Growing Up Safe and Healthy (SAFE)

Baseline Report on Sexual and Reproductive Health and Rights and Violence Against Women and Girls in Dhaka Slums

INTRODUCTION

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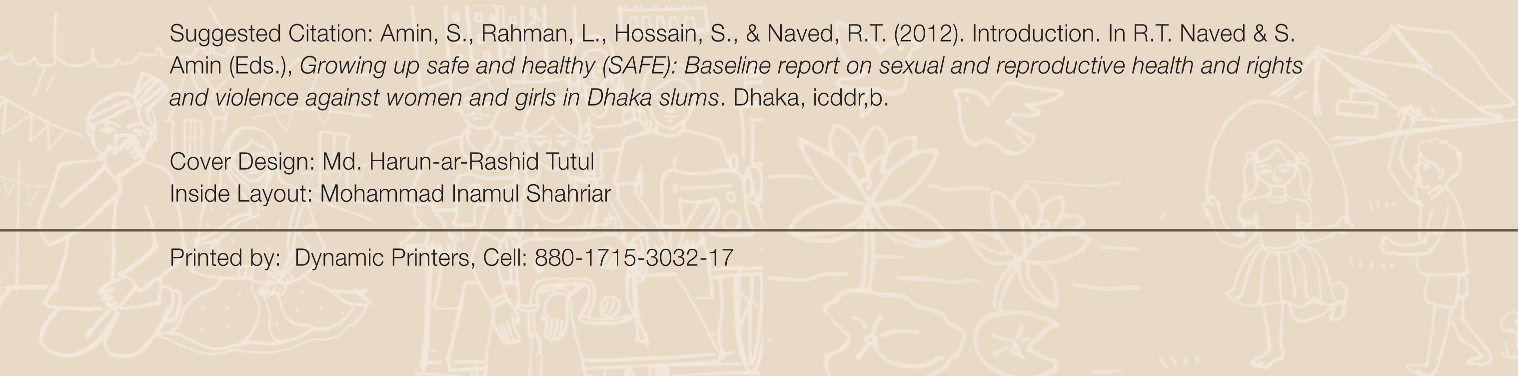

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INTRODUCTION

This report presents key findings from the Baseline Survey conducted for the project *Growing up Safe and Healthy: Addressing Sexual and Reproductive Health and Rights (SRHR) and Violence against Women and Girls in Urban Bangladesh (SAFE)*. SAFE is being implemented by a consortium led by icddr,b. The project partners include Bangladesh Legal Aid and Services Trust (BLAST), Marie Stopes Clinic Society, Nari Maitree, Population Council, and We Can Campaign. SAFE seeks to promote sexual and reproductive health and rights and address violence against women and girls (VAWG) in Dhaka slums. The project is informed by evidence on key SRHR and VAWG related issues and experience of different stakeholders in addressing these two issues, which are complex and interlinked.

Sexual and Reproductive Health and Rights

In Bangladesh adolescent girls and women are denied sexual and reproductive health and rights because of long standing patriarchal institutions that condone child marriage and forced marriage, segregation of the sexes, and economic exclusion that relegate women to low status. Inadequate SRHR information and services makes both genders vulnerable to diseases. Gender education is normally geared towards women and girls; thus men miss opportunities to become gender sensitive and responsible. Gender based power inequalities hinder the men and women's attainment of sexual health and pleasure and increase their vulnerability towards HIV/AIDS and sexually transmitted infections (Population Council, 2001). While Bangladesh has traditionally afforded women reasonably good access to family planning services, the context of low status of women means that women are unable to make choices regarding marriage, sex and childbearing to the full extent of their rights and ability. The current project seeks to enhance people's ability to exercise their SRHR by strategically expanding their knowledge and understanding of the notions of full and informed consent and choice. The project also provides specific information about legal

procedures and health resources that would serve to promote their ability to exercise rights and negotiate choice in intimate partner relations, within households, in the community, and in their engagement with service provision facilities.

Child Marriage

According to national surveys in Bangladesh, the majority of girls are married before the age of 18 (Amin, Selim, & Waiz, 2006). The persistence of child marriage is associated with demands for dowry, with amounts increasing with age (Das & Amin, 2012). At the same time, women or girls' ability to exercise their right to consent to or choose a marriage (informed, voluntary and competent), or sex and sexuality, is routinely denied (Siddiqi, 2005). Child marriage represents a set of increased reproductive health risks that are associated with limited knowledge and skills to negotiate adult roles and diminished status in the marital home for an adolescent girl. One major reason for the association with early marriage and negative reproductive health outcomes is that young age at marriage for girls is associated with larger age differences that reduce her power within the marital relationship. This may affect factors such as negotiating timing of births, choice of contraception or use of maternal and child health (MCH) services.

In Bangladesh as with most other countries, adolescent childbearing occurs within marriage rather than to unwed mothers (Haberland, Chong, Bracked, & Parker, 2005). Child marriage has highly detrimental reproductive and sexual health consequences resulting in early childbirth, adverse effects on child and maternal nutrition, and maternal morbidity and mortality. Although overall death rates are low among adolescents, pregnancy and delivery complications are the main reasons for death among girls age 15 to 19, and girls who have their first child before the age of 15 have a five times greater chance of death due to pregnancy related causes compared to older mothers (Murphy & Carr, 2007). In sub-Saharan Africa, some studies have shown early marriage to be associated with a 50 percent increased risk of HIV infection, compared to unmarried sexually active girls (Clark, 2004; Glynn et al., 2001). Higher infection rates for HIV and other sexually transmitted infections may be attributed to more frequent intercourse, limited condom use, and older age of partners who are more sexually experienced and more likely to be HIV positive compared with boyfriends of unmarried girls. More recently, there is emerging evidence that girls who marry early are at increased risk of gender-based violence (GBV), likely due to large spousal age differences and limited power within these marriages (United States Agency for International Development [USAID], 2009). Child marriage and economic disempowerment may also be related to the high levels of intimate partner violence (IPV) observed in Bangladesh (Naved & Persson, 2005; Bates, Schular, Islam, & Islam, 2004; Schuler, Hashemi, Riley, & Akhter, 1996).

Gender Norms

Gender norms and perceptions about male predominance, strength and superiority further exacerbate the problem. Some survey evidence suggests that such presumptions of superiority and acceptance of male prerogative and dominance, and corollary acceptability of violence as a form of control, are associated with greater violence (Garcia-Moreno, Heise, Jansen, Ellsberg, & Watts, 2005). Jewkes (2002) suggests that the reason may be that in settings where there is high acceptance of gender-based violence, the social costs of violence to perpetrators is lower. There is

also some research to show that in addition to such community-level attitudes, individual attitudes among women and men independently contribute to higher risk of intimate partner violence (Bryant & Spencer, 2003; Gage, 2005). Thus, modifying individual attitudes and community norms related to gender-based violence is an important basis for behavioural change.

Prevalence of Violence

Bangladesh has high rates of physical and sexual violence against women and girls (Bates et al., 2004; National Institute of Population Research and Training [NIPORT], Mitra and Associates, & Macro International, 2009; Naved & Persson, 2005; Naved, 2008). Women and girls in Bangladesh are often denied the right to make decisions regarding who, whether and when to marry, have sex, and bear children (Sethuraman et al., 2007; Garcia-Moreno et al., 2005), yet neither the denial of these rights, nor their consequences, have been adequately recognised and addressed in the context of ongoing interventions to address violence against women. While higher court judgments and key legal and policy provisions recognise women's rights to exercise choice or the requirements of obtaining their consent with respect to marriage, these are rarely applied or invoked in practice.

Violence and Reproductive Health in Slums

Child marriage and intimate partner violence are common in both urban and rural areas, with evidence to show that women in poor urban areas are most at risk (National Institute of Population Research and Training [NIPORT], MEASURE Evaluation, International Centre for Diarrhoeal Disease Research, Bangladesh, & Associates for Community and Population Research, 2008; Rashid, 2006), yet most programmes and projects aimed at empowering women remain in rural areas. Data from Dhaka slums (NIPORT et al., 2008) compared to non-slum as well as municipality populations (Garcia-Moreno et al., 2005) shows higher prevalence and acceptance of gender-based violence among women living in urban slums. A study among rickshaw-pullers in several urban areas of Bangladesh finds high rates of extramarital sex with commercial sex workers that did not diminish even after a public health intervention increased knowledge and awareness about health risks (Bhuiya et al., 2009). Migrant girls and women, particularly those living in urban slums, lack even the most rudimentary social protection – thus being particularly vulnerable to violence. Without recourse to traditional forms of redress within the community, they have to rely on tenuous social networks for the bare necessities such as shelter and access to jobs. Child marriage, often imposed upon them, compounds their vulnerability to more violence as do the experience of living away from familiar social networks and being the first generation of women working in the formal sector. At the same time, relocation away from family structures may increase the scope to exercise choice over aspects of their life including choices about whom and when to marry.

Urbanisation

Bangladesh is experiencing rapid urbanisation. Dhaka city's growth rate of over 5 percent per annum for the three decades following independence ranked the highest rate in the world (NIPORT et al., 2008). This rapid pace of urban growth is attributable primarily to high rates of rural to urban migration (fertility rates in urban areas are reported to be reasonably low). In addition to rapid growth, Dhaka's urbanisation is also characterised by a dispersed and haphazard pattern of

settlement due to the absence of adequate planning. Dhaka city is notable for the absence of large slum areas. Rather, there are slum-like housing conditions in close proximity to non-slum areas, creating particular and unique challenges for service provision and research design for the current project. The concentration of women among recent migrants to slum locations also makes this a critical area of intervention in order to ensure the rights of women living in particularly challenging circumstances. The current project's focus on the slums will provide learning and guidance on future directions on how to reach a vulnerable at risk group whose problems have been the most difficult to address.

Access to Justice

Bangladesh has clear obligations under international law and the Constitution to ensure equal treatment to all individuals and freedom from violence as well as effective remedies. Bangladesh courts have recognised the importance of the issues of consent and choice in relation to marriage, but progressive rulings and best practices on these issues have yet to be clearly articulated within ongoing interventions.

An overarching framework of fundamental rights to liberty, personal security equality and freedom of expression applies in the form of constitutional guarantees to all persons within Bangladesh. The Constitution clearly prohibits discrimination based on sex and exhorts the state to ensure equal rights for men and women, as well as guaranteeing the fundamental rights to personal liberty, freedom of expression and freedom of religion. It also specifies that any laws that violate such fundamental rights will be void. However, the content and application of specific laws often operate to deny or constrain the enjoyment of such rights in practice. This is due in large measure to the limits of the application of law, and inherent paradoxes, resulting from the continued prevalence of religious-based personal laws, which contradict and constrain the ambit of operation of constitutional rights. Religious-based personal laws continue to be applicable, determining rights within the family in particular with respect to marriage, divorce, guardianship and custody of children, adoption and inheritance, providing different sets of rights for individuals depending on the personal laws applicable to them. This results in different laws being applicable to Hindus, Muslims and Christians, and to those who marry under civil laws. Discrimination with regard to rights within the family thus results from an intersection of religion, gender, and race/ ethnicity. The contradictions arising from the operation of such personal laws are illustrated by the examples below:

- ***Limits of Law:*** Although the law penalises those who engage in child marriages, that is marriages where the bride is aged 18 or below and the groom 21 or below (Child Marriage Restraint Act), it nevertheless *recognises the validity* of both child marriages as these are permitted by religious-personal laws (Hindu, Muslim and Christian).

- ***Lack of Awareness of Law:*** In some cases, where Muslim law is applicable for example, it is possible for a person who was married while a minor to take legal action to invalidate the marriage when she becomes an adult. However, lack of general awareness of this right, as well as lack of access to the courts, prevents affected women and girls from using this remedy.

- ***Conflict of Law and Stereotypical Attitudes:*** In the case of marriages of adults, even where some personal laws do require expressions of consent, there is little understanding of the contours of how such consent may be expressed. So for example, even though Muslim law states that a marriage cannot be valid without the freely given consent of both parties, including a woman, in practice a mere nod, or even silence by the woman, is understood by all those concerned to signal consent.

- ***Lack of Enforcement of Law:*** Although the special law on violence against women and children (the Nari o Shishu Nirjaton Domon Ain) clearly makes marital rape of girls aged below sixteen an offence it is never applied, due to the widespread understanding that marriage effectively implies a state of permanent consent to sexual intercourse.

The gender and religious discrimination which results in all of these instances is rarely highlighted. In practice, with limited knowledge of their own rights, and most critically, *limited or no access to any institutional means of negotiating alternative options*, women and girls are often effectively forced or coerced not only into marriages but also into sexual acts against their will (within and outside the confines of marriage). At the same time, the absence of focus on consent, also means that individuals who do engage in sexual acts consensually, whether within or beyond the law, may nevertheless be subjected to harassment or violence or penalties for breaching community norms.

Despite legal reforms, procedural obstacles and endemic bias make the justice system as a whole largely inaccessible for women and girls as the following examples demonstrate:

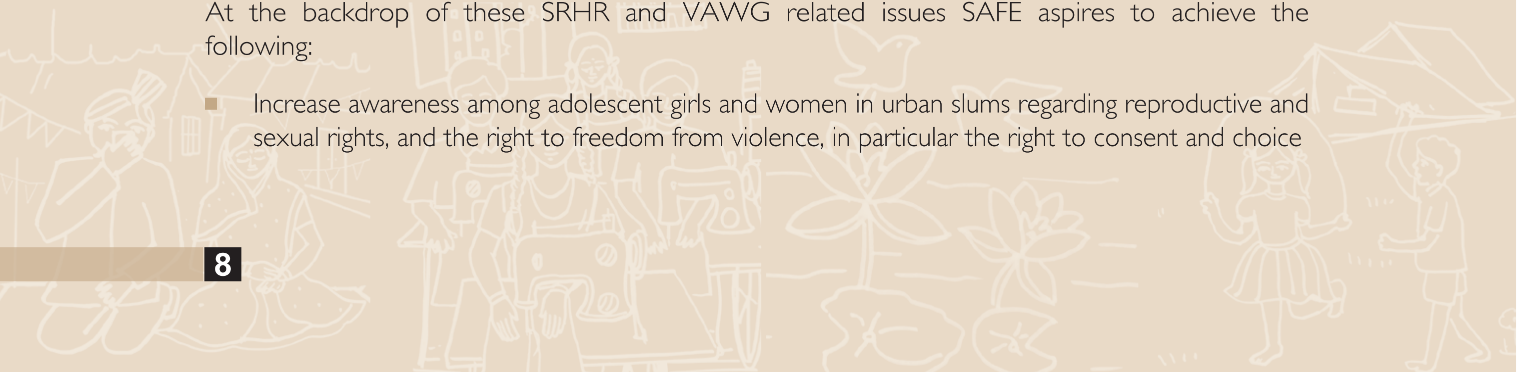
- ***Expressions of consent:*** Although marriage contracts require the stipulation of age, and of a woman's consent, *marriage registrars or others solemnising marriages rarely seek such consent expressly, or make efforts to determine the age of the bride*.

- ***Refusal to obtain women's consent:*** Women may be *forced to undergo invasive personal tests/ medical or physical examinations* against their will when taken into safe custody by the police as victims of violence. They may also be denied the opportunity to give their consent as to whether they wish to have their movements confined in this manner, by being incarcerated in the name of 'safe custody'.

In all these cases, the use of effective proof of age (now more readily available in the form of the ID cards because of recent programmes for voter ID and birth registration), combined with a focused and targeted intervention on those institutionally responsible for age determination and consequent actions, and awareness raising around the proposed new laws focusing on prevention and protection of survivors of domestic violence, could result in change.

At the backdrop of these SRHR and VAWG related issues SAFE aspires to achieve the following:

- Increase awareness among adolescent girls and women in urban slums regarding reproductive and sexual rights, and the right to freedom from violence, in particular the right to consent and choice



- Enable access to and more effective use of legal and health services by adolescent girls and women in dealing with violence
- Develop a community environment by engaging and working with men to address denial of the right to choice and consent of adolescent girls and women and violence against them are less condoned
- Ensure law, policy and procedural reforms regarding access to justice, including with respect to developing protocols and practices for investigation and prosecution of violence against women and girls, procedures for registration of marriages which involve identification of the age of the woman and of whether her consent has been obtained, and recognition of age and the right to consent in court proceedings
- Reduce incidence of violence against adolescent girls and women through increased awareness of their rights and remedies in this connection.

The core message of our communication strategy is to give men and women specific resources to enable them to defy social norms of gender inequality, if they choose to do so, and to realise their rights. We seek to expand the perceptions of their strategic life options, and concepts of consent and choice are central to our strategic approach. Using examples from an array of common life circumstances such as negotiating for work, better pay, arranged marriages, or safe sex, we highlight the importance of informed consent to guard against coercion and realise rights.

Our outreach communication programme is offered in conjunction with joint health and legal services in a one-stop setting. Messages are designed to offer specific health and legal information, highlight rights, and offer strategies for realising rights. The project seeks to evaluate alternative communication strategies in a randomised control trial setting to measure the additional impact of outreach with women and men in the community relative to control populations. Community wide campaigning and one-stop service remain constant across all the strategies.

RESEARCH METHODS

Study Design

Using a multisite cluster randomised trial (MSCRT) design, the SAFE study tests two strategies across the three arms using blocking before randomising clusters at the three study sites. Site wise blocking for Mohakhali, Mohammadpur and Jatrabari sites has been used to increase precision and face validity of the study.

The Arm A employs comprehensive strategy including community awareness raising and campaign activities, group sessions with male and female participants living in the slums, and providing health and legal aid services from the adjacent one-stop service centres. The Arm B is similar to the first arm except it excludes the male group sessions while the Arm C, which is the comparison arm for this study, carries out no group session in the community. Considering the ethical ground and

nature of the intervention, the Arm C comparison group members are exposed to the One Stop Service Centres and campaign activities.

The study is designed to test if Arm A performs better relative to both arms B and C; and Arm B performs better relative to Arm C in terms of increasing age at marriage, improving sexual and reproductive health and rights (SRHR) and preventing gender-based violence. Thus, the design allows comparison across male involvement versus no male involvement in Arm A versus Arm B; and; the potential added advantage of reaching females on top of community campaign and one-stop service centres in comparison between Arm B and Arm C.

Study Sites

The study sites are located in "slums" from three neighbourhoods of Dhaka noted for the presence of large tracts of low income populations in Mohakhali, Mohammadpur and Jatrabari areas of Dhaka city.

Adolescent girls from a Dhaka slum

Photo: Mohammad Mizanur Rashid Shuvra, icddr,b

Nineteen adjacent slums of three Marie Stopes Clinics at Mohakhaloi, Jatrabari and Mohammadpur are the study sites. The slum for the SAFE study has been defined as areas owned by public, private or semi-government institutions, where poorly constructed house, mostly made of tin, are rented and/or owned by overcrowded families (icddr,b slum visit note, 2010). The basic amenities, such as safe drinking water, health care, education, toilet and drainage systems are grossly insufficient. The neighbourhood, generally, is not secured and marked ky narrow katcha (earth) passages that get inundated with sewage during the monsoon (Population Council slum visit notes 2010). The toilets, pipied water sources, as well as gas burners/stoves are mostly shared among the households (icddr,b slum visit notes, 2010).

Sample

The sample for the SAFE study has been drawn using three-level MSCRT design, in which the level of randomisation occurred immediately below the sites, with the sites as the top level, clusters as the second and individuals at the third level. Under two levels of randomisation, clusters within each block were randomly assigned to the three intervention arms within each site, and individuals nested within each cluster were randomly selected for the study. There were no obvious natural or administrative boundaries that could be used to define a cluster; therefore, clusters were artificially formed with about 186 households per cluster. A household listing was carried out in order to define clusters. Urban Health Survey 2006 listing has become dated; therefore, household listing was carried in order to define clusters and better reach the study participants for intervention activities. In order to reduce contamination, clusters were formed keeping buffer zones of 50-100 households or natural or infrastructural boundaries (e.g., water bodies or walls).

Table 1. Sample size for survey with three-level multi-site cluster randomised trial, over sampling, successful interviews and response rates

Age group	Marital status	Effect variable	MDES	Clusters for 3 arms (J)	No. of sites (K)	Total clusters (J x K)	Cluster size (n) [15 x 1.20 with 20% for over sampling =18]	Sample-3 arms [J x K x n]
15-19 year females	Unmarried	Age at marriage*	45%	51	3	153	18	2,754
20-29 year females	Married; Unmarried	Violence exposure	55%	27	3	81	18	1,458
Total required female sample								4,212
Total female sample including over sample								7,006
Total female successful interviews								4,458
Total female response rate								64%
18-35 year males	Married; Unmarried	SRHR knowledge	55%	27	3	81	18	1,458
Total required male sample								1,458
Total male sample including over sample								3,172
Total male successful interviews								1,617
Total male response rate								51%
Total required sample								5,670
Total sample including oversample								10,178
Total successful interviews								6,075
Total response rate								60%

Study participants include 15-29 year old females and 18-35 year old males.[1] *Increasing the age at marriage for minor girls*, and *reducing exposure to violence for adult females* have been considered as effect variables for sample calculation. Separate samples have been drawn for 15-19 and 20-29 year old females with minimum detectable effect sizes (MDES) of 45 and 55 percentages, respectively. The samples have been calculated using power=0.80, alpha=0.05, and between cluster correlation=0.01. In order to address the design effect, and turnover due to migration,

[1] An important objective of the study is to influence men who are partners of the women. The age range of males is older to reflect the fact that women are on average about seven years younger than their husbands.

the overall sample was 80 percent overdrawn (female- 66%; male-118%). Since males could not be interviewed from the same cluster as that of females on ethical grounds; a total of 78 clusters per site, and 105 sample frames were prepared with 4,212 female and 1,458 male samples (Table 1). A total of 4,458 female and 1,617 male respondents were successfully interviewed in the survey with 60 percent response rate (female-64%; male-51%). Non-response was primarily due to unavailability; less than one percent (n=39) of the sample refused to take part in the survey.

Training and Data Collection

A total of 45 masters data collectors of the same sex collected data after receiving 13 days of rigorous training. The training content included gender, SRHR, VAWG, ethics, survey questionnaire, and use of survey software. Five female and four male teams with five interviewers for each of the nine teams made household visits and collected data through face to face interviews using netbooks.

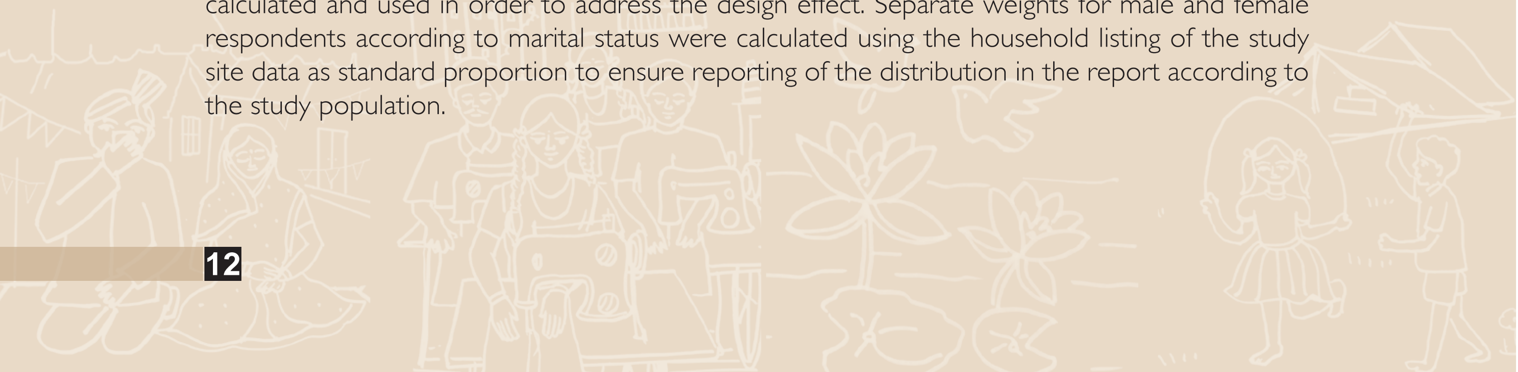
The data have been collected using customised survey software developed by Promiti Computers & Network (Pvt.) Ltd. Two offline based survey software were developed for female and male modules. One person from Promiti was available during the survey period for necessary trouble shooting and data uploading. The data collected in the offline mode were uploaded on a designated server at the end of the business day, which allowed instant review of the data from the internet. Confidentiality was maintained by keeping the identification location in separate files. The software generated hierarchal privilege and unique passwords for each software users in order to ensure confidentiality. The netbooks were password protected to avoid unauthorised access to data in case of loss of the computers.

Nine supervisors monitored the data collection. A survey coordinator and a survey administrator in addition to the supervisors were responsible for monitoring the overall quality of the data. Also five percent of the sample was re-interviewed to ensure the data quality. The data were collected from August 2011 to February 2012. On average, each of the three sites required 3 months and 2 months for female and male data collection, respectively. Data collection was challenged by Ramadan, Eid festivities, and monsoon rain.

In order to avoid bias, the survey team was kept blinded about the distribution of the three arms which were formed by random distribution of the 78 clusters into three groups.

Data Processing

After receiving the data in excel format, the data were transferred to Statistical Package for Social Science (SPSS) software 14.0 for cleaning, editing and recoding. Age specific weights were calculated and used in order to address the design effect. Separate weights for male and female respondents according to marital status were calculated using the household listing of the study site data as standard proportion to ensure reporting of the distribution in the report according to the study population.



Randomisation

Analysis of selected background characteristics using chi-square and F tests for categorical and continuous variables, respectively, for multiple comparisons identified the statistically significant differences across arms. Except for educational attainment, there are no significant differences across arms, as depicted in Tables A.1 and A.2. Hence the data analysis for across arm comparison needs to be adjusted for respondents' educational background.

Qualitative Formative Study

For the qualitative formative study the data were collected through key informant interviews (KII); focus group discussion (FGD) and in-depth interviews (IDI). A total of 46 IDIs were conducted in the study; 15 with married women; 15 with unmarried girls; nine with married men; and seven with unmarried men. A total of 15 FGDs were conducted; nine with men and six with women. Unmarried men participated in three FGDs, married men participated in six. Three of the female FGDs were with married and three with unmarried women. Twelve KIIs were conducted; seven with women and five with men.

The informants were selected purposively. Knowledgeable persons living in the study slums for a long time were selected as key informants. Unmarried females aged 15-19; married women aged 15- 29 and men aged 18-35 were considered for IDIs.

Three females and two males with Masters degree in social science collected the data. Initial interviews lasted for 2 to 2.5 hours. Each respondent agreed to follow-up visits after the initial interview. Subsequent interviews were conducted to fill gaps in the data and further exploration of some of the issues. FGDs took about 1 to 1.5 hours on average. Interviews and FGDs were tape-recorded and subsequently transcribed.

An extensive training of data collectors was conducted for ensuring adherence to the ethical guidelines of this sensitive research. The study followed the WHO recommendations for researching violence against women (2001). Interviews and FGDs were conducted once informed consent was obtained from the informants. IDIs and KIIs were conducted in private and were terminated and scheduled for a later time if privacy could not be maintained. Pseudonyms of informants were used all through the study and in write ups. The data were used only for the purpose of research and tapes had been erased after transcription.

Ethics

The study received ethical approval from Population Council's Institutional Review Board and icddr,b's Research Review Committee and Ethical Review Committee. Data have been collected only after receiving informed consent from each respondent. Guardian's assent and participant's informed consent were obtained for minor unmarried female participants while the married, minor females were considered as emancipated minor; therefore, no assent from the guardians was obtained. This two-stage process of informed consent was followed with the second stage explaining psychological and social risks to participation in the study in greater details. Respondents were referred to the NGO or government facilities, as needed.

APPENDIX

Background Characteristics

Table A.1. Background characteristics of the female sample across arms in weighted percentage[i]

Background characteristics	Arm A	Arm B	Arm C	Significant difference across arms	All Sites
Weighted number(n)	1487	1491	1480		4458
Age					
15-19	31.9	31.1	31.6	x^2=0.53; p=0.468	31.6
20-24	35.9	36.1	34.5		35.5
25-29	32.1	32.8	33.9		32.9
Mean	23.1	23.3	23.2	$F_{2,4376}$=1.64; p=0.194	23.2
(se)	(.09)	(.09)	(.09)		(.09)
Educational attainment					
No education	24.8	23.2	25.9	x^2=2.88; p=0.089	24.7
Primary incomplete	25.8	26.2	28.0		26.6
Primary complete	15.2	14.4	17.1		15.5
Secondary incomplete	28.4	28.1	23.4		26.6
Secondary complete or higher	5.8	8.2	5.6		6.5
Mean	4.1	4.4	3.8	$F_{2,4376}$=9.67; p=0.000	3.8
(se)	(.09)	(.09)	(.09)		(.09)
Currently in school	5.2	5.7	4.4	x^2=2.68; p=0.261	5.1
Marital status					
Currently married	78.0	78.1	78.1		78.1
Divorced/separated/ widowed	4.7	4.2	3.6	x^2=2.78; p=0.596	4.1
Never married	17.3	17.7	18.4		17.8
Work status					
Currently working	33.0	32.6	33.4	x^2=0.19; p=0.907	33.0
Garment worker	49.2	50.7	49.8		49.9
Domestic worker	19.8	17.9	16.3	x^2=3.55; p=0.738	18.0
Other salary/wage	16.5	15.7	16.3		16.2
Other	14.5	15.7	17.7		16.0
Group/Somiti/NGO membership- Yes	25.4	24.1	22.0	x^2=4.63; p=0.099	23.8

[i] The three arms will receive the three different combinations of interventions described in the text. These are labeled A, B, C and will be double blinded and revealed after the analysis of the endline is complete.

Table A.2. Background characteristics of the male sample across arms in weighted percentage

Background characteristics	Arm A	Arm B	Arm C	Significant difference across arms	All Sites
Weighted number(n)	537	532	548		1617
Age					
18-24	35.6	35.1	28.9		33.1
25-29	30.8	29.6	29.6		30.0
30-35	33.5	35.3	41.4	x^2=9.96; p=0.006	36.9
Mean	26.3	26.5	27.2		27.2
(se)	(.23)	(.22)	(.22)	$F_{2,1614}$=4.23; p=0.015	(.22)
Educational attainment					
No education	36.4	32.6	35.5		34.8
Primary incomplete	19.7	21.1	24.8		21.9
Primary complete	12.0	12.6	12.9		12.5
Secondary incomplete	22.1	23.8	21.1	x^2=1.58; p=0.208	22.3
Secondary complete or higher	9.8	9.8	5.7		8.4
Mean	3.9	3.9	3.4	$F_{2,1604}$=3.99; p=0.019	3.4
(se)	(.17)	(.16)	(.16)		(.16)
Marital status					
Currently married	70.3	68.5	73.0		70.7
Divorced/separated/ widowed	0.8	1.1	2.1	x^2=7.93; p=0.094	1.4
Never married	28.9	30.4	24.9		28.0

Table A.3. Number of In-depth Interviews, Key Informant Interviews and Focus Group Discussions

Methods	Female		Male		Community leaders	Total
	Unmarried	Married	Unmarried	Married		
Key Informant Interview (KII)	-	7	-	5	-	12
In-depth Interview (IDI)	15	15	7	9	-	46
Focus Group Discussion (FGD)	3	3	3	3	3	15
Total	18	25	10	17	3	73

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