degrading or humiliating over her lifetime and 1% in the past 12 months (Table 12). The prevalence of sexual violence was significantly higher in Cumilla (16%) compared to Patuakhali (13%) and Bogura districts (9%) (Figure 11).

Table 12. Physical and sexual intimate partner violence against married and previously married women aged 15-49, by arm

		l ifetime	ā			During last 12 months	months	
Characteristics	Control %	Intervention %	p-value	Full sample	Control %	Intervention %	p-value	Full
c	703	733		1,436	299	708		1,375
Physical violence								
Her husband:								
Slapped her or thrown something at her that could hurt her	53.91	57.16		55.57	11.84	14.12		13.02
Pushed her or shoved her or pulled her hair	19.63	20.87		20.26	5.55	4.8		5.16
Hit her with his fist or with something else	14.94	16.1		15.53	4.5	3.95		4.22
Kicked her, dragged her or beaten her up	12.66	12.69		12.67	4.35	2.54		3.42
Choked or burnt her on purpose	2.7	2.73		2.72	1.65	0.42		1.02
Threatened with or actually used a gun, knife or other weapon against her	1.56	3.14		2.37	9.0	0.71		0.65
Any physical violence	54.62	58.25	0.165	56.48	12.44	15.68	0.085	14.11
Sexual violence								
Her husband:								
Physically forced her to have sexual intercourse when she did not want to	30.44	34.92		32.73	9.15	11.16		10.18
She had sexual intercourse when she did not want to because she was afraid of what her husband might do	21.34	21.28		21.31	7.35	7.77		7.56
Forced her to do something sexual that she found degrading or humiliating	2.84	2.59		2.72	1.35	0.85		1.09
Any sexual violence	35.70	39.29	0.161	37.53	11.09	13.56	0.165	12.36
Any physical and/or sexual violence	64.86	65.76	0.722	65.32	19.34	23.45	0.064	21.45
Any physical and/or sexual and/or emotional violence	74.25	72.58	0.473	73.40	27.89	30.93	0.216	29.45

6.7. CURRENT (PAST 12 MONTHS) PREVALENCE OF DIFFERENT FORMS OF IPV BY PARTICIPANTS' DEMOGRAPHIC CHARACTERISTICS

The findings revealed that physical, sexual, emotional, physical and/or sexual and physical and/or sexual and physical and/or sexual and/or emotional IPV started early in marital life and significantly decreased with the increase of age of women. The prevalence of all forms of IPV was the highest in the 15-19 years age group and lowest in 45-49 years age group (Figure 12). The women who earn an income are more exposed to all forms of IPV, except physical

IPV, compared to women who do not earn an income (Figure 13). No significant difference was observed in the prevalence of different forms of IPV between different socioeconomic status except for sexual IPV. Sexual IPV was the highest among women from the lowest socioeconomic status (17%) and lowest among women from the highest socioeconomic status (9%) (Figure 14).

FIGURE 12. CURRENT (PAST 12 MONTHS) PREVALENCE OF DIFFERENT FORMS OF IPV BY AGE OF WOMEN

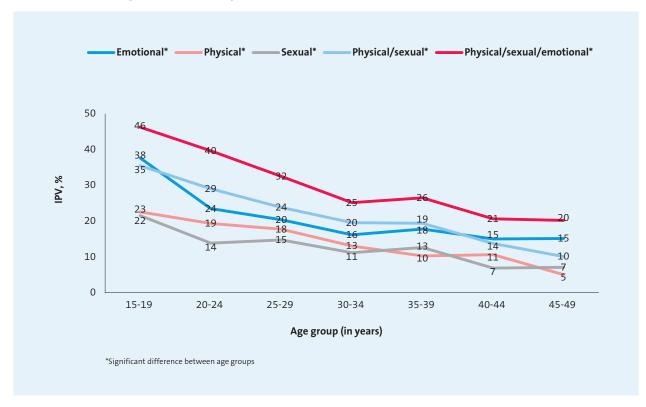


FIGURE 13. CURRENT (PAST 12 MONTHS) PREVALENCE OF DIFFERENT FORMS OF IPV BY INCOME EARNING STATUS

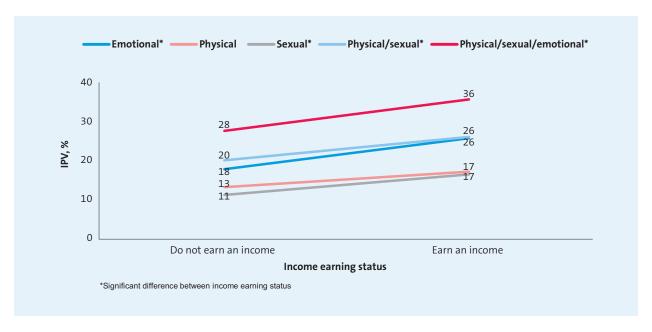
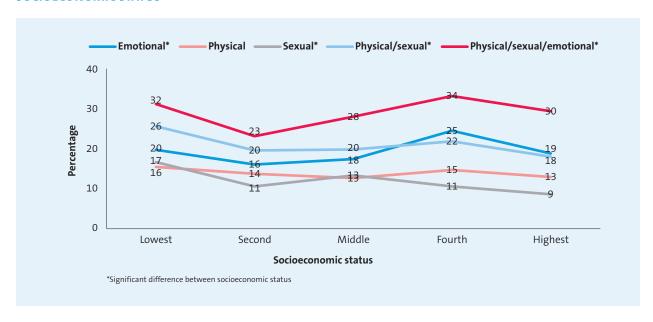


FIGURE 14. CURRENT (PAST 12 MONTHS) PREVALENCE OF DIFFERENT FORMS OF IPV BY WOMEN'S SOCIOECONOMIC STATUS



6.8. SITUATIONS THAT LEAD TO SPOUSAL PHYSICAL VIOLENCE AGAINST WOMEN

Almost half (47%) of the women said that their husband physically abused them if there were money problems in the family. The other situations when their husband physically abused them included instances of disobedience (43%); lack of child care/child disciplining (37%); negligence in household chores (17%); refusal to have sex (12%); and talking to another person (4%). Situations that arose solely on account of a husband's dire

predicament included: his unemployment (12%); difficulty at his work (6%); drinking alcohol (3%); and demanding dowry/additional resources from her family (2%). There were some other reasons when her husband physically abused her that included problems with his/her family (20%); and having no food at home (8%). Six percent mentioned there was no particular reason that led her husband to perpetrate physical IPV (Table 13).

TABLE 13. PARTICULAR SITUATIONS THAT LEAD TO SPOUSAL PHYSICAL VIOLENCE AGAINST WOMEN

	Physical IPV
n	811
Particular situations/reasons that lead to quarrel or to physical intimate partner violence	
Money problems in the family	47.47
She is disobedient	42.54
She does not take care of children properly/child disciplining	36.62
Problems with his or her family	19.61
If she neglects household chores	16.65
She refused sex	12.08
He is unemployed	11.96
No food at home	8.26
Difficulties at his work	6.41
If she talks with another person	4.19
When husband drunk	3.08
Dowry demand/additional resources from her family	2.1
No particular reason	5.80
Others	20.84

IMPACT OF INTIMATE PARTNER VIOLENCE

A higher proportion of women who had experienced abuse were afraid of their partner compared to women who had not.

7. IMPACT OF INTIMATE PARTNER VIOLENCE

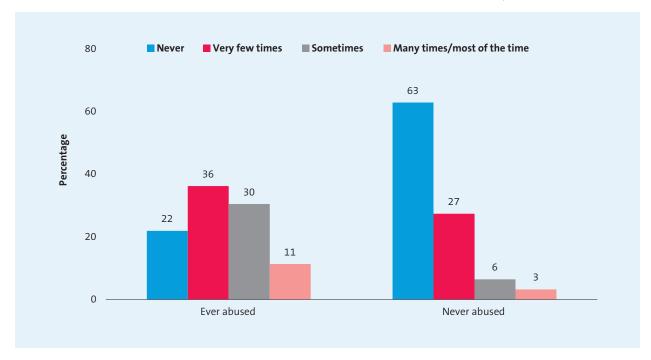
Women who reported physical and sexual violence by husband were asked about the impact they experienced as a result of violence.

7.1. FEAR OF HUSBAND/PARTNER

All married and previously married women were asked how frequently they were afraid of their spouse. The findings suggest that a higher proportion of women who had experienced abuse were afraid of their partner compared to women who had not, and these differences were statistically significant. Approximately 11% of abused women and 3% of unabused women

reported they were afraid of their husband many times/most of the time, while 30% of abused and 6% of unabused women were afraid of their husband sometimes. While almost two-thirds of the unabused women were never afraid of their husband, only 22% among the abused women reported not fearing their husband (Figure 15).

FIGURE 15. FEARING ONE'S HUSBAND AMONG ABUSED AND UNABUSED WOMEN N=1,436



7.2 EFFECTS ON PHYSICAL AND MENTAL HEALTH

As a result of physical and/or sexual violence 28% of the abused women sustained injuries. Minor injuries were reported by 21%, a cut/bruise by 6%, eye injury by 3%, fracture by 1%, head/ear/teeth injury by 1% and other injury (0.3%). A high

proportion of women recognized the negative effects of IPV on their mental health (37%), such as anxiety (21%), crying for no reason (17%), sleep deprivation (15%), loss of appetite (12%), stress (10%) and feeling fear at all times (7%) (Table 14).

7.3. EFFECTS ON WORK

More than one-quarter (29%) of the physically or sexually abused women who work reported their work was affected by such violence. While around 24% of the women who reported being unable to work or took sick leave, 14% were unable to concentrate on work and 7% lost their self-confidence. In 6% of cases their husband interrupted her work (Table 14).

Table 14. Self-reported impact of spousal physical/sexual violence on women, N=938

Characteristics	%
n	938
Effect on women of their experiences of physical/sexual violence by husband	
Any injury	27.93
Minor injury	21.11
Cut/bruise	6.08
Eye injury	3.09
Fracture	1.49
Other physical injury (head/ear/tooth etc.)	1.18
Any effect on mental health	36.57
Anxiety	21.22
Crying for no reason	16.52
Sleep disturbance	14.71
Loss of appetite	11.62
Stress	10.02
Always felt afraid	6.5

Characteristics	%
n	229
Effect on income/work	
Any effect on income/work	28.82
Unable to concentrate	23.58
Unable to work/took sick leave	13.97
Lost confidence in own ability	7.42
Partner interrupted her work	6.11
Others	0.44

COPING WITH INTIMATE PARTNER VIOLENCE

About 40% of the women reported that nobody knew about the violence and 25% reported that nobody tried to help them.

8. COPING WITH INTIMATE PARTNER VIOLENCEN

Women who experienced physical or sexual IPV were asked a series of questions about their coping strategies, such as disclosure, help seeking, resistance during an episode of physical violence and leaving their husband.

8.1. WHO THE WOMEN TALK TO ABOUT IPV

Disclosure of violence was found to be low among the survivors of physical and sexual IPV in the past 12 months. Only 31% of them told anyone about this violence. Most of them disclosed it to their parents (15%) and husband's family (14%). Other persons they talked to included siblings (7%), neighbours (6%), local leaders (3%) and friends, police, uncle or aunt, among others (10%) (Table 15).

8.2. WHO TRIES TO HELP

About 40% of the women reported that nobody knew about the violence and 25% reported that nobody tried to help them. The husband's family was most commonly reported (17%) among those who tried to help, followed by parents (13%).

Neighbours were the third commonly mentioned (8%) among those who tried to help, followed by brothers or sisters (5%), local leaders (2%) and others, including children, cousins, police, doctors or health workers (10%) (Table 15).

8.3. WHO DO ABUSED WOMEN APPROACH FOR SUPPORT

About 92% of the physical/sexually abused women did not seek any help. Only 8% (23) of them sought help from any source. Among them, 43% (10 women) sought help from formal sources, including hospital/health clinic (26%, 6 women), police (8.7%, 2 women), lawyers (4.4%, 1

woman), one stop crisis centres (4.4%, 1 woman) and NGOs (4.4%, 1 woman). Approximately 87% of them sought help from informal sources, including local leaders (70%, 16 women), religious leaders (13%, 3 women) and other informal sources (8.7%, 2 women) (Table 15).

Table 15. Disclosure of physical and/or sexual violence and help sought by the women in past 12 months, N=296

Characteristics	%
n	296
Abused women disclosed about violence by their husband during past 12 months with:	
No one	68.58
Parents	15.2
Husband's family	13.51
Brother or sister	7.09
Neighbours	6.08
Local leader	3.38
Others	9.80
Physical/sexually abused women received support from:	
Nobody knew that	40.2
No one	25.34
Any one	34.46
Husband's family	16.89
Parents	12.84
Neighbours	7.77
Brother or sister	5.41
Local leader	2.03
Others	9.81

Physical/sexually abused women support sought from: 92.23 (273) Any source 7.77 (23) Formal sources 43.48 (10) Police 8.70 (20) Police 4.35 (1) NGO 4.35 (1) Informal sources 86.96 (20) Religious leader 6.957 (16) Religious leader 3.00 (20) Religious leader 3.00 (20) Resons that encouraged her to seek help: 2.00 (20) Could not endure more 7.39 (17) Badly injured 3.47 (8) Encouraged by friends/family 2.00 (20) Encouraged by friends/family 2.00 (20) Husband/boyfriend threatened or tried to kill her 1.30 (20) Afraid that she would kill him 3.50 (20) Other 2.00 (20) Relieve that violence is normal/not serious 6.37 (20) Embarrassed/shamed/afraid would not be believed or would be blamed 3.63 (20) Believe that violence is normal/not serious 6.33 (20) Embarrassed/shamed/afraid would not be believed or would be blamed 3.63 (20) Bring bad name to family <th>Characteristics</th> <th>%</th>	Characteristics	%
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Thrown out of the home 13.04 (3) Afraid that she would kill him 4.35 (1) Other 4.35 (1) Reasons that discouraged/did not allow her to seek help Believe that violence is normal/not serious 63.37 Embarrassed/ashamed/afraid would not be believed or would be blamed 36.63 Bring bad name to family 23.81 Afraid that it would end the relationship 14.65 Fear of threats/consequences/more violence 10.99 Don't believe it would be helpful/know other women did not find it helpful 9.52 Afraid that she would lose her children 5.86 Others 2.93	Encouraged by friends/family	26.09 (6)
Afraid that she would kill him Other 4.35 (1) Other 273 Reasons that discouraged/did not allow her to seek help Believe that violence is normal/not serious Embarrassed/ashamed/afraid would not be believed or would be blamed 36.63 Bring bad name to family 23.81 Afraid that it would end the relationship 14.65 Fear of threats/consequences/more violence Don't believe it would be helpful/know other women did not find it helpful 9.52 Afraid that she would lose her children 5.86 Others	Husband/boyfriend threatened or tried to kill her	17.39 (4)
Other 273 Reasons that discouraged/did not allow her to seek help Believe that violence is normal/not serious 63.37 Embarrassed/ashamed/afraid would not be believed or would be blamed 36.63 Bring bad name to family 23.81 Afraid that it would end the relationship 14.65 Fear of threats/consequences/more violence 10.99 Don't believe it would be helpful/know other women did not find it helpful 9.52 Afraid that she would lose her children 5.86 Others 2.93	Thrown out of the home	13.04 (3)
n273Reasons that discouraged/did not allow her to seek helpBelieve that violence is normal/not serious63.37Embarrassed/ashamed/afraid would not be believed or would be blamed36.63Bring bad name to family23.81Afraid that it would end the relationship14.65Fear of threats/consequences/more violence10.99Don't believe it would be helpful/know other women did not find it helpful9.52Afraid that she would lose her children5.86Others2.93	Afraid that she would kill him	4.35 (1)
Reasons that discouraged/did not allow her to seek help Believe that violence is normal/not serious 63.37 Embarrassed/ashamed/afraid would not be believed or would be blamed 36.63 Bring bad name to family 23.81 Afraid that it would end the relationship 14.65 Fear of threats/consequences/more violence 10.99 Don't believe it would be helpful/know other women did not find it helpful 9.52 Afraid that she would lose her children 5.86 Others	Other	4.35 (1)
Believe that violence is normal/not serious 63.37 Embarrassed/ashamed/afraid would not be believed or would be blamed 36.63 Bring bad name to family 23.81 Afraid that it would end the relationship 14.65 Fear of threats/consequences/more violence 10.99 Don't believe it would be helpful/know other women did not find it helpful 9.52 Afraid that she would lose her children 5.86 Others	n	273
Embarrassed/ashamed/afraid would not be believed or would be blamed Bring bad name to family 23.81 Afraid that it would end the relationship 14.65 Fear of threats/consequences/more violence Don't believe it would be helpful/know other women did not find it helpful Afraid that she would lose her children 5.86 Others	Reasons that discouraged/did not allow her to seek help	
Bring bad name to family 23.81 Afraid that it would end the relationship 14.65 Fear of threats/consequences/more violence 10.99 Don't believe it would be helpful/know other women did not find it helpful 9.52 Afraid that she would lose her children 5.86 Others 2.93	Believe that violence is normal/not serious	63.37
Afraid that it would end the relationship Fear of threats/consequences/more violence Don't believe it would be helpful/know other women did not find it helpful Afraid that she would lose her children 5.86 Others	Embarrassed/ashamed/afraid would not be believed or would be blamed	36.63
Fear of threats/consequences/more violence 10.99 Don't believe it would be helpful/know other women did not find it helpful 9.52 Afraid that she would lose her children 5.86 Others 2.93	Bring bad name to family	23.81
Don't believe it would be helpful/know other women did not find it helpful 9.52 Afraid that she would lose her children 5.86 Others 2.93	Afraid that it would end the relationship	14.65
Afraid that she would lose her children 5.86 Others 2.93	Fear of threats/consequences/more violence	10.99
Others 2.93	Don't believe it would be helpful/know other women did not find it helpful	9.52
	Afraid that she would lose her children	5.86
Don't know/no answer 2.56	Others	2.93
	Don't know/no answer	2.56

Among 23 (~8%) women who sought help, the overwhelming majority did so because they could not endure violence anymore (74%, 17 women). The other reasons included being badly injured (35%, 8 women); encouraged by friends/family (26%, 6 women), husband threatened or tried to kill her (17%, 4 women); female was thrown out of home (13%, 3 women); and afraid that she will kill her husband (4%, 1 woman). On the other hand, reasons that discouraged/did not allow her to seek

help included normalization of violence (63%); fear of being embarrassed and blamed and fear of not being believed or of being blamed (37%); fear of damaging family honour (24%); fear of marriage breakdown (15%); fear of threats, escalation of violence and other negative consequences (11%); belief based on other women's experience that seeking help is not helpful (10%); and fear of losing children (6%) (Table 15).

8.4. LEAVING OR STAYING WITH A VIOLENT PARTNER

Approximately 9% of the abused women left their husband once or twice temporarily because of the violence and 3% left their husband more than twice. Almost 97% of those who left their husband went to stay with their relatives the last time. About one-fifth (20%) of them stayed away for 1 day, 14% for 2-3 days, 20% for 4-7 days, 23% for 1-4 weeks, 17% stayed away for more than a month and 6% never returned. The reasons were quite similar to those behind those seeking help, with an additional reason, that of 'being thrown out of their home'.

About 86% of women left their husband because they were unable to endure the situation any more and 31% due to serious injury. About 26% mentioned being thrown out of their home as a reason for leaving. Being encouraged by the women's friends/family to leave her husband was the reason reported for leaving in 17% of the cases. A husband's threat or attempt to kill her drove away 6% of the women. Three per cent of the women left because their children were suffering (Table 16).

Almost three-fourths (73%) of the women who returned to their husband did so for the sake of protecting their family/children (family honour). The other reasons were as follows: she did not want to leave children (55%), husband asked her to come back (33%), thought he would change (33%), sanctity of marriage (24%), family told to return (18%), forgave her husband (18%), could not support children alone (12%), she loved her husband (12%), husband threatened her/children (6%), thought that violence is normal/violence is not serious (6%), and could not stay where she went (3%) (Table 16).

The reasons for not leaving one's husband were quite similar. These were: for protecting family/children (family honour) (63%), did not want to leave children (40%), thought that violence is normal/not serious (38%), loved him (33%), sanctity of marriage (32%), could not support children alone (8%), thought he would change (3%) and there was nowhere to go/live (3%) (Table 16).

8.5. RESISTING OR PHYSICALLY PROTECTING HERSELF

Participants were asked whether they had ever resisted or tried to physically protect themselves during an episode of physical violence at the hand of their husbands. Forty-two percent of the physical violence survivors reported fighting

back. Around 23% of these women reported that fighting back stopped the violence and 47% reported the violence became less frequent. In contrast, 27% reported a worsening of violence and 4% reported no change in violence (Table 16).

Table 16. Coping strategies by the women who survived physical and/or sexual intimate partner violence in past 12 months in study arms, N=296

Characteristics	%
n	295
Frequency of leaving husband because of his behaviour	
Never	88.14
1-2 times	9.15
>2 times	2.71
n	35
Place she went last time	
Her relatives	97.14
Other	2.86
Duration stayed away last time	
1 day	20.00
2-3 days	14.29
4-7 days	20.00
1-4 weeks	22.86
More than a month	17.14
Did not return	5.71
Reason for leaving her husband last time:	
Could not endure more	85.71
Badly injured	31.43
Thrown out of the home	25.71
Encouraged by friends/family	17.14
He threatened or tried to kill her	5.71
Saw that children suffering	2.86

Characteristics	%
n	33
Reason for returning to her husband	
For the sake of the family/children (family honour)	72.73
Did not want to leave children	54.55
Husband asked her to come back	33.33
Thought he would change	33.33
Sanctity of marriage	24.24
Family said to return	18.18
Forgave him	18.18
Couldn't support children alone	12.12
Loved him	12.12
Threatened her/children	6.06
Violence normal/not serious	6.06
Could not stay there (where she went)	3.03
Other	9.09
n	260
Reason for staying	
For the sake of the family/children (family honour)	63.46
Did not want to leave children	39.62
Thinks violence normal/not serious	38.08
Loved him	33.46
Sanctity of marriage	32.31
Could not support children alone	8.08
Forgave him	8.08
Thought he would change	3.46
There is nowhere to go/live	3.08
Threatened her/children	0.38
Other (specify)	1.54
n (who experienced lifetime physical IPV)	811
Percentage of women who resisted or physically protected during physically abused by husband	42.05
n	341
Effect of women's resistance or attempt at defending herself	
Violence stopped	22.58
Violence became less	46.63
Violence became worse	26.39
No change or no effect	4.4

VIOLENCE AGAINST WOMEN BY NON-PARTNERS

Approximately 12% of the females aged 15-49 years reported experiencing at least one form of physical violence by somebody other than the husband/partner in their lifetime and 3% reported such violence in the past 12 months.

9. VIOLENCE AGAINST WOMEN BY NON-PARTNERS

Non-partner in this study refers to perpetrators other than the current or former husband/partner. This chapter presents the results on the magnitude of non-partner physical and sexual violence, sexual harassment in public space, transport and education institutions and workplace violence. The analysis includes both ever married and never married females aged 15-49 years.

9.1. PHYSICAL VIOLENCE BY NON-PARTNERS

Four questions were asked about exposure to non-partner physical violence. Approximately 12% of the females aged 15-49 years reported experiencing at least one form of physical violence by somebody other than the husband/partner in their lifetime and 3% reported such violence in the past 12 months. Slapping was the most common in both cases (11% lifetime and 2% in past 12 months) followed by throwing something at her/pushed her or pulled her hair (5% lifetime

and 2% in past 12 months). Relatives including a cousin, uncle, aunt and other relatives were the most common perpetrators (42%) of non-partner physical violence. Parents perpetrated physical violence was reported by 15%, while 27% reported such violence by parents-in-law and 8% by siblings. Other perpetrators of non-partner physical violence included neighbours'/family friends/recent acquaintances (13%) and teachers (10%) (Table 17).

TABLE 17. NON-PARTNER PHYSICAL VIOLENCE EXPERIENCED BY THE WOMEN AGED 15-49 BY ARM, N=1,545

Characteristics	Control %	Intervention %	P-value	Full sample %
n	761	784		1,545
Someone (other than her husband) ever:				
Slapped, hit, beaten, kicked or done something else to hurt her	10.38	12.37		11.39
Thrown something at her/pushed her or pulled her hair	5.12	4.46		4.79
Threatened with or actually used a gun, knife or other weapon against her	1.05	0.89		0.97
Choked or burnt her on purpose	0.79	1.02		0.91
Any non-partner physical violence ever	11.04	12.88	0.264	11.97
Someone (other than her husband) did the following during past 12	months:			
Slapped, hit, beaten, kicked or done anything else to hurt her	2.76	1.79		2.27
Thrown something at her/pushed her or pulled her	2.10	1.02		1.55
Threatened with or actually used a gun, knife or other weapon against her	0.39	0.26		0.32
Choked or burnt her on purpose	0.39	0.00		0.19
Any non-partner physical violence during past 12 months	3.15	1.91	0.120	2.52
n	84	101		185
Perpetrator of non-partner physical violence ever				
Relatives	45.24	39.6		42.16
Parent-in-law	23.81	29.7		27.03
Parent	11.9	16.83		14.59
Neighbour/family friend/recent acquaintance	10.71	14.85		12.97
Teacher	11.9	7.92		9.73
Sibling (Brother Or Sister)	8.33	7.92		8.11
Others	11.9	5.94		8.65

9.2. SEXUAL VIOLENCE BY NON-PARTNERS

The participants were asked three questions regarding non-partner sexual violence: 1) attempted but NOT succeed to force her into sexual intercourse when she did not want to; 2) touched her sexually; and 3) made her touch their private parts against her will. Around 1% (16 persons) of them reported non-partner

sexual violence ever and 0.4% (6 persons) in the past 12 months. Relatives were the perpetrators in 10 cases and neighbours in three cases. The other perpetrators included recent acquaintance, complete stranger, religious leader and someone on public transport (25%, 4 persons) (Table 18).

Table 18. Non-partner sexual violence experienced by the women aged 15-49 by arm, N=1,545

Characteristics	Control %	Intervention %	P-value	Full sample, % (n)
n	761	784		1,545
Someone (other than husband) ever:				
Attempted but failed to force her to have sexual intercourse when she did not want to, e.g. by holding her down or putting her in a situation where she could not say, 'no'	1.18	0.51		0.84 (13)
Touched her sexually (e.g. touching of breasts or private parts)	1.05	0.51		0.78 (12)
Made her touch their private parts against her will	0.79	0.00		0.39 (6)
Any non-partner sexual violence ever	1.31	0.77	0.287	1.04 (16)
Someone (other than husband) during past 12 months:				
Attempted but failed to force her to have sexual intercourse when she did not want to, e.g. by holding her down or putting her in a situation where she could not say no	0.39	0.00		0.19 (3)
Touched her sexually (e.g. touching of breasts or private parts)	0.53	0.26		0.39 (3)
Made her touch their private parts against her will	0.39	0.00		0.19 (3)
Any non-partner sexual violence during past 12 months	0.53	0.26	0.393	0.39 (6)
n	10	6		16
Perpetrator of any act of sexual violence ever				
Relatives	50	0		62.50 (10)
Neighbours	20	16.67		18.75 (3)
Recent acquaintances	10	0		6.25 (1)
Complete strangers	10	0		6.25 (1)
Religious leaders	10	0		6.25 (1)
Someone on public transport	0	16.67		6.25 (1)

9.3. SEXUAL HARASSMENT AGAINST WOMEN AND GIRLS

Sexual harassment against females aged 15-49 years was measured using 15 statements taken from the Peer Sexual Harassment Scale [30]. Almost one-fourth (24%) of the females reported experiencing some form of sexual harassment during past 12 months. The most common acts of sexual harassment included calling her fag/dyke/lezzie or queer (17%), cat calling or whistling (8%), making sexual comments,

jokes, movements or looking at her (5%) and spreading sexual rumours about her (2%). The most common perpetrators of sexual harassment were relatives (26%), recent acquaintance/complete stranger (21%), (8%), neighbours (20%), someone at street or on the way (6%), friend/family friend (4%) and father-in-law (4%). Around 33% of the perpetrators were females including mother-in-law and sister-in-law (Table 19).

TABLE 19. SEXUAL HARASSMENT AGAINST FEMALES AGED 15-49 BY ARM, N=1,545

Characteristics	Control %	Intervention %	P-value	Full sample, % (n)
n	761	784		1,545
Anyone did the following with her during past 12 months				
Called her "fag," "dyke," "lezzie," or "queer"	19.84	15.05		17.41
Cat called or whistled	9.07	7.14		8.09
Made sexual comments, jokes, movements, or looks at her	6.57	4.34		5.44
Spread sexual rumours about her	2.63	1.66		2.14
Brushed up against her in a sexual way on purpose	1.45	0.51		0.97
Spied on her as her dressed or showered	0.66	1.15		0.91
Showed, gave, or left sexual pictures, photographs, messages, or notes	0.79	0.77		0.78
Tried to kiss or embrace her against your will	0.92	0.26		0.58
Touched, grabbed, or pinched her in a sexual way	0.66	0.38		0.52
Blocked her way or cornered she in a sexual way	0.39	0.51		0.45
Pulled at her clothing in a sexual way	0.53	0.26		0.39
Touched her sexually when she did not want them to (e.g. touching of breasts or private parts)	0.53	0.26		0.39
Flashed or "mooned" her	0.26	0.26		0.26
Wrote sexual messages or graffiti (e.g. on bathroom walls, in locker rooms, in a note or book) about her	0	0.38		0.19
Made her touch their private parts against your will	0.39	0		0.19
Any sexual harassment during past 12 months	25.76	22.07	0.089	23.88

Characteristics	Control %	Intervention %	P-value	Full sample, % (n)
n	196	173		369
Perpetrator of any act of sexual harassment during past 12 months				
Relatives	27.55	24.27		26.01
Neighbour	16.84	23.7		20.05
Recent acquaintance/complete stranger	17.34	24.28		20.6
Someone at street/on the way	7.14	4.62		5.96
Father-in-law	4.59	4.05		4.34
Friend/family friend	5.1	2.32		3.80
Someone male at school/college	1.02	1.74		1.35
Others	32.14	32.95		32.52
n	756	768		1,524
Anyone ever groped, sexually touched or had someone rubbing against her in the bus or another public transport <i>during last 12 months</i>	1.59	5.08	0.000	3.35
n	62	62		124
She was ever been asked to perform sexual acts against her will in order to pass an exam or get good grades at school during the past 12 months	0.00	1.61	0.315	0.81
Someone ever touched her sexually (e.g. touching of breasts or private parts, when you were at school) during the last 12 months	0.00	1.61	0.315	0.81

9.4. HARASSMENT ON PUBLIC TRANSPORT, IN EDUCATIONAL INSTITUTIONS AND IN THE WORKPLACE

The study participants were also asked about sexual harassment on public transport and in educational institutions in the past 12 months. Three percent (46) of the females reported that someone had ever groped, sexually touched or rubbed her on public transport. About 1% (16) of the females reported having been asked to

perform a sexual act against her will in order to pass an exam or get good grades at school, and 1% (16) also experienced being touched sexually, e.g., touched breasts or private parts when she was at school (Table 20).

Twelve questions were asked about physical, sexual and emotional harassment in the

workplace. Only 57 among 1,545 females were working outside home. Ten females (18%) who were working reported any harassment at her workplace in the past 12 months, 9 (16%) reported sexual harassment and 4 (7%) emotional harassment. The most common act of sexual harassment included staring at her with lustful eyes which made her uncomfortable (6), followed by making sexual jokes or remarks (4) and displaying offensive sexual visual material to her

or making an obscene gesture in front of her (4) and making unwanted attempts to draw her into a discussion of sexual matters (3).

The most commonly reported acts of emotional harassment included passing derogatory or offensive remark to her (3), intentionally spreading rumours about her (2), giving scaring posture/gesture or threatening look (2) and embarrassing her publicly (2) (Table 20).

Table 20. Harassment on public transport, in educational institutions and at workplace against females aged 15-49 by arm, N=1,524

Characteristics	Control %	Intervention %	P-value	Full sample, % (n)
n	756	768		1,524
Anyone ever groped, sexually touched or had someone rubbing against her in the bus or other public transport mode <i>during last 12 months</i>	1.59	5.08	0.000	3.35
n	62	62		124
Was she ever asked to perform sexual acts against her will in order to pass an exam or get good grades at school during the past 12 months	0.00	1.61	0.315	0.81
Did someone ever touch her sexually (for example touching of breasts or private parts, when at school) during the last 12 months	0.00	1.61	0.315	0.81
n	24	33		57
Workplace violence				
Did someone at the workplace do the following in the past 12 months				
Any sexual harassment/violence	12.50	18.18	0.561	15.79 (16)
Stared at her with lustful eyes which made her uncomfortable	8.33	12.12		10.53 (6)
Made sexual jokes or remarks	4.17	9.09		7.02 (4)
Displayed offensive sexual visual material to her or made an obscene gesture in front of her	4.17	9.09		7.02 (4)
Made unwanted attempts to draw her into a discussion on sexual matters	8.33	3.03		5.26 (3)
Touched her in a way that made her uncomfortable	0	6.06		3.51 (2)
Any emotional harassment	8.33	6.06	0.740	7.02 (4)
Made derogatory or offensive remarks about her	4.17	6.06		5.26 (3)
Intentionally spread rumours about her	4.17	3.03		3.51 (2)
Assumed scary posture/gesture or had threatening look	8.33	0		3.51 (2)
Publicly embarrassed	4.17	3.03		3.51 (2)
Any workplace harassment during past 12 months	16.67	18.18	0.882	17.54 (10)

COMMUNITY MEMBERS' RESPONSE TO VIOLENCE AGAINST WOMEN

The most commonly reported act of helping included urging/ convincing them to stop fighting, separating the couple, gathering other people in the community to help, knocking on the door to stop/distract the couple from fighting, informing the couples' relatives and informing a community/local leader.

10. COMMUNITY MEMBERS' RESPONSE TO VIOLENCE AGAINST WOMEN

10.1. RESPONSES WHEN THEY SEE OR HEAR ABOUT COUPLES FIGHTING

About 42% of females and 39% of males reported seeing or hearing about couples fighting in the community during the past 12 months. Approximately 47% of the females and 58% of the males who saw or heard violence in the community tried to help the abused woman. The most commonly reported act of helping included urging/convincing them to stop fighting (reported by 88% of the females and 93% males), separating the couple (39% of females and 47% of males), gathering other people in the community to help (6% of females and 28% of males), knocking on the door to stop/distract the couple from fighting

(13% of females and 12% of males), informing the couples' relatives (6% of females and 14% of males) and informing a community/local leader (1% females and 14% males).

The most commonly reported reasons for not helping the couples were as follows: it is none of her/his business (reported by 48% of females and 34% of males); no one will listen to her/him (34% of females and 33% of males); s/he was afraid (25% of females and 20% of males); s/he was too busy (13% of females and 33% of males); and s/he thought nothing was going to be solved (12% of females and 14% of males) (Table 21).

Table 21. Women's and men's response to fighting of couples in the community they witnessed or heard about

Characteristics		Female, %	%			Male, %	v _o	
	Control	Intervention	P-value	Full sample	Control	Intervention	P-value	Full sample
C	761	784		1,545	628	631		1,259
Women/men saw/ heard about couples fighting in the community in past 12 months	43.89	40.05	0.126	41.94	43.15	35.02	0.003	39.08
C	334	314		648	271	221		492
Women/men tried to help the abused woman	47.60	45.22	0.543	46.45	59.04	57.01	0.650	58.13
L	159	142		301	160	126		286
The way s/he helped the woman								
Urged/convinced them to stop fighting	83.02	95.96		87.71	96.25	88.89		93.01
Separated the couple that was fighting	37.74	40.14		38.87	51.25	41.27		46.85
Knocked on the door to stop/distract the couple from fighting	13.84	12.68		13.29	14.37	8.73		11.89
Gathered other people in the community	7.55	4.93		6.31	29.38	25.4		27.62
Informed the couples' relatives	6.29	6.34		6.31	14.37	13.49		13.99
Informed a community/local leader	1.26	1.41		1.33	13.13	14.29		13.64
Called the national helpline	0.00	1.41		99.0	00.00	0.00		0.00
Others	1.26	1.41		1.33	0.63	1.59		1.05
C	175	172		347	111	95		206
Reasons for not helping								
It is none of her/his business	50.86	44.77		47.84	36.04	32.63		34.47
No one will listen anyway	30.86	37.79		34.29	33.33	31.58		32.52
S/he was too busy	13.71	12.21		12.97	33.33	31.58		32.52
S/he was afraid	32.57	16.28		24.5	29.73	8.42		19.9
Thought nothing was going to be solved anyway	8.57	15.7		12.1	5.41	23.16		13.59
S/he didn't know what to do	2.29	8.72		5.48	4.5	5.26		4.85
Others	∞	6.4		7.2	2.7	7.37		4.85

10.2. RESPONSES WHEN SOMEONE DIRECTLY TOLD ABOUT PARTNER VIOLENCE

About 21% of the females and 10% males reported that a woman from their community told her/him about their experiences of violence by their husband. Approximately 78% of females and 95% of males mentioned that they tried to help them. Almost all the females (99%) and two-thirds of the males advised the survivors to keep their patience (98% females and 59% males), to obey husband and in-laws (28% females and 17% males) and that violence is unavoidable/necessary (13% females and 1% males). Only 2% of males provided her with information on seeking help and accompanied her to the doctor/police/shelter.

The most reported reasons mentioned by the females for not helping the victims were as follows: no one will listen anyway (51%); it is none of her business (47%); she was afraid (37%); and she thought that nothing was going to be solved anyway (14%). Among the six males who did not try to help the victims, three males reported it was none of their business and one male reported no one would listen, he was afraid and he thought nothing would be solved anyway (Table 22).

10.3. PERCEPTION REGARDING PREVENTION OF VIOLENCE

The participants of the study were asked about their perception about the top three responsible person/entities and the three best ways to end violence against women. According to both females and males, the top three most responsible entities to end violence against women included: i) Union *Parishad* Chairman/Member (92% females and 88% males); ii) police (63% females and 54%

males); and iii) local leaders (44% females and 44% males). According to them the three best ways to end violence against women are to: i) enforce the laws on domestic violence (50% females and 39% males); ii) educate men that violence is never acceptable (44% females and 29% males); and iii) arrange dialogues and mediation for a couple (28% females and 32% males) (Table 23).

TABLE 22. WOMEN'S AND MEN'S RESPONSE TO SURVIVOR WHO REPORTED SPOUSAL VIOLENCE, 2019

		Female, %	%			Male, %	%	
Characteristics	Control	Intervention	P-value	Full sample	Control	Intervention	P-value	Full
c	761	784		1,545	628	631		1,259
Proportion of women/men who reported that any woman from the community told her/him about violence by her husband	21.68	19.52	0.292	20.58	12.58	8.24	0.012	10.41
L	165	153		318	79	52		131
Proportion of women/men reported that s/he tried to help the woman (victim)	80.00	75.16	0.301	77.67	93.67	98.08	0.238	95.42
۵	132	115		247	74	51		125
The way s/he tried to help -								
Told her to be patient	98.48	98.26		98.38	60.81	56.86		59.2
Advised her to obey her husband and in-laws	28.03	26.96		27.53	18.92	13.73		16.8
Told her that violence in relationships is sometimes unavoidable/necessary	10.61	15.65		12.96	0	1.96		0.8
Asked her how she wants to be helped	18.94	12.17		15.79	32.43	9.8		23.2
Advised her to talk to a family member, friend, community leader or any other authority	0.76	3.48		2.02	1	ı		1
Tried to console her	ī	1		1	2.70	1.96		2.40
Provided her with information on seeking help	1	1		ı	2.70	1.96		2.40
Accompanied her to doctor/police/shelter	ľ	•		I	1.35	1.96		1.60
Others	19.70	13.04		16.60	35.14	23.53		30.40
۵	33	38		71	5	Н		9
Those who did not try to help, reason for not helping -								
No one will listen anyway	42.42	57.89		50.7	0	0		16.67
It is none of her business	45.45	47.37		46.48	09	0		20.00
She was afraid	51.52	23.68		36.62	0	100		16.67
Thought nothing was going to be solved anyway	12.12	15.79		14.08	0	0		16.67
She was too busy	3.03	7.89		5.63	20	0		0.00
She did not know what to do	3.03	5.26		4.23	20	0		0.00
Others	60.6	0.00		4.23	0	0		16.67

10.4. RESPONSE TO NON-PARTNER SEXUAL VIOLENCE AGAINST WOMEN AND GIRLS

The male participants were asked about any kind of violence against women in their community. About 13% of the males reported that they saw or heard that some woman were experiencing non-partner sexual violence in the community. Three-fourths (122 cases) of the non-partner violence in the community was sexual harassment in public spaces, 15% (25 cases) was sexual harassment at work or school, 9% (15 cases) was stalking, 8% (13 cases) was rape, 5% (9 cases) was attempted rape/sexual assault and 1% (2 cases) was cyber sexual harassment.

Forty-three percent of the men, who saw or heard about such violence, tried to help the victim.

Seventy-one percent of them intervened or tried to prevent the abuser. The other actions included: trying to console her (32%), lodging a complaint against the perpetrator (25%), telling her to be patient (24%), accompanying her to doctor/police/shelter (7%) and reporting incident to police (5%). The major reasons not to help were: male respondent was too busy (45%, 42 men); he was afraid (29%, 27 men); it was none of his business (24%, 22 men); no one will listen anyway (14%, 13 men); he did not know what to do (9%, 8 men); and he thought nothing was going to be solved anyway (4%, 4 men) (Table 23).

10.5. COMMUNITY'S RESPONSE TO ADDRESS VIOLENCE AGAINST WOMEN

The men in the community were asked whether they saw people do anything to address VAW. Approximately 31% of them reported seeing people taking some kind of action to address VAW. The most commonly reported acts included urging/convincing the fighting couple to stop (17%), separating the fighting couple (9%), telling the man to resolve the conflict through discussion and negotiation (9%), gathering other people to help (8%), speaking out against violence in

the community (8%), informing a community/ local leader or police about the violence (7%), confronting the perpetrator (6%) and helping a woman who was experiencing violence (5%). About 3% of the men mentioned participating in community activity about violence and posting or passing out materials such as posters or pamphlets related to violence or happy relationships in a home/shop (Table 24).

TABLE 23. WOMEN'S AND MEN'S RECOMMENDATIONS REGARDING PREVENTION OF VIOLENCE

:		Female, %	%,			Male, %	%	
Characteristics	Control	Intervention	P-value	Full sample	Control	Intervention	P-value	Full sample
٥	761	784		1545	09	0		1259
Who are the responsible entities to end violence again:	e against women:							
Union <i>Parishad</i> Chairman/Member	90.41	97.6		91.52	88.38	87.16		87.77
Police	62.02	63.39		62.72	57.64	49.92		53.77
Local leader	43.76	44.26		44.01	43.95	44.53		44.24
Men	16.43	11.73		14.05	18.95	12.2		15.57
Whole community	9.72	13.01		11.39	35.99	28.84		32.41
Government	10.78	11.73		11.26	11.31	15.69		13.5
Village court	6.04	9.31		7.7	7.01	7.92		7.47
ODN	7.49	6.12		6.8	6.53	8.24		7.39
Women	6.31	5.23		5.76	2.07	1.58		1.83
Religious leaders	1.84	4.34		3.11	6.05	5.07		5.56
Teachers	2.76	3.06		2.91	6.85	9.83		8.34
Government ministries/MP	1.18	1.28		1.23	1.11	1.27		1.19
Media	0.66	0.64		0.65	0.32	0.95		0.64
Deputy Commissioner	0.39	0.38		0.39	2.39	3.17		2.78
Others	14.32	5.87		10.03	8.12	11.89		10.01
Best ways to end violence against women								
Enforce domestic violence law	52.17	47.07		49.58	36.62	40.73		38.68
Teach men that violence is never acceptable	46.39	42.47		44.40	30.57	27.42		28.99
Couples dialogues and mediation	29.96	26.66		28.28	35.03	29.16		32.09
Eradicate poverty	18.92	22.19		20.58	17.36	15.37		16.36

:		Female, %	%			Male, %	%	
Characteristics	Control	Intervention	P-value	Full sample	Control	Intervention	P-value	Full sample
Teach women to be more obedient and moral	20.63	17.86		19.22	32.32	24.09		28.2
Create employment opportunities for men	12.75	17.09		14.95	18.63	12.36		15.49
Conduct community trainings and organize groups to combat VAW in the communities	14.45	11.22		12.82	7.96	13.15		10.56
Involve mother-in-laws in family interventions	9.07	12.37		10.74	3.82	4.6		4.21
Provide livelihood support to women	11.7	8.29		9.97	5.41	2.69		4.05
Promote male education	7.36	7.14		7.25	12.1	7.45		9.77
Educate young men and women on gender equality and respectful relationships	5.91	6.12		6.02	7.48	8.24		7.86
Promote female education	6.04	5.99		6.02	12.42	6.02		9.21
Conduct BCC and campaigns	4.99	3.57		4.27	8.6	10.94		9.77
Address drug and alcohol abuse	4.73	3.57		4.14	30.73	36.14		33.44
Work with religious leaders to support gender equality and women's rights	3.15	4.72		3.95	10.67	6.97		8.82
Don't know	0	0		0	3.18	3.8		3.49
Others	7.88	13.01		10.48	6.37	11.09		8.74

TABLE 24. WOMEN'S AND MEN'S RESPONSES TO NON-PARTNER SEXUAL VIOLENCE AGAINST WOMEN AND COMMUNITY'S RESPONSE TO ADDRESS VAW IN STUDY SITES AT BASELINE

Characteristics	Control, %	Intervention, %	P-value	Full sample, %
n	628	631		1259
Men saw/heard non-partner sexual violence against females	11.15	14.90	0.048	13.03
n	70	94		164
Type of violence witnessed				
Unspecified sexual harassment in public space	67.14	79.79		74.39
Sexual harassment at work/ school	24.29	8.51		15.24
Stalking	10	8.51		9.15
Rape	5.71	9.57		7.93
Attempted rape / sexual assault	7.14	4.26		5.49
Cyber violence	1.43	1.06		1.22
Other	0.00	0.00		0.00
n	70	94		164
Proportion of men reported that he tried to help the woman (victim)	45.71	41.49	0.589	43.29
n	32	39		71
The way he tried to help:				
Have ruled or prevented the abuser	68.75	74.36		71.83
Tried to console her	40.63	25.64		32.39
Lodge complain against the perpetrator	31.25	20.51		25.35
Told her to be patient	31.25	17.95		23.94
Accompanied her to doctor/police/shelter	6.25	7.69		7.04
Reported to police	6.25	7.69		7.04
Provided her with information on help seeking	6.25	5.13		5.63
Told her that there's nothing she can do about it	3.13	0		1.41
Others	6.25	2.56		4.23
n	38	55		93
Reasons for not helping -				
He was too busy	50.00	41.82		45.16 (42)
He was afraid	34.21	25.45		29.03 (27)
It is none of his business	31.58	18.18		23.66 (22)
No one will listen anyway	15.79	12.73		13.98 (13)
He didn't know what to do	5.26	10.91		8.60 (8)

Characteristics	Control, %	Intervention, %	P-value	Full sample, %
Thought nothing was going to be solved anyway	2.63	5.45		4.30 (4)
Others	7.89	9.09		8.60 (8)
n	628	631		1,259
Proportion of men saw community members do the follow	wings to addre	ess VAW		
Urge/convince them to stop fighting	22.13	12.68		17.39
Separating the fighting couple	12.58	5.71		9.13
Told him to resolve conflict through discussion and negotiation	11.94	6.34		9.13
Gathering other people to help	10.51	5.23		7.86
Spoke out against violence in the community	6.21	9.03		7.63
Informing a community/ Local leader or police	9.24	5.23		7.23
Confronting the perpetrator	5.57	5.71		5.64
Helping a woman who is experiencing violence	5.41	5.39		5.4
Participating in community activity about violence	2.87	2.54		2.7
Hanging up or passing out materials like posters, pamphlets, among others, related to violence or happy relationships in a home/shop	2.39	2.69		2.54
Advise her to obey husband and/or in-laws	3.66	0.95		2.3
Knock on the door to stop/ distract the couple from fighting	1.75	1.74		1.75
Other	0.16	0.63		0.40
Any act	33.92	28.05	0.024	30.98

DISCUSSION

The findings regarding women's coping suggest that the community's response to violence against women is very low.

11. DISCUSSION

Each form of lifetime IPV was reported by much higher proportions of women in the study sites compared to the findings from the National VAW Survey 2015 [8]. Controlling behaviour by the husband had the highest prevalence (89% vs. 55%), while economic IPV had the lowest prevalence (15% vs. 11%) in both the studies. Low rates of economic IPV may very well be due to lack of a robust scale for measuring this form of IPV (Yount et al., Submitted manuscript). Lifetime sexual IPV was reported by 38% of the women in this study, whereas the national rate was 27%. Similarly, the proportion of women reporting emotional IPV in the current study was much higher compared to the national study (50% vs. 29%). Rates of physical IPV in the current study also exceeded the national rate (56% vs. 50%).

Rates of IPV during the past 12 months, however, were not higher in this study compared to the national rates in case of physical (14% vs. 21%) and emotional IPV (20% vs. 24%). Differences in the rates of IPV in these two different studies may be explained by differences in the geographic coverage in these two studies. If that is the case, it may be surmised that the overall findings indicate higher levels of IPV in the study sites.

Situations usually leading to physical IPV were mainly money problems; a woman's disobedience; and perceived improper childcare/disciplining. Such triggers for physical IPV is not unique to this sample. Actually it is widely recognized that money problems in the family often lead to physical IPV [31]. The men in this patriarchal society are responsible for keeping women in line and to punish them using violence when necessary for any transgressions [32]. Gender roles are strictly defined in this society like many other patriarchal societies with women holding responsibility for childcare and disciplining. Therefore, the findings are in line with the cultural setting.

Precursors of IPV

Lack of spousal communication [33, 34], spousal conflict [35, 36], low decision-making power of the woman in the household [37, 38] and gender inequitable attitudes [37, 38] are well recognized precursors of IPV. Judging by the measurement used in this study, positive spousal communication was very high in the sample (>86%), which is counterintuitive given the high levels of IPV in the study sites. This raises the question of our ability to measure spousal communication well using the current scale as only 33% of the women reported feuds with husbands sometimes or often.

It is not surprising for women to overreport a positive spousal relationship given that the responsibility of maintaining such a relationship usually lies on the women's shoulders and women are usually the ones to get blamed for a less than ideal marital relationship. Even if we allow for some underreporting of feuds it cannot account for such high levels of IPV. This suggests not all IPV is preceded by a feud. In fact, about 6% of the

abused women actually reported that violence occurs for no particular reason.

Underreporting of a quarrel may be an issue that demands careful consideration. A woman who quarrels with her husband is usually negatively perceived and stigmatized in Bangladeshi society, which may contribute to underreporting.

Around 65-73% of the women claimed they make decisions independently or jointly with their husband regarding their own health and child healthcare, visiting family or relatives and major household purchases. Qualitative studies in Bangladesh on household decision-making has repeatedly shown that the connotation of joint decision-making is usually not the same for the researchers and the Bangladeshi women. When it is left up to the women to define joint decision-making it includes a huge range of acts, which may not be considered joint-decision making in social science research.

Thus, for instance, women usually label information provided by the husband on major household purchases as joint decision-making. They also tend to label permission for their own or their children's healthcare as joint decisionmaking. Spousal discussion related to any issue is almost obviously regarded as joint decisionmaking whether or not the final decision takes her opinion into account. This is why that without knowing whose decision is final, it is risky to assume that the women actually make joint decisions. These issues of interpretation also explain why these figures are inflated. In this circumstance, it is more pertinent to focus on decisions that a woman can take on her own rather than on joint decision making. Household decision-making power was extremely low among women with only 7-16% of them being capable

of taking a decision on their own. This finding indicates women's low status and power in the household, which is in line with their exposure to violence.

Gender inequitable attitudes have been found associated with IPV in different settings, including Bangladesh [39-43]. In line with other studies in Bangladesh, gender inequitable attitudes were high both among females and males in the study sites. However, analysis by sex shows quite nuanced results. Thus, although a higher proportion of females had lower inequitable attitudes regarding gender in general compared to males (58% vs. 31%), high acceptance of wifebeating was reported by a much higher proportion of females compared to men (28% vs. 7%).

High reporting by women may be explained by the internalized oppression theory, according to which traditional societal norms, such as male dominance and female subjugation and subordination become internalized and integrated into the Muslim culture so much so that women themselves support a man's right to beat his wife under certain circumstances [44-47]. Low reporting by men compared to women may be driven by campaigns against wife-beating to which men are more sensitive making them report socially desirable attitudes regarding the issue.

Consequences of IPV

The finding that a high proportion of women recognized negative effects of IPV on their mental health, such as anxiety, crying for no reason, sleep disturbance, etc. are in line with the symptoms recognized for mental health problems, including the whole domain of anxiety. Such toll of IPV on women's health highlights the urgency of its prevention.

Coping with IPV

About 69% of the women were silent about their experience of physical and/or sexual IPV. Similar to findings from other studies [8, 33], those who disclosed IPV shared it within her informal network, such as parents, husband's family, brothers and sisters, neighbours and local leaders. Women rarely sought support from formal or informal sources, in fact 92% of women who experienced physical or sexual violence in the past 12 months did not seek any support. Women sought formal help only as the last resort.

Findings regarding coping with IPV underscore multiple barriers to seeking support from formal sources, such as narrow options for women outside marriage, high acceptance of IPV by women, violence perpetration perceived as the prerogative of men in correcting the women and a culture of blaming women for violence, a fear of worsening the situation by damaging a family's honour and escalation of violence.

Response to IPV in the community by study participants

The findings regarding women's coping suggest that the community's response to violence against women is very low. However, for purpose of informing future programmes we asked both the study samples whether they have ever tried to help an abused woman during a fight. Half of both the samples reported trying help by convincing them to stop. The other half did not intervene considering the following: such violence is a private matter; intervention is futile; time constraint. Some were afraid to intervene.

This shows there is still scope for working with the community members for making them proactive in stopping violence. Three in four women and almost all men reported helping abused women

when they came to them. However, responses to the question of how they helped revealed that most of them tried to make abused women tolerate/accept the violence.

The three best ways perceived to end IPV

According to both female and male samples, the three best ways of ending IPV are enforcing laws regarding domestic violence, educating men regarding the unacceptability of violence and mediation.

Non-partner violence against women

Non-partner VAW is often ignored in research as IPV is the most common type of VAW worldwide. However, non-partner violence is also part of women's life experience and thus it is important to report its prevalence, its perpetrators and the venue of its occurrence so that this problem can be addressed. Lifetime non-partner physical violence was reported by 12% of women, which is much lower than the national rate (28%). Family members were the most commonly reported perpetrators of non-partner physical violence (92%). The finding that 27% of the women were physically assaulted by the parents-in-law highlights the importance of address not only IPV, but also physical violence by parents-in-law in the programmes.

Reporting of non-partner sexual violence was also lower than the national and global rates (1%, 3% and 7%) [5, 8]. About 24% of the women reported sexual harassment during the past 12 month. Lower rates of non-partner sexual violence may be explained by the high rate of child marriage since married women report much lower rates compared to women who never married [48]. The most commonly reported harassers were relatives,

neighbours, recent acquaintances or complete strangers. It is important to note that higher reporting of sexual violence/harassment was achieved when questions were asked specifying the venue, such as on transport, at work or at school.

Thus, while the question whether anybody has 'touched, grabbed or pinched her in a sexual way' elicited a 0.52% prevalence rate, a similar question with mention of the venue 'Has anyone ever groped, sexually touched or had someone rubbing against her in the bus or another public transport' yielded 3.35% rate, which is higher than the rate mentioned above. Thus, we would recommend detailed sexual harassment studies to include more specific questions for enhancing better comprehension and reporting.

Bystander intervention by men in sexual harassment cases

Two in five men reported trying to help a sexually harassed woman when they witnessed the event. The main reasons for not intervening by others were: time constraint; fear; considering it not his business. These reasons reveal fear of the perpetrators and the low priority of the issue for them. Changing such mindsets and building collective movements against sexual harassment is absolutely necessary for ending this phenomenon.

In an RCT, it is important that the different arms are balanced at the baseline. Our findings show that the arms in this study are not balanced by such fundamental factors as education and religion in the female sample and by religion, marital status and socioeconomic status in the male sample. This implies that these characteristics in the sample will have to be controlled in calculating the effect of the intervention during the implementation.

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ANNEX 1. CONTROLLING BEHAVIOUR OF BOYFRIEND TOWARDS NEVER-MARRIED WOMEN AGED 15-49 BY **ARM, N=16**

Characteristics	Control % (n)	Intervention % (n)	p-value	Full sample % (n)
n	7	9		16
Her boyfriend usually:				
Expects her to ask his permission before seeking health care for herself	28.57 (2)	33.33 (3)		31.25 (5)
Gets angry if she talks with another man	57.14 (4)	55.56 (5)		56.25 (9)
Tries to keep her from seeing her friends	57.14 (4)	33.33 (3)		43.75 (7)
Insists on knowing where she is at all times	57.14 (4)	11.11 (1)		31.25 (5)
Other	0.00	22.22 (2)		12.50 (2)
Any controlling behaviour by boyfriend	71.43 (5)	77.78 (7)		75.00 (12)
Mean score of controlling behaviour by boyfriend (range, SD)	2.00 (0-4, 1.52)	1.56 (0-4, 1.42)	0.557	1.75 (0-4, 1.43)
Controlling behaviour by boyfriend, %				
Tertile I (Low control)	28.57 (2)	66.67 (6)		50.00 (8)
Tertile II (Moderate control)	57.14 (4)	22.22 (2)	0.293	37.50 (6)
Tertile III (High control)	14.29 (1)	11.11 (1)		12.50 (2)

ANNEX 2. EMOTIONAL, PHYSICAL AND SEXUAL INTIMATE PARTNER VIOLENCE AGAINST NEVER-MARRIED WOMEN AGED 15-49 BY ARM, N=16

		Lifetime	e.			During past 12 months	2 months	
Characteristics	Control %	Intervention %	p-value	Full sample	Control %	Intervention %	p-value	Full sample
E	7	6		16	7	8		15
Emotional violence								
Her boyfriend:								
Insulted her or made her feel bad about herself	42.86 (3)	11.11 (1)		25.00 (4)	42.86 (3)	0.00		20.00 (3)
Done things to scare or intimidate her on purpose (e.g. by the way he looked at her, by yelling and smashing things)	14.29 (1)	11.11 (1)		12.50 (2)	14.29 (1)	0.00		6.67 (1)
Threatened to kill himself if she leaves him.	28.57 (2)	11.11 (1)		18.75 (3)	28.57 (2)	12.50 (1)		20.00 (3)
Threatened to hurt her or someone she cares about	0	0		0	0	0		0
Any emotional violence	57.14 (4)	33.33 (3)	0.341	43.75 (7)	57.14 (4)	12.50 (1)	0.067	33.33 (5)
Physical violence								
Her boyfriend:								
Slapped her or thrown something at her that could hurt her	28.57 (2)	0.00		12.50 (2)	28.57 (2)	0.00		13.33 (2)
Pushed her or shoved her or pulled her hair	0	0		0	0	0		0
Hit her with his fist or with something else	0	0		0	0	0		0
Kicked her, dragged her or beaten her up	0	0		0	0	0		0
Choked or burnt her on purpose	0	0		0	0	0		0

		Lifetime	e e			During past 12 months	2 months	
Characteristics	Control %	Intervention %	p-value	Full sample	Control %	Intervention %	p-value	Full sample
Threatened with or actually used a gun, knife or other weapon against her	0	0		0	0	0		0
Any physical violence	28.57 (2)	0.00	0.086	12.50 (2)	28.57 (2)	0.00		13.33 (2)
Sexual violence								
Her boyfriend:								
Physically forced her to have sexual intercourse when she did not want to	0	0		0	0	0		0
She had sexual intercourse when she did not want to because she was afraid of what her husband might do	0	0		0	0	0		0
Forced her to do something sexual that she found degrading or humiliating	0	0		0	0	0		0
Any sexual violence	0	0		0	0	0		0
Any physical and/or sexual violence	28.57 (2)	00.00	0.086	12.50 (2)	28.57 (2)	0.00		13.33 (2)
Any physical and/or sexual and/or emotional violence	57.14 (4)	33.33 (3)	0.341	43.75 (7)	57.14 (4)	12.50 (1)	0.067	33.33 (5)

In April 2018, the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) started the project entitled "Combatting Gender-Based Violence in Bangladesh" (CGBV project) with funding from the Government of Canada.

The CGBV project recognizes that prevention of violence requires sustained and comprehensive action at individual, family, organizations and societal levels to challenge existing social norms and beliefs that confer an inferior status to women, enhance women's and girls' self-esteem and confidence, and transform masculinities. Therefore, CGBV intends to create a holistic framework of integrated and mutually reinforcing interventions to address the underlying causes and drivers of violence against women and girls; make duty bearers accountable to comply with international and national obligations addressing violence against women and promote their equal status in the society.

Simultaneously, CGBV will enhance the capacity of civil society to advocate and influence policies for a violence free society and strengthen women's voice and agency. Furthermore, CGBV will engage and partner with district-based and high-level leadership of key institutions such as local government, civil society organizations, women's organizations, education institutions and workplaces. This will foster ownership and buy-in of key local stakeholders, as well as sustainability. The Project is aligned with the Bangladesh's 7th Five Year Plan and the National Women Development Policy. CGBV results will accelerate the progress on Agenda 2030 and the attainment of the Sustainable Development Goals (SDG).



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