Broadening gender: Why masculinities matter

Attitudes, practices and gender-based violence in four districts in Sri Lanka

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Foreword from **CARE International Sri Lanka**

In recent months the issue of violence against women has gained needed exposure and attention across the world. Gender-based violence is a major obstacle to a nation's development and is a world-wide phenomenon affecting not just women but society as a whole.

As an international non-government organization that fights poverty by empowering the world's poorest women and girls, CARE believes that ensuring socio-economic, cultural and political rights of women is a fundamental element of CARE's work across the world. In Sri Lanka, CARE has engaged in promoting the rights of women and girls and for the last 60 years. During the last decade this work included innovative and sustainable approaches to addressing the issues of gender-based violence.

The Empowering Men to Engage and Redefine Gender Equality Project (EMERGE), which was started in October 2010, is a CARE initiative that specifically targets adult and young males of selected communities for promotion of gender equality and prevention of gender-based violence within existing CARE project locations of Nawalapitiya, Batticaloa, Polonnaruwa, and Monaragala. As a means of better understanding and describing the causal factors of violence against women in Sri Lanka, CARE joined hands with Partners for Prevention (a UNDP, UNFPA, UN Women and UNV regional joint programme for gender-based violence prevention in Asia and the Pacific) in 2011 to conduct a quantitative survey on men's knowledge, attitudes and practices toward gender-based violence and gender equality.

This study brings out key risk factors in relation to violence against women, childhood trauma and men's own experience of violence. The study also highlights key findings, which have implications for organizations working in child protection, sexual and reproductive health, men's health and in youth programming.

This study highlights the need for more focused and scaled up approaches to engage men in the discourse of violence against women, as well as the need to transform women's own attitudes about violence in diverse forms. CARE is committed to working in partnership with women, communities, civil society, governments, donors and the private sector to implement these recommendations.

We invite you to use the findings of this study to strengthen your work with children, youth, men and women to end violence against women and promote gender equality.

Gregory Brady

Country Director

CARE International Sri Lanka

Foreword from **Partners for Prevention**

Stories of violence against women and girls have been filling the news cycle much of late, most notably the December gang rape in New Delhi. Although these cases happen every day around the world, they bring to mind deeper questions about how these things can happen, who is to blame and how we can stop such things from happening in the future.

The diverse Asia-Pacific region has some of the highest recorded levels of violence against women in the world, and also some of the lowest. However, despite the many decades of work and millions of dollars spent we have not seen an overall decrease in the prevalence of violence nationally, regionally or globally.

Until now, efforts to address violence against women and girls have, for the most part, rightly focused on improving services and responses to violence — strengthening legislation and the criminal justice system overall — and improving access and quality of health, legal and social services. But only responding to the effects of violence has not been enough to end it.

In response, four UN agencies, UNDP, UNFPA, UN Women and UNV came together through the joint programme Partners for Prevention to try to better understand men's use of violence in order to prevent it. The UN Multi-country Study on Men and Violence included a survey of more than 10,000 men from six countries in Asia and the Pacific. Importantly, Sri Lanka was one of those countries, led by CARE. The Sri Lanka data adds significantly to the diversity and cross-country comparability of the regional data set.

As importantly, this research represents a unique contribution to the country-specific literature on the root causes of gender inequality and gender-based violence in Sri Lanka. Because different cultural and social norms generate unique behaviors and practices, the country-specific evidence generated from this report will contribute to the formulation of more effective and targeted gender equality strategies, particularly those engaging boys and men.

The study highlights the need to transform harmful social norms that perpetuate male sexual entitlement or the belief of some men that they have the right to control women and their bodies. We need to work with young people to nurture healthy attitudes, practices and relationships for a future without violence and discrimination. We need to change the idea that manhood is defined by being tough. Alternative versions of manhood that are non-violent, gender equitable and encourage empathy and respect can become the norm. Finally, we need to protect children from violence and nurture healthy childhoods by working with parents and caretakers.

This research offers us great hope. It shows us that violence is preventable and if we work together we can help create a more equitable and peaceful world.

James Lang

Programme Coordinator

Partners for Prevention

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Executive summary

As in many parts of the world, the overwhelming emphasis in both gender studies and gender-based advocacy in Sri Lanka has been to target women. Recent evidenced-based research highlights the need and effectiveness of engaging men in reducing prevalence rates of intimate partner violence and gender-based violence.

In order to bridge the gap in evidence-based studies of masculinities in Sri Lanka, CARE International Sri Lanka undertook, together with Partners for Prevention (P4P), a UNDP, UNFPA, UN Women and UNV regional joint programme for gender-based violence prevention in Asia and the Pacific, a study on men's knowledge, practices and social attitudes toward gender and gender-based violence.

The key research questions of the study were as follows:

- **To obtain valid estimates of the prevalence and frequency of men's perpetration (and women's experiences) of different types of violence against women, as well as men's violence against other men, with a particular emphasis on intimate partner violence and sexual violence;**
- **To map men's own experiences of different types of violence, including violence as children;**
- **To map men's gender attitudes and practices and identify which factors may protect or put men at risk for perpetrating intimate partner violence and sexual violence; and**
- **To build evidence-based policy and programme responses to prevent gender-based violence in Sri Lanka.**

The survey was conducted using a random sampling strategy representative of the four districts under study — Colombo, Hambantota, Batticoloa and Nuwara Eliya — with 1658 male participants and a smaller 653 female sample between the ages of 18–49 years.

The study has been implemented using the WHO ethical guidelines for research. The research tools were based on the WHO Multi-country Study on Women's Health and Domestic Violence and the International Men and Gender Equality Survey carried out by Instituto Promundo and the International Centre for Research on Women. Ethical clearance from the Sri Lanka Medical Association Ethical Review Committee was obtained to conduct the study.

This report aims to provide sufficient information for policymakers and planners to develop data-driven and evidence-based programmes for the prevention of intimate partner and sexual violence, by analyzing prevailing attitudes and practices of men towards gender relations, focusing on masculinities and gender-based violence in a variety of contexts and mapping and contextualizing the status of men's and family health.

Results

Violence against women is prevalent in Sri Lanka

Thirty-six percent of ever-partnered men reported perpetrating physical and or sexual violence against a female intimate partner. Six percent of all men perpetrated sexual violence inclusive of rape against a non-partner woman and 17 percent perpetrated sexual violence inclusive of rape against any women.

Men's attitudes toward gender-based violence and gender equality

While men's responses show moderate gender equity in their everyday lives, on the GEM Scale, male respondents yielded a higher percentage of gender-inequitable attitudes. As an example with regards to IPV, a majority 74 percent disagreed with the statement that 'There are times when a woman deserves to be beaten', however, a majority of men (64 percent) subscribe to the view that childcare is primarily the mother's responsibility, while 57 percent hold the view that women's primary responsibility is taking care of the family and housecare. A majority of men also related manhood to dominance and violence, with 58 percent believing that 'It is manly to defend the honour of your family even by violent means'. Women in Sri Lanka also hold gender inequitable attitudes — and often more inequitable than men's attitudes — particularly in terms of rape. Two thirds of the female sample (67 percent), as opposed to 55 percent of men, also affirmed that 'in any rape case, one would have to question whether the victim is promiscuous or has a bad reputation,' and 75 percent of women (and 79 percent of men) reported that 'some women ask to be raped by the way they dress and behave'.

The study points to several contexts, drivers and variables related to male perpetration of physical and sexual violence against women, as well as against men and boys, many of which are grounded in cultural attitudes about how to be a man. Risk factors for perpetration include childhood trauma, controlling behaviour, low empathy, quarrelsomeness and sexual behavior involving multiple sexual partners.

The majority of the sexual violence captured fall within the IPV category inclusive of marital rape. The key motivation reported by men for sexual violence inclusive of rape was sexual entitlement. Two thirds of the sample that perpetrated sexual violence including rape, did so for the first time between the ages of 20 and 29. Almost one third of the men who perpetrated perpetrated sexual violence including rape did so for the first time between the ages of 15 and 19 years.

The study also reveals that the level of impunity — from families, communities and the law — for sexual violence including rape is quite high in Sri Lanka. Only 18 percent of men who had perpetrated forced sexual relations said that they were afraid of being found out. Ninety-seven percent of the sample did not experience any violent backlash from anyone supporting the victim. Significantly, only 7 percent of perpetrators had experienced legal consequences (arrested with charges dropped, or arrested and resulting in a court case or jailed).

Impact of IPV on women's health

The problem of IPV remained largely underreported by women. Overall, one in three ever-partnered men (33 percent) reported that they had committed physical and/or sexual violence against an intimate partner in their lifetime. This is supported, but underreported, by 29 percent of ever-partnered women who reported experiencing such violence. The significant levels of suppression by women of their feelings of anger, hurt, vulnerability and insecurity following IPV necessarily has an impact on their mental health. Only 32 percent of female victims of IPV who sought medical aid had reported the violence at all and, only 10 percent of women victims of IPV or non-partner sexual violence had told their families about the violence and the trauma they suffered.

Men's own experiences of violence

Many children, especially boys, experience some form of violence or neglect during childhood. This comprises not only of child sexual abuse, but also hunger, emotional neglect, public humiliation, beatings and absentee parents. Of significance is that male respondents who were fathers reported less time spent with their children either due to gendered norms of parenting, and/or time spent away from home due to employment/migration. Men who experienced sexual, physical or emotional abuse during childhood are more likely to perpetrate violence against women in adulthood.

The findings on sexual abuse, particularly of boys, warrant urgent attention. Twenty-eight percent of the male sample reported experiences of child sexual abuse. This is important not only for making visible the vulnerability of boys to sexual abuse, but also for tracing the impact it has on the process by which boys can become violent men, often targeting women with violence.

Men's well-being and health

Economic pressures resulting from inadequate income, lack of economic assets and financial responsibilities as breadwinners and male heads of households were found to be amongst the primary causes of male stress and lack of well-being. A corresponding moderate level of depression and suicidal thoughts were found amongst the male sample.

Men's attitudes toward women's health and reproductive and sexual health

Regarding reproductive health, while men's support for their pregnant wives/partners was moderate to high in terms of accompanying the women to prenatal clinics and mostly refraining from violence and forced sex during pregnancy, their use of contraception was low, pointing to the fact that men left it largely to their wives/girlfriends to bear the primary responsibility of planned parenthood.

Both men, even those in high-risk groups, and women reported very low rates of HIV testing (4 percent), indicating that health-seeking behavior related to HIV remains a low priority for men and women in Sri Lanka.

Conclusion

The CARE Study highlights for the first time in Sri Lanka an in-depth understanding of male perspectives, behaviours and attitudes with regards to gender equality and gender-based violence, drawing responses from the largest male sample analysed so far in the country using rigorous research methodologies.

The study emphasizes the need to start examining the masculine norms and attitudes that influence and serve as key drivers and risks for the perpetration of violence against women. The findings also reveal the vulnerabilities that men face throughout their life cycles, portraying them as victims of abuse, which can ultimately contribute toward their perpetration of violence. This displays the importance of interventions in the form of provision of psychosocial services at an early age from childhood to adulthood, to break the cycle of violence.

While the report shows the importance of continuing to work with women and girls to reduce violence against women, the findings reflect that there is a need to work more closely with men in their various spheres and capacities as individuals, members of family units, their surrounding communities and societies to deconstruct what it is to be 'masculine' from a positive perspective by promoting respect for gender diversity among youth and positive fatherhood/parenting. Towards this, policies that support these practices and programmes need to be ratified and introduced into state and non-state organizations while obtaining the support of key decision makers and influencers in communities.

Chapter 1:
Why masculinities?

1.1 Introduction

There has been little work done on masculinities, both as a field of inquiry and site of advocacy, in Sri Lanka. Amongst the few, but significant, scholarly studies on the subject are those that focus on the role and construction of masculinities in relation to political and ethnic violence (de Silva 2005; Bremner 2004; Jeganathan, 1998), sexualities (Miller, 2011; Nichols, 2010; Simpson, 2004; Fernando, 2003), and war, militarism and disability (Gamburd, 2004; Gunawardena, 2010; de Mel, 2007). In the area of advocacy, amongst the published reports and articles that predominantly highlight the experiences of men in Sri Lanka are those on male sexual minorities and their rights, citizenship, access to healthcare, representation in the media and risk to HIV/AIDS (Still Human Still Here, 2010; Companion on a Journey and NAZ Foundation International, 2009; Fernando, 2009-2010). Other reports on male groups by INGO/NGOs exist but remain classified as internal documents because of safety concerns related to the respondents, particularly in the context of the criminalization of homosexuality in Sri Lanka under Section 365A of the Penal Code.

Within evidence-based research on intimate partner violence (IPV) and gender-based violence there is a growing emphasis, however, on male experiences alongside those of the women (Women's Health Committee and WHO, 2011). Yet this dual focus is still at a nascent stage. It is symptomatic of the gap in the knowledge and analysis of masculinities, for instance, that the significant bibliography cited in the Review of Research Evidence on Gender-based violence in Sri Lanka (2011) does not have one article or book that highlights 'masculinity' or 'masculinities' in its title. While this cited literature does inevitably discuss male behavior and attitudes as they impact on women as victims of violence, it is the absence of masculinities as a central conceptual framework (which would warrant its inclusion in the titles or subtitles) that is clearly indicated.

As in many parts of the world, the overwhelming emphasis in both gender studies and gender-based advocacy in Sri Lanka has been on women. In Sri Lanka, the focus on women drew on developments that took place in the 1970s onwards inspired by trade union and socio-political movements, international women's movements, women's studies and the growth of State institutions and NGOs working on women following the 1975 UN International Year of Women and the 1976-85 UN Decade of Women (Wickramasinghe, 2009, pp.1-30). Significant outcomes of these developments were the establishment of

government bodies, including a Ministry of Women's Affairs, currently renamed the Ministry of Child Development and Women's Affairs, and the National Committee on Women; and policy documents, such as The Women's Charter and the National Plan of Action on Women, which focus on women's rights. The establishment of both urban and rural women's NGOs, gender centers, feminist publishing and a significant body of research and advocacy on legal reform, violence against women (VAW), women's reproductive health and women's rights as human rights also arose from these developments.

This concentration on women remains an important and vital area of activism for public policy intervention given that women continue to remain marginalized from the political and economic mainstreams. There is significant anxiety, therefore, felt not only in Sri Lanka but also worldwide, that whatever gains have been made pertaining to women in the past few decades will be reversed if there is a turn of focus to men and masculinities (Cleaver, 2002, p.5). There is also the justifiable apprehension that equating the vulnerabilities of men, whether due to violence and/or marginalization, with those of women would only serve to reinforce attitudes and behaviours held by men that discriminate against, or exploit, women.

Yet, as much as these are areas of programmatic concern and need to be carefully thought through so as not to disadvantage women, the advent and acceptance of the term 'gender' itself, and the shifts that occurred were precisely because of the understanding that women's lives were relational to those of men. For instance, the shift in approach from the Women in Development (WID) model of the 1970s to Gender and Development (GAD) by the 1980s was indicative of a re-thinking of gender equity as dependent on re-aligning the attitudes and experiences of both men and women. Men were understood as strategic partners in the goal toward gender equity and, therefore, women's 'critical others' (Chopra, 2007, p.2). But while the term 'gender' — first used by scholar-activists in the 1970s such as Ann Oakley (1972) — took note of how feminization and masculinization occur and provided robust theories on the subject, it was not until the mid 1990s that, informed by the advances of feminist theory and knowledge, the significant critical turn to masculinities began to take place.

1.2 Masculinities on stage

Masculinities as a field of study was a significant outcome of feminist studies and activism, informed by the latter's focus on patriarchal systems of power that incorporate sets of practices that are both individually embodied and institutionally embedded (Kimmel, 2002, pp.ix-x). In alliance with feminist studies, masculinity studies focuses on masculinity as an ideology, and pays attention to the multiple positions men themselves occupy with some men disadvantaged on the basis of class, caste, ethnicity or sexuality. Masculinity is not seen, therefore, as monolithic but, rather, shaped by many processes and intersecting identities or conditions that produce multiple variables amongst different groups, individuals, institutions and societies (Gardiner, 2002, p.11). Importantly, current masculinity studies accounts for the fact that masculinity is also gendered and that both men and women have 'undergone historical and cultural processes of gender formation that distribute power and privilege unevenly' (ibid).

The 1994 UN-sponsored International Conference on Population and Development (ICPD) held in Cairo marked a watershed in activism around masculinities because of its acknowledgement that men and masculinities were of importance in the work on gender. Chapter four (c) of the Programme of Action (www.un.org/popin/icpd2.htm) titled 'Male responsibilities and participation,' called for improved communication between men and women on issues of sexuality and reproductive health, and the understanding of joint responsibilities and equal partnerships with women in public as well as private lives. The specific areas targeted for policy and programme intervention were in men's shared responsibility in joint parenthood; sexual and reproductive behavior including family planning, prenatal, maternal and child health; prevention of sexually transmitted diseases including HIV; prevention of unwanted pregnancies; shared control and contribution to family income, children's education, health and nutrition; and placing value on children of both sexes (section 4.27). It also called for male responsibility

in family life to be included in educational material from an early age and special emphasis on the prevention of male perpetration of violence against women and children (ibid).

The ICPD called for greater male responsibility and participation because 'men play a key role in bringing about gender equality since, in most societies, men exercise preponderant power in nearly every sphere of life' (ibid). However, evidence from the field was also beginning to suggest that, while patriarchy and dominant masculinities contribute significantly to the marginalization of women, not all men are 'winners' and that their vulnerabilities due to age, class, race, ethnicity or sexual orientation merited study (Cleaver, 2002, pp.2-3). Certainly, a wide body of postcolonial scholarship (Fanon, 1967; Chatterjee, 1989; Sharpe, 1993; McClintock, 1995; Sinha, 1995; Connell, 1995 and 2005) had stressed the subjugated status of native colonized men, including a link between their sense of disempowerment in the public realm and their regulation of women in the private, domestic sphere (Fanon, 1967; Chatterjee, 1989). Other studies, whether on the politics of race, globalization, labour markets, ethnic conflict or migration, also began to foreground men who were vulnerable to violence and denied access to economic benefits, aid-flows and citizenship rights because of their race/ethnicity, class, caste, religion or sexual orientation (Gilroy, 2000; Thompson, 1963 and 1968; Guha, 1982; Das, 1990; Connell, 1995 and 2005). This awareness was reflected in some donor policy programmes (Oxfam, SIDA) of the mid 1990s that defined gender equity as promoting the human dignity of both men and women (Cleaver, 2002, p.2). This was an acknowledgement that the status of men warranted further study and advocacy not only because of men's access to power, or the differences between men themselves, but also because of how contemporary transnational crosscurrents of globalization, neoliberalism, urbanization, migration and armed conflict were profoundly changing men's lives.

1.3 The CARE project

In order to meet address the gap in evidence-based studies of masculinities in Sri Lanka, CARE Sri Lanka undertook, together with Partners for Prevention (P4P), a UNDP, UNFPA, UN Women and UNV regional joint programme for gender-based violence prevent on in Asia and the Pacific, this study on knowledge, practices and social attitudes towards gender and gender-based violence in Colombo, Hambantota, Nuwara Eliya and Batticoloa. This is part of P4P's study called The UN Multi-country Study on Men and Violence undertaken in seven countries, which explores gender-based violence and masculinities to inform evidence-based violence prevention interventions. Both CARE Sri Lanka, under its Empowering Men to Engage and Redefine Gender Equality (EMERGE) project, and P4P were particularly interested in gathering data on men in the districts under study. This focus on men and masculinities grew out of the recognition that whatever progress had been made to empower women socially, economically and politically was not sustainable without the full and meaningful participation of men, and that men and women need to 'negotiate equal and equitable terms and conditions between them within the public and private domains.' Towards this goal, the privileges, vulnerabilities and resistance of men merited attention so that innovative programmes and sustainable processes could be designed to bring both men and women together to promote equity and equality.

The key research questions of the study were as follows:

- **How are masculinities constructed?**
- **How are dominant masculinities reinforced?**
- **Where are they reinforced?**
- **What are their connections to GBV, including violence on men?**
- **Which areas offer evidence of supportive masculinities?**

- **What is the status of men's health and well-being?**
- **How do men and women perceive gender equality?**
- **How do we measure the impact of programming/implementation?**

The questionnaire implemented for the study adopted the Gender Equitable Men (GEM) Scale developed by Horizons and Promundo (Pulerwitz and Barker, 2008) to assess men's attitudes to gender equitable norms. The other questions were based on the International Men and Gender Equality Survey (IMAGES) model, developed by the International Center for Research on Women (ICRW) and Instituto Promundo (www.icrw.org/node/765); the WHO Multi-country Study on Women's Health and Domestic Violence against Women; and the South Africa Study of Men, Masculinities, Violence and HIV, carried out by the Medical Research Council. The result of this integration was a comprehensive household questionnaire on men's attitudes and practices on a wide variety of topics related to gender equality, including attitudes and practices toward women's dress, mobility, associational freedom; male and female sexual health, and gender-based violence. The questionnaire also addressed women's opinions and their reports of men's practices. Questions were also asked to ascertain men's attitudes and practices related to joint parenting, financial contribution to households and control of household economic resources. An important section of the survey was on men's own health and well-being, including sexuality, childhood sexual abuse and trauma, participation in transactional sex, weapons ownership and their use of violence against women.

A key programing objective of CARE Sri Lanka's EMERGE project is to engage men in transforming attitudes and behaviours that will lead to gender equity and equality and an appreciation, in general, of diversity in all its forms. Protecting men's self-confidence, self-esteem and sense of agency are important factors in this process of transformation, which at the same time requires a critical interrogation of their sense of entitlement over women and dominance over 'weaker' men. Michael Messner (1997 cited in Holmgren, Egeberg and Hearne, 2009, p.405) forwarded a model of men's positioning and organizing around gender equality triangulated on the recognition by men of: a) the institutional and structural privileges they enjoy in society; b) the costs of masculinity; and c) the differences and inequalities amongst men themselves. Once recognition of the apexes of this triangle occurred, Messner argued that it would be possible to map, as well as develop programmes around: a) men's supportive roles toward gender equity; b) policy interventions on men's rights to joint parenthood, psychosocial services and well-being; and c) men's respect of other men who differ by virtue of ethnicity, class, caste, disability and sexual orientation. Underwriting all of the above is the understanding that masculinity and femininity are not fixed, but shaped by history, society and culture, and that they change over time. Such change means that: men and women cannot be biologically essentialized (i.e., all men are not essentially violent); that dominant masculinity is constructed in relation to other men as well as women, thereby making for a 'hierarchy' of masculinities; and that all of these elements point to the fact that masculinity is diverse and there are different models of masculinities that must be mapped, and harnessed, or transformed as the case may be.

In order to capture the objectives and research questions of the study, as well as the programmatic interests of CARE Sri Lanka, this report is divided into six parts that form individual, but interrelated chapters. Chapter one, entitled 'Why masculinities?, contextualizes the study while Chapter two lays out its methodology. Chapter three on 'Masculinity and gender relations: Attitudes and practices,' highlights and analyzes the data from the districts in the study. Chapter four, entitled 'Producing force: Male violence against women and men,' focuses on masculinities and gender-based violence in a variety of contexts, and Chapter five on 'Masculinity, well-being and family health' maps and contextualizes the status of men's and family health. Finally, chapter six discusses the legal, public policy and programming implications of the study.

Chapter 2:
Research methodology

2.1 Introduction

This study employed a quantitative research approach to examine the knowledge, attitudes and practices of men and women in Sri Lanka on issues pertaining to gender and gender-based violence. It was based on a large population-based household survey (with 1658 male participants and a smaller 653 female sample[1]), and adhering to international and national research and ethical standards, allowing district (cluster) comparability. The survey was conducted using a random sampling strategy representative of the four districts under study — Colombo, Hambantota, Batticoloa and Nuwara Eliya. A sample of men and women aged 18–49 years were carefully surveyed using a structured questionnaire as the principal instrument of data collection. Given the sensitivity of the topics surveyed, the research employed various innovative methods (such as the use of personal digital assistants, or PDAs) in order to enhance the quality of the research while ensuring maximum confidentiality of the respondents. CARE also invited international and multiple local partners as advisors on the project.

The Sri Lanka study on attitudes, practices and gender-based violence in Colombo, Hambantota, Nuwara Eliya and Batticoloa is part of a multi-country research project — The UN Multi-country Study on Men and Violence — on violence and masculinities, coordinated by Partners for Prevention (P4P), a UNDP, UNFPA, UN Women and UNV regional joint programme for gender-based violence prevention in Asia and the Pacific. The UN Multi-country Study on Men and Violence methodology is based on rigorous scientific standards for conducting research on violence against women. The UN Multi-country Study on Men and Violence applies international best practices related to sample design, questionnaires, interviewer training and survey administration that have been shown in other countries to be effective in reducing under-reporting of violence. The Sri Lanka study followed the methodological and ethical standards from the international protocol.

1 The focus of the study was on men's use of violence against women and masculinities and therefore a smaller sample of women was taken to compare findings. The female sample on its own is not designed to provide national data or prevalence rates of violence victimization.

2.2 Design and setting

Many organizations and individuals contributed to the design of this study. CARE was the coordinating institution as well as main financial sponsor of the study. P4P, based in Bangkok, provided all of the research tools, technical support and limited funding assistance for the project. The questionnaire was adapted by the Sri Lankan research team and translated by Social Indicator (SI), the survey research unit of the Centre for Policy Alternatives, which also implemented the survey in the field.

2.3 Study objectives

The study aimed at producing new knowledge on the theme of masculinity and gender-based violence in Sri Lanka while contributing to P4P's regional cross-national study, the UN Multi-country Study on Men and Violence. This underpins the key research questions described in chapter one. The specific objectives of the survey are as follows:

- **To obtain valid estimates of the prevalence and frequency of men's perpetration (and women's experiences) of different types of violence against women, as well as men's violence against other men, with a particular emphasis on intimate partner violence and sexual violence;**
- **To map men's own experiences of different types of violence, including violence as children;**
- **To map men's gender attitudes and practices and identify which factors may protect or put men at risk for perpetrating intimate partner violence and sexual violence;**
- **To build evidence-based policy and programme responses to prevent gender-based violence in Sri Lanka.**

2.4 Ethical clearance

The project proposal and the entire study design including the research protocols, as well as the male and female questionnaires, were presented to the Ethics Committee of the Sri Lanka Medical Association (SLMA), which gave its approval for the research instrument and the research methodology. A pilot study of the questionnaire was implemented under the P4P protocol and as a pre-requisite for SLMA approval.

2.5 Questionnaire design

The study used a male and female questionnaire that covered the same themes from different perspectives.[2] For example, while men were asked about their perpetration of gender-based violence, women were asked about their experiences of various forms of gender-based violence.

This study used the survey instruments of the UN Multi-country Study on Men and Violence, however, the principal researchers, Social Indicator and the research team adapted the questionnaires to the Sri Lankan context. The original core questionnaires were designed by a team of globally distinguished gender-research experts and drew on several internationally recognized tools including the South Africa Study of Men, Masculinities, Violence and HIV, carried out by the South African Medical Research Council (MRC); the International Men and Gender Equality Survey (IMAGES), carried out by carried out by Instituto Promundo and the International Centre for Research on Women (ICRW); and the WHO

2 The complete English-language male and female questionnaires appear in Annex 1 and 2 of the PDF version of this report, but have not been included in the printed version due to space constraints.

Multi-country Study on Women's Health and Domestic Violence against Women. The questionnaires were the product of a long process of discussions and consultations, which involved reviewing existing literature and numerous instruments, and incorporating input from technical experts as well as national partners. The core regional questionnaires were pretested in English on a convenience sample of men and women using cognitive qualitative interviews. In addition, the questionnaires had already been used and tested in other sites of the UN Multi-country Study on Men and Violence, such as Bangladesh and China.

In order to ensure comparability with the data from other countries in P4P's regional study, the majority of the questions in the Sri Lankan questionnaires remained the same, although some modifications were made to capture Sri Lankan specificities as well as to avoid ethical and practical risks. For example, the wording of the violence questions was kept the same (except in certain questions where there was no direct equivalent in Sinhala and Tamil) in order to ensure comparability of rates of reported violence across countries. The scales — such as the childhood trauma scale, the Gender Equitable Men (GEM) scale, the depression scale and the empathy scale — were also unchanged because they had been carefully designed and validated for their psychometric properties. However, some Sri Lanka-specific questions and coded responses were added, for example, regarding the tsunami, attitudes towards women's employment, and sexualized ragging.

Table 2.1

Topics covered by the questionnaires

Male questionnaire	Female questionnaire
Socio-demographic characteristics and employment	Socio-demographic characteristics and employment
Childhood experiences	Childhood experiences
Attitudes about relations between men and women	Attitudes about relations between men and women
Intimate relationships	Reproductive health
Intimate partner violence	Respondent and her partner
Fatherhood	Intimate relationships
Health and well-being	Intimate partner violence
Policies	Injuries and help seeking
Sexual and life experiences	Sexual experiences
	Non-partner experiences
	Health and well-being
	Policies

The questionnaires were specifically designed in this order to maximize disclosure from both men and women on their experiences and to mitigate negative consequences for respondents following the interview, particularly in the female survey. The adapted questionnaires were translated into Sinhala and Tamil languages by SI. The focus of the translations was on using words and expressions that are widely understood in the study sites. The translations were checked by research assistants as well as outside groups representing varying age groups from both urban and rural areas to verify the accuracy and applicability of the translations. The questionnaires were pretested (both cognitive qualitative pre-testing and quantitative field testing with a small convenience sample) in the field. The research team then made some further final amendments to the questionnaires after the full pilot study.

2.5.1 Measurement of violence, childhood trauma, and gender attitudes

Men's use and women's experiences of violence were measured using a series of behavior-specific questions based on the WHO Multi-country Study questionnaire and the South Africa MRC Study of Men, Masculinities, Violence and HIV, as outlined in the table below (Table 2.2). International experience collecting data on violence against women shows that asking behaviour-specific questions (rather than using words like violence and abuse), and giving respondents multiple opportunities to disclose such behaviour yields the most accurate results. Respondents who answered in the affirmative for each act were asked about the frequency with which it had occurred. At the end of each series of questions — on emotional, economic, physical and sexual violence — respondents were asked if any of the acts had occurred within the past 12 months, to collect information on current prevalence rates.

The childhood trauma scale, which is an internationally recognized scale, includes a series of 15 questions (Sri Lanka added three questions on sexual abuse) that fall into four broad areas: physical abuse, sexual abuse, neglect, emotional abuse and physical hardship. All respondents were asked if the following statements had happened to them in the following frequencies before they were 18 years old — never, sometimes, often or very often. A numerical scale was developed based on these responses ranging from lowest childhood trauma (18) to the highest (72).

This study drew upon items from two different sources for measuring men's attitudes toward gender and violence against women. One was the Gender-Equitable Men (GEM) Scale developed by Population Council and Instituto Promundo and used in India, Brazil and more than 15 other countries to date. These attitudinal questions used in diverse settings have consistently shown high rates of internal reliability (Pulerwitz and Barker, 2008). The other important source was the South Africa Study of Men, Masculinities, Violence and HIV conducted by the South Africa MRC Jewkes, 2009 cited in Barker, et al., 2011). A series of statements about gender roles were read out to the study participants and they were asked whether they strongly agree, agree, disagree or strongly disagree with the statements. For the purpose of the analysis all the responses were coded in a way so that agreeing or strongly agreeing with the statements implied gender inequitable attitudes. These questions are detailed in chapter three of this report.

Table 2.2

Measurements of violence

Emotional abuse	Rape of non-partner woman
Insulted a partner or deliberately made her feel bad about herself Belittled or humiliated a partner in front of other people Done things to scare or intimidate a partner on purpose, for example, by the way you looked at her, by yelling and smashing things Threatened to hurt a partner Hurt people your partner cares about as a way of hurting her, or damaged things of importance to her	Forced a woman who was not your wife or girlfriend to have sex with you Had sex with a woman or girl when she was too drunk or drugged to say whether she wanted it or not
	Gang rape of woman
	You and other men had sex with a woman at the same time when she didn't consent to sex or you forced her You and other men had sex with a woman at the same time when she was too drunk or drugged to stop you
Economic abuse	**Sexual violence against man**
Prohibited a partner from getting a job, going to work, trading or earning money Taken a partner's earnings against her will Thrown a partner out of the house Kept money from your earnings for alcohol, tobacco or other things for yourself when you knew your partner was finding it hard to afford the household expenses	Done anything sexual with a boy or man when he didn't consent or you forced him Done anything sexual with a boy or man when you put your penis in his mouth or anus when he didn't consent or you forced him (rape)
	Gang rape of man
	You and other men had sex with a man at the same time when he didn't consent to sex or you forced him
Physical violence	**Sexual violence**
Slapped a partner or thrown something at her that could hurt her Pushed or shoved a partner Hit a partner with a fist or with something else that could hurt her Kicked, dragged, beaten, choked or burned a partner Threatened to use or actually used a gun, knife or other weapon against a partner	Forced partner to have sex with you when she did not want to Forced partner to watch pornography when she didn't want to Forced partner to do something sexual that she did not want to do Had sex with partner when you knew she didn't want it but you believed she should agree because she was your wife/partner

2.6 Sampling

The survey was conducted in four selected districts — Colombo, Hambantota, Nuwara Eliya and Batticaloa. These are the districts in which CARE has ongoing projects. In the Colombo district the survey was carried out in urban localities while in the rest of the three districts the survey was conducted in rural localities. Taking into consideration the P4P research design criteria — one urban cluster and one rural cluster — as well as CARE programming concerns, the survey was limited to four district clusters. Within each district cluster, we used a multi-stage stratified random sample to select the sampling villages. We used the electoral registry as the sample frame for this survey since it provides a very efficient sample frame for sample selection. Within each selected district, the number of electorates was chosen randomly and from each selected electorate the required number of polling booths was chosen to implement the survey. Using the electoral lists, two households were chosen randomly in each selected polling booth as two starting points for field researchers to begin their random walk to select 15 households for respondents. In this way, 30 households were approached in each polling booth (often coinciding with a village), starting from two separate locations chosen randomly. Within each selected household an individual was chosen as the respondent using a random method. If there was more than one eligible member in that selected household, the last birthday method — choosing the person who celebrated his/her birthday most recently — was used to select the respondent for the survey.

Given the sensitivity of the questions, male and female interviews were conducted in different polling booths. Within an electorate, the total number of polling booths selected was divided on a 2:1 ratio between male and female interviews. Therefore, within an electorate, male interviews were conducted in eight polling booths and female interviews were conducted in four different polling booths.

The following table shows the individual-level response rate by gender and by site. The response rate for women was higher than for men, as it was significantly more difficult to find men at home and available for interview. This has been a common issue in the other countries where the study was conducted (icddr,b, 2011). The response rate was also lower in Colombo compared to the more rural sites, which is also a common pattern in population-based surveys — respondents from urban and higher socio-economic areas tend to be more reluctant to agree to be interviewed and let interviewers into their homes, perhaps in part because of security concerns (WHO, 2005).

Table 2.3

Sample distribution and response rate

	Total number of households with eligible respondents	Total number of interviews completed	Individual response rate Percentage
Female	871	644	74
Male	2656	1560	59
Colombo	892	419	47
Hambantota	754	568	75
Batticaloa	995	566	57
Nuwara Eliya	886	651	73
Total	2204	1323	63

Under this sampling design, the findings of the survey can be generalized to its sample population: men and women between the ages of 18 and 49 years living in the four study districts. Even though the survey provides valuable insights into the knowledge, attitudes and practices of men and women on issues of gender, masculinity and gender-based violence, these specific findings cannot be generalized to the total Sri Lankan population. The findings of the male survey are subject to +/- 3 percent error margin and female findings are subject to +/- 6 percent error margin.

Table 2.4

Demographic information

Age	Male Percentage	Female Percentage	Occupation	Male Percentage	Female Percentage
18–19	13.2	7.5	Professional: doctor, nurse, teacher	4.8	6.8
20–24	21.7	17.2	White collar: secretary, office work	7.3	2.3
25–29	16.8	18.4	Blue collar: factory work, waiter	19.6	11.1
30–34	16.1	17.8	Trading/business	13.6	5.8
35–39	12.1	15.0	Manual labour	9.7	7.0
40–44	9.8	11.8	Farmer/ fishing	14.8	0.7
45–49	10.3	12.4	Security: police, army, etc.	2.4	0.3
Education	**Male** Percentage	**Female** Percentage	Driver/taxi	6.3	0.0
None	1.2	5.4	Sex worker	0.0	0.2
Primary	8.2	9.7	Never worked/ student	21.5	65.7
Some secondary	49.8	53.7	**Current relationship status**	**Male** Percentage	**Female** Percentage
Secondary complete	30.1	24.7	Currently married	52.7	76.4
Tertiary	10.7	6.6	Living with partner, not married	0.4	0.6
Number of children	**Male** Percentage	**Female** Percentage	With partner, not living together	10.0	4.7
No children	24.0	39.5	Not married/no relationship	37.0	18.2
1	23.9	15.3			
2 to 3	45.9	31.9			
4 or more	6.2	13.3			

2.7 Field research

This study employed special field research techniques in order to ensure the quality of the data, confidentiality and safety of the respondents. With the assistance of P4P, small handheld computers, or PDAs, were used for the data collection in the survey. The use of PDAs provided multiple advantages and, at the same time, posed additional challenges to the study. The PDAs ensured the confidentiality of the respondents as they were able to respond to the questions themselves without sharing their answers with anyone, including the field researchers. Therefore, even though field researchers selected and met with each respondent, the interviews were conducted very much in a self-administered manner. This self-administration removed the issues of interviewer fatigue and interviewer bias that can affect face-to-face interviews. Self-administration, particularly of section eight of the male survey, also enabled male respondents to answer sensitive questions in privacy. For the benefit of the less literate respondents, the PDAs also provided an audio option where respondents could listen to the questions and answer options accordingly. In addition, the privacy enabled by the PDAs helped respondents answer the questionnaires without input or interference from others in the household, which is otherwise challenging particularly in Sri Lankan rural settings. As data from the PDAs was directly uploaded to a server, there was no need for data entry and there was no need for respondents or interviewers to learn complex skip patterns, as these were automatically programmed into the PDAs. Both of these factors likely reduced data error. Unlike in face-to-face interviews, it took additional time to complete one interview as the speed of the interview depended on the respondent's capacity to read and answer the questions on the PDA.

SI coordinated the field research of the survey. A total of 70 field researchers from all three ethnic groups (Sinhala, Tamil and Muslim) were employed to conduct the fieldwork across the four districts. The field team comprised 51 men and 19 women. Almost all of them possessed university undergraduate degrees as their minimum educational qualification and most of them have been working with SI for several years as field researchers. A seven-day training session was conducted in Colombo for the field researchers by SI with the participation of P4P, CARE and the principal researchers. This training focused mainly on four areas: i) the concepts of gender and masculinity, ii) the questionnaires, iii) handling the PDAs and iv) field techniques and research ethics. In addition to the in-house training, field researchers were given on-site training. Two researchers from P4P participated as expert trainers and they accompanied field researchers during the pilot interviews that were conducted following the in-house training. On the basis of the pilot, P4P and CARE decided to further fine tune the questionnaire in order to enhance the quality of the field research. While the fieldwork was ongoing SI conducted regular de-briefings with the field teams.

Every respondent was interviewed by a field researcher from his/her respective ethnic community to help respondents feel comfortable communicating with their interviewer. A total of 12 field supervisors were employed to manage and supervise each field team. Field researchers made at least three visits to each household to attempt to locate a respondent before recording a respondent as not contactable. As the interviews took an average of two hours each field researcher only managed to conduct two to three interviews per day. Once the field research in one sample area was complete, the field supervisors uploaded the data in each PDA to the P4P database using wireless internet.

2.8 Ethics and safety standards[3]

There are a number of ethical considerations that need to be taken into account when conducting research on violence against women or male on male violence. The WHO stipulates the prime importance of confidentiality and safety; the need to ensure that the research does not cause the participant to undergo further harm (including not causing the participant further traumatization); the importance of ensuring that the participant is informed of available sources of help; and the need for the interviewers to respect the interviewee's decisions and choices.

2.8.1 Individual consent

At the start of all interviews, participants were informed of the purpose and nature of the study and ensured of confidentiality, through the Participants Information Form. Given the sensitivity of the questions, the field researchers obtained the verbal consent of the participants to conduct the interview and then recorded that the consent procedure had been administered, and noted whether or not permission to conduct the interview had been granted.

As part of the consent procedure, the participant was informed that the data collected would be held in strict confidence. Participants were forewarned that the survey included questions on highly personal and sensitive topics that may be difficult to talk about. Respondents were also informed of their freedom to terminate the interview at any point, and to skip any questions that they did not wish to respond to.

The participants received an information leaflet presenting the study with the contact details of CARE, and sources of support (existing government health, legal, social services and NGOs) in their local areas for a range of problems that may occur following the interviews.

2.8.2 Voluntary participation

Participation in the study was on a voluntary basis. No inducements or financial payments were made to the participants.

2.9 Data analysis

After the data was uploaded to a server from the PDAs, P4P conducted the first round of data cleaning and created new variables for analysis, providing CARE and SI with a set of completed data tables. The Sri Lankan research team conducted further data analysis using SPSS (software used for statistical analysis). The written analysis in this report draws on all of the above.

As it was envisaged at the outset, this set of data can provide valuable baseline data for future surveys and will assist in capturing social changes in terms of gender and masculinity in Sri Lanka. As much as it provides comparison across 'time', this dataset also allows us to compare societies across 'space.' For example, since this study is a part of a larger regional study, it allows us to understand the knowledge, attitudes and practices of Sri Lankans in comparison to other societies in the Asia-Pacific region. In addition, as we have allocated large samples to each district cluster, this survey data allows us to gain comparative understanding in terms of geography and locality within Sri Lanka.

3 Fulu and Jewkes, 2010, pp.28-31.

The survey instrument used multiple methods to measure public opinion, attitudes and practices; namely, dichotomous answer categories, scales, multiple responses and interval/ratio scales. In order to capture complex concepts, the survey instrument provided detailed question batteries with the aim of constructing composite indexes in the data analysis stage. Most of the questions in the male and female questionnaires are directly comparable. This allowed us to understand the responses of one gender group in relation to the other. In this context, this data set is not only useful for scholarly inquiry but also facilitates serious advanced data analysis techniques. However, it should be noted that the survey method is intrinsically positivist — and therefore may not capture the full discursivity of gender and sexuality. Furthermore, the structured form of the questionnaire may foreclose the capturing of more nuanced individual and social experiences that would be gained from qualitative research methods.

This report primarily uses descriptive statistics for its analysis. However, in the case of comparisons, necessary statistics (p-values of chi square or test or t-test) were tested to confirm the significance of the difference. Adjusted odds ratios were used in order to examine the magnitude of the associations between variables. The report adopts a gender, cultural and social studies approach in this analysis.

Chapter 3:
Masculinity and gender relations: Attitudes and practices

Main findings

- More than half of all male and female respondents agreed that 'A woman's most important role is to take care of her home and cook for her family.'
- Thirty-two percent of men and 54 percent of women believed that 'It's a woman's responsibility to avoid getting pregnant.'
- A majority 74 percent of men did not agree that 'There are times when a woman deserves to be beaten.'
- More than two thirds of men and women agreed that 'To be a man means providing for your family.'
- Fifty-eight percent of men believe that 'It is manly to defend the honour of your family even by violent means.'
- Women in Sri Lanka also hold gender inequitable attitudes — and often more inequitable than men's attitudes — particularly in terms of rape.
- More than two thirds of the female sample affirmed that 'in any rape case, one would have to question whether the victim is promiscuous or has a bad reputation.'
- Over two thirds of women believed that a woman cannot refuse to have sex with her husband.
- Men whose fathers shared, or sometimes engaged in household duties did more housework themselves.
- Eighty-six percent of the males stated that household leadership should be decided on income generation.
- Seventy-nine percent pegged decision-making to head of households.
- Fifty-seven percent of men said that they dictate who their partner spends time with.

3.1 Introduction

Gender is understood as socially and culturally constructed, encompassing behaviours, roles, responsibilities, rights and expectations that distinguish men from women around which the social classifications of 'masculinity' or 'femininity' also form (Bhasin, 2000, pp.1-2). These practices and expectations are historically shaped, have changed over time and override biology because it is possible for a man to be 'feminine' and a woman to be 'masculine' not because of their sex, but due to behaviour and ways of self-representation (Connell, 2005, pp.68-69). Moreover, masculinity and femininity are constructed along axes on which transsexuals, bisexuals, intersex and transgendered people also perform 'maleness' or 'femaleness' to a lesser or greater extent as the case may be.

The practices of masculinity and femininity are inculcated in us from an early age.[4] In South Asia, girls are generally disciplined into being modest, decorous, caring and obedient; while boys are raised to be strong, courageous, protective, rational and self-confident (Bhasin, 2000, p6). Even as they fulfill their roles as participants in the formal or informal economies, women thereby come to value and defend their roles in the domestic sphere as nurturers, mothers and dutiful wives, while men assume the role of primary householder, take on responsibilities related to both nuclear and extended families, and become the opinion or policymakers in the corporate and public spheres.

The data gathered from the CARE study points to a significant prevalence of prescribed gender norms within society. Yet it also provides evidence that men subscribe to gender equity in certain areas. As measured on the GEM Scale,[5] two thirds of the male sample (67 percent) refuted gender inequitable statements relating to gender norms and roles in society at large, and two thirds of the same sample (67 percent) disagreed with gender inequitable statements designed to assess individual views on relations between men and women. This supports what scholars (Chopra, Osella and Osella, 2004, pp.14-15; Walle, 2004, pp.107-108) have pointed to as the limited usefulness, and therefore applicability, of the concept of hegemonic or dominant masculinity itself. Its initial usefulness was in providing us with a way to distinguish between structurally supported and socially accepted forms of hegemonic, dominant male behaviour on the one hand, and those that are marginal, subordinate and lacking in power, on the other. It also enables us to discern how dominant masculinity is reliant on other subject positions such as race, age, ethnicity, sexuality, class and caste for its hold on power. However, to think of men only in terms of dominant or subordinate is to encourage a polarity with hegemonic masculinity at one end of the pole, and marginal/subaltern masculinities at the other end, with nothing in between. It also fosters the idea of hegemonic masculinity as monolithic.

Recent studies on masculinities have shown, on the other hand, that there are multiple forms or styles of dominance, as well as many standards and ethical principles on masculinity in societies (de Neve, 2004). De Neve (2004, p.63), for instance, draws attention to the fact that each society has plural ideals of masculinity that are 'recognized and embodied to varying extents by different men.' This alerts us to the fact that men do not behave the same way everywhere and all the time. Rather, they 'enact masculinities in a flexible manner and…draw on a range of ideals' (de Neeve, 2004, p.65) available to them. It is possible, therefore, to view the data from the CARE study in line with such analyses, as there are times when male respondents display highly controlling behaviours relating to women, and at other times are supportive and respectful of women. Masculinity is, thereby, constituted by its 'aspects' or 'components' that have to be studied in their particular social contexts and locations (de Neeve, 2004, p.92), as well as the temporal and generational settings in which they occur.

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4 School text books are primary sites of gender construction. In Sri Lankan schools, gender is first introduced as a topic to school children in grade six, under the subject 'Life Competencies and Citizenship Education' (Educational Publications Dept., 2011). At the start of the text book (p.1) the nuclear family is drawn as father, mother, son and daughter; with the father and son taller than the mother and daughter. Stereotypical gender roles are also normed through statements such as 'My father's wife is my mother. She looks after us,' and 'My mother's husband is my father. He is a clerical officer' (p.4).

5 The tabulation was made according to the GEM Scale which is described later in the chapter.

3.2 Attitudes: Gender norms, gender relations and intimate partner violence

The GEM Scale, which was originally developed from studies of low-income males in Rio de Janeiro and has since been tested in numerous countries around the world, examines several key items comprising a variety of attitudinal statements designed to assess male and female views on gender norms.[6] Based on this scale, a gender-equitable man is categorized as one who:

- **seeks relationships with women based on equality, respect and intimacy rather than conquest;**
- **seeks to be involved in household duties and childcare, reflecting acceptance of financial and care-giving responsibilities towards children and the household;**
- **assumes some responsibility for sexually transmitted infection prevention and reproductive health in their relationships;**
- **opposes violence against women under all circumstances; and**
- **opposes homophobia and violence against homosexuals.**

For the CARE Sri Lanka study, the GEM Scale was adapted to include 11 items to assess the views of the male and female respondents regarding gender roles, gender relations, sexuality and violence against women in society at large. A further 10 questions were incorporated to specifically assess men and women's individual attitudes to relations between men and women.

The following table (Table 3.1) provides the findings of male and female attitudes to gender roles, including masculine and feminine norms, as assessed on the GEM Scale used in the CARE study.

6 See www.popcouncil.org/Horizons/ORToolkit/gem1.htm.

Table 3.1

Men's and women's responses to the GEM Scale

	Percentage of men who agree or strongly agree with the statement	Percentage of women who agree or strongly agree with the statement
A woman's most important role is to take care of her home and cook for her family	57.4	66.9
There are times when a woman deserves to be beaten	26.4	37.5
It is a woman's responsibility to avoid getting pregnant	31.9	54.3
A woman should tolerate violence in order to keep her family together	40.6	58.0
To be a man, you need to be tough	57.0	57.2
Changing nappies, giving kids a bath and feeding the kids are the mother's responsibility	64.3	82.6
Women should accept teasing even of a sexual nature because it is harmless	24.8	20.8
Teasing becomes harmful to women only when there is physical contact	31.6	33.6
To be a man means providing for your family and your extended family	70.0	73.6
It is manly to defend the honour of your family even by violent means	58.2	66.2
A real man produces a male child	25.1	42.5

This data makes clear that a significant majority of men (64 percent) subscribe to the view that child-care is primarily the mother's responsibility, while 57 percent hold the view that women's primary responsibility is that of family and taking care of the home. A majority of men also related manhood to dominance and violence, with 58 percent believing that 'It is manly to defend the honour of your family even by violent means,' and 57 percent agreeing that 'To be a man you need to be tough.' A significant majority of men (70 percent) also accepted masculinity as bringing with it household responsibilities that entailed providing for the family.

When it came to reproduction, however, men showed higher gender equity because only a quarter of the male sample (25 percent) agreed with the statement 'A real man produces a male child.' This indicates that fathering girl children is not perceived by the men as a threat to their masculinity. This is in

contrast to the 42 percent of female respondents who responded that real manhood means producing a male child, indicating the pressure that women place on men to father male children. In line with dominant masculinity's alliance with heterosexuality, however, both male (67 percent) and female (63 percent) respondents believed that it would be shameful to have a homosexual son (see Table 3.2).

Regarding intimate partner violence (IPV), including sexual violence, a moderate to high level of gender equity was expressed by the male respondents. A majority 74 percent disagreed with the statement that 'There are times when a woman deserves to be beaten,' while 59 percent refuted the view that 'A woman should tolerate violence in order to keep her family together.' Seventy-five percent of men also disagreed with the view that 'women should accept teasing of a sexual nature because it is harmless' and 68 percent refuted the statement that 'teasing becomes harmful to women only when there is physical contact.'

Even if the above figures on male attitudes to IPV and VAW indicate over-reporting by men who want to be 'politically correct,' the high rates of disagreement with gender inequitable statements related to IPV and VAW including sexual harassment shows that men are aware of, and recognize, what the ideal, ethical standard on violence against women should be. This provides an opportunity and a space within which to work toward change in men whose violence is as harmful to themselves as well as to women.

Yet, as will be discussed in chapter four on male violence against women and other men, it is also the case that societal attitudes often mitigate against men's willingness — or even necessity — to change. Take for instance the significant contrast in the percentage of males who agreed that a woman should tolerate violence in order to keep the family together (41 percent), in comparison to the much lower percentage of men (26 percent) who agreed with the statement that there are times a woman deserves to be beaten. This points to how when the family unit comes into the equation, the cultural and ideological value placed on the cohesion of the family excuses IPV and thereby absolves men for violence against women. Also noteworthy is that although almost three quarters of the male sample disagreed that there are times a woman deserved to be beaten, only 15 percent of men had participated in community or workplace activities on violence against women. This points to the lack of commitment on the part of employers and community leaders to mainstream such programs and make them compulsory for employees and members of the community. Initiating change in men and preventing violence against women require, therefore, accounting for 'multiple, interconnected factors at the society, community, family and individual levels' (Fulu and Jewkes, 2010, p.15).

Male attitudes to victims of rape, however, showed less gender equity (see Table 3.2). Fifty-five percent of men agreed with the statement 'I think that in any rape case, one would have to question whether the victim is promiscuous or has a bad reputation.' Moreover, a significant 79 percent of males agreed with the statement 'I think that some women ask to be raped by the way they dress and behave.' Reasons that underwrite these attitudes and the risk factors that increase the propensity of male perpetration of sexual violence are discussed in detail in chapter four.

Data from the CARE study also shows attitudes that indicate a propensity amongst its male respondents toward medium to strong control over women particularly relating to marital and sexual relations, women's dress and mobility. A high proportion of men (78 percent) subscribed to the view that a woman should obey her husband, with Colombo (92 percent) and Hambantota (97 percent) recording the highest percentages. Fifty-eight percent of all men also agreed with the view that 'a woman cannot refuse to have sex with her husband.' These attitudes are reflected in men's actual controlling behavior over their intimate partners. For example, 63 percent of men reported that when they want sex they expect their partners to agree. Moreover, 55 percent of men reported that they won't let their partner wear certain things; 57 percent of them noted that they tell their female partners who they can spend time with; and 55 percent reported that they want to know where their female partner is all of the time.

Table 3.2

Men's and women's attitudes toward gender relations

Perceptions about gender relations	Percentage of men who agree or strongly agree with the statement	Percentage of women who agree or strongly agree with the statement
I think that a woman should obey her husband	78.1	87.3
I think that a man should have the final say in all family matters	40.4	42.6
I think that men should share the work around the house with women such as doing dishes, cleaning and cooking	74.9	77.2
I think that a woman cannot refuse to have sex with her husband	58.2	67.4
I think that when a woman is raped, she is usually to blame for putting herself in that situation	29.8	31.9
I think that if a woman doesn't physically fight back, it's not rape	43.3	44.3
I think that it would be shameful to have a homosexual son	67.2	62.8
I think that in any rape case, one would have to question whether the victim is promiscuous or has a bad reputation	55.0	67.3
I think that some women ask to be raped by the way they dress and behave	79.1	75.1

Male attitudes were more gender equitable on reproductive issues, equal wages, children's education, women's associations and entry into politics. Sixty-eight percent of men disagreed that 'it is a woman's responsibility to avoid getting pregnant' pointing, by and large, to an acceptance by men of their own role in planned parenthood, while 87 percent agreed that women are as competent as men and should be paid equally for their labour. A significant 84 percent of men disagreed with the view that sons should be more educated than daughters, signaling their commitment to children's education in general irrespective of gender. Sixty-four percent of men also supported their wives or girlfriends being active in women's societies;[7] 70 percent of men agreed with the statement that more women should be in public decision making roles; and 62 percent of men reported that they support the greater participation of women in coming forward at elections.

7 Women's community based organizations (CBOs) are very common particularly in rural areas in Sri Lanka, have a large women's membership, and are a primary source of micro-credit for women (Leitan & Withanachchi, 2012)

3.3 Producing masculinity: Women's consensus

Chopra, Osella and Osella (2004, p.13) note that women may 'act as agents with regard to men' and shape masculinities 'by supporting certain components, condemning or remaining neutral on others, and outrightly denying manhood to some men.' The CARE study not only provides evidence that this is the case, but also points to the areas (or components of masculinity) that women actively encourage, condemn or remain neutral on — which, in effect, privileges the status quo. As measured on the GEM Scale, the higher rate at which the female respondents agreed with gender inequitable statements than men indicates the extent to which women encourage and reinforce gender norms that link women to household duties and childcare, and accept men as patriarchal heads of households.

As illustrated in Table 3.1, 67 percent of female respondents (compared to 57 percent of men) agreed that a woman's most important role is to take care of her home and cook for her family, and 83 percent of women (compared to 64 percent of men) were of the view that changing nappies, bathing and feeding children is the mother's responsibility. An equal number of women and men (57 percent) believed that 'To be a man you need to be tough' and 43 percent of women (the male response was 25 percent) declared that 'A real man produces a male child.' A significant 74 percent of women (compared with 70 percent of men) agreed with the statement 'To be a man means providing for your family and your extended family,' while 66 percent of women (and 58 percent of men) affirmed that 'It is manly to defend the honour of your family even by violent means.'

Some of these attitudes foreclose men's equal partnership relating to childcare and household duties. Take for instance the 83 percent of females (compared to 64 percent of males) who believed that feeding, bathing and changing nappies of children were women's responsibilities, pointing to a matriarchal consensus that when it comes to childcare (which cannot be reduced to the biologically determined function of breastfeeding but also includes infant and child minding, etc.), women accepted more responsibility than the men endowed upon them, thereby normalizing the lack of joint parenting in infant and primary care. This was supported by anecdotal evidence of a male interviewed for this study who complained that even when he wanted to bathe his infant daughter, he was not permitted to do so by his wife and mother-in-law who saw this as their area of expertise.[8] Evidence from the CARE study did indicate, however, that men spend more time with older children. As table 3.3 shows, 86 percent of male respondents stated that they play or engage in activities with their children, 66 percent reported that they talk to children about personal matters and 74 percent of men stated that they help their school-going children with homework.

8 Interview with P., Colombo, October 2012

Table 3.3

Men's engagement with children

Male survey	Never Percentage	Sometimes Percentage	Often Percentage	Very often Percentage
Play or do activities with the children?	13.9	57.0	23.1	6.0
Talk about personal matters with the children, such as their relationships, worries or feelings?	33.5	52.2	12.0	2.4
Talk to your children about sex/sex education?	85.9	12.5	1.2	0.4
Help any of the children with their homework?	26.0	50.8	14.6	8.5

Similarly, with regard to IPV and sexual violence, the responses of the female participants reflect an equal or deeper acceptance than men of social and cultural attitudes that discriminate against women. Thirty-eight percent of women (compared to 27 percent of men) agreed with the view that there are times when a woman deserves to be beaten, and 58 percent of women (the corresponding men's figure was 41 percent) believed that a woman should tolerate violence in order keep the family together. As measured on the GEM Scale, a similar proportion of women (21 percent) and men (25 percent) agreed with the statement that 'Women should accept teasing even of a sexual nature because it is harmless.' Men and women's agreement with the statement 'Teasing becomes harmful to women only when there is physical contact,' was also comparable, with 34 percent of women and 32 percent of men agreeing.

Women also hold gender-inequitable attitudes in regard to rape myths (see Table 3.2), with a slightly higher percentage of women (32 percent) than men (30 percent) agreeing that 'when a woman is raped, she is usually to blame for getting herself into that situation.' Moreover, both women (44 percent) and men (43 percent) agreed with the statement that 'if a woman doesn't physically fight back, it's not rape' in almost equal measure. Two thirds of the female sample (67 percent), as opposed to 55 percent of men also affirmed that 'in any rape case, one would have to question whether the victim is promiscuous or has a bad reputation,' and 75 percent of women (and 79 percent of men) reported that 'some women ask to be raped by the way they dress and behave.'

These attitudes place the burden of their own security on women themselves, absolve men of the responsibility for their own actions including the perpetration of violence, and support violence against women for the sake of family unity and honour. Women who subscribe to these gender norms thereby support and reinforce hegemonic masculinity by consent.

3.4 Household responsibilities

In its Programme of Action, the 1994 UN International Conference on Population and Development (ICPD) in Cairo recommended that governments promote the equal participation of men and women in all areas of family and household responsibilities including joint parenthood. Subsequent studies (IMAGES Survey, 2010) took note of this platform of action to incorporate the perceptions of men and

women on the division of household duties and spousal communication as key areas of inquiry in its comprehensive household survey. The CARE survey followed this line of inquiry and incorporated questions on equitable participation in household duties, childcare and parenting.

Responses to the statements designed to map men's attitudes to women's roles within the household revealed that 57 percent of males agreed that a woman's most important role is to take care of her home and cook for her family. While the percentage of men who were in agreement with this was almost equal in the Colombo, Batticoloa and Hambantota districts, it was higher (62 percent) in the Nuwara Eliya district, reflecting a stronger cultural pattern of patriarchy amongst the plantation workers. Although 75 percent of men, as measured on the GEM Scale, agreed with the statement 'I think that men should share the work around the house such as doing dishes, cleaning and cooking,' as measured on the housework sharing scale, 70 percent of men reported that it is usually or always their partner who prepares food, 59 percent stated that it is usually or always their partner who cleans the house, 67 percent reported that it is usually or always their partner who washes the clothes and 52 percent noted that it is usually or always their partner who takes care of the children. Taking into account all of the above activities, 62 percent of males of the CARE survey reported that their wives or girlfriends do more of the housework than themselves.

Table 3.4

Male participation in household duties

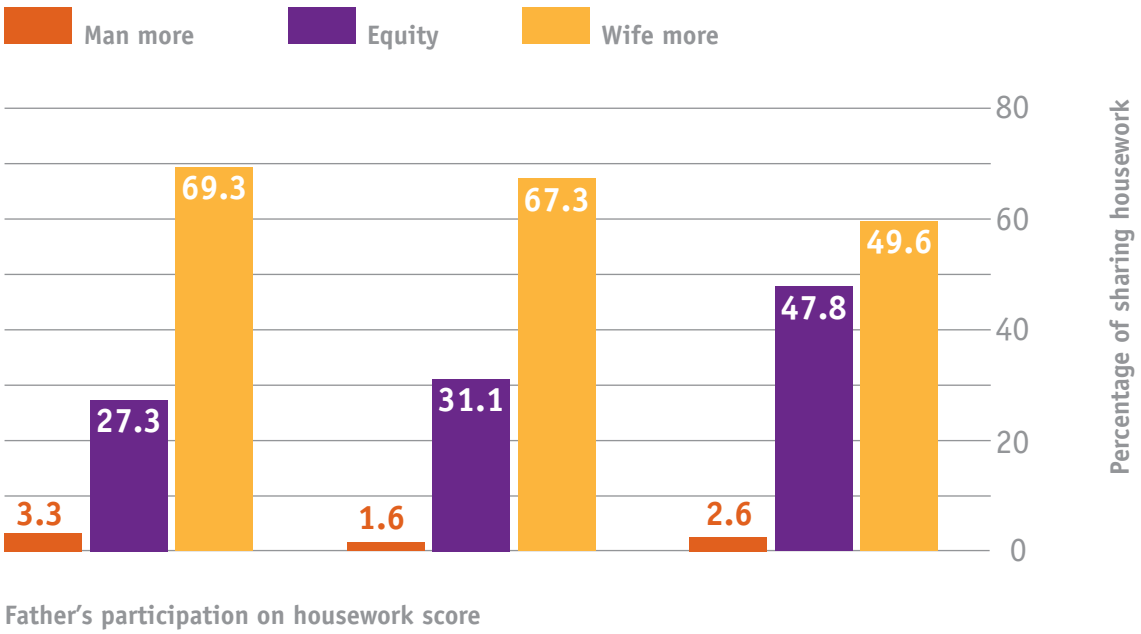
Not including any help you receive from others, how do you and your partner divide the following tasks?	**I do everything** Percentage	**Usually me** Percentage	**Shared equally or done together** Percentage	**Usually partner** Percentage	**Partner does everything** Percentage	**Neither of us do/ not living together** Percentage
Preparing food	1.6	2.1	23.6	49.8	20.7	2.1
Cleaning the house	2.0	3.1	32.8	42.9	16.5	2.7
Washing clothes	1.8	1.8	27.0	41.0	25.9	2.5
Taking care of the children	0.8	2.4	39.1	34.7	17.3	5.8

In the IMAGES Survey (2010) it was found that younger, educated men, and men who had fathers who engaged in domestic household work were more likely to be involved in domestic duties themselves; and that nearly half the men surveyed in all sites in countries such as Brazil, Chile, Croatia, South Africa, Mexico and Rwanda stated that they played an equal or greater role in one or more household duty (albeit a task traditionally associated with men) compared to their female partners, with the exception of India. The CARE study supports evidence that men who had fathers who did household work were more likely to engage in, and share, housework themselves. Sixty-one percent of male respondents of the CARE survey reported that their fathers sometimes prepared food, 63 percent noted that their fathers sometimes cleaned the house, 57 percent stated that their fathers sometimes washed clothes, 50 percent reported that their fathers sometimes looked after them or their siblings and 44 percent reported that their fathers sometimes did the marketing, while 47 percent noted that their fathers did the marketing often/very often. Out of the men who reported that their fathers frequently engaged in household duties, only 49 percent claimed that their wives or girlfriends usually do the housework. However, 69 percent of men who stated that their fathers rarely participated in household work reported

that their wives or girlfriends usually do most of the housework (see Figure 3.1). This provides clear evidence that men whose fathers shared, or sometimes engaged in, household duties did more housework themselves — pointing to the importance of parenting role models in transmitting practices and attitudes to gender equity in the household.

Figure 3.1

Housework sharing 'inheritance' graph (male survey)



3.5 Decision-making

Equity in decision-making has long been accepted as an indicator of gender equality. It indicates mutual support and provides women a space to exercise agency, choice and responsibility. In being able to engage in respectful, congenial discussions with spouses and intimate partners over important issues pertaining to household finances, resource development, children's education and family health, equity in decision-making leads to increases in both men's and women's self-esteem and overall positive family well-being.

Data from the field relating to gender equity in decision-making in the household is mixed. While 76 percent of men reported that they were the heads of their households (compared to 6 percent of women reporting the same),' Sixty percent of men disagreed with the statement that 'a man should have the final say in all family matters' (see Table 3.2). This points to how in family matters (usually understood as related to caregiving, raising children, domestic servants, neighbourhood relations, daily household expenditure, etc.), which are treated as within the private, feminized domain, there is a propensity in men towards a less patriarchal form of decision-making within the household. Fifty-five percent of men also reported that equal decision-making occurs regarding the final say on the health of the women in their own family, while 73 percent of men reported that both partners decide equally on who usually has the final say on children's school activities. Sixty-six percent of men also stated that both partners decide equally on who usually has the final say about decisions involving how the family spends money on food and clothing, and 70 percent of men reported that both partners decide equally on how the family spends money on large investments such as buying vehicles or household appliances. The data

also indicates that apart from decisions about large investments, household decisions were more likely to be made by women than men, in cases where the decisions were not equally shared.

As noted before, 70 percent of men also agreed that women should be in public decision-making roles, and 62 percent supported the greater participation of women at elections implying their support of women as decision makers relating to public policy and the legislature. These figures are important to note in the context of increased advocacy in Sri Lanka of greater participation of women in political representation.

Table 3.5

Decision-making in the home

Male survey	Yourself Percentage	Wife/ partner Percentage	Both equally Percentage	Other member of household Percentage
Who in your household usually has the final say regarding the health of women in the family?	11.1	31.7	54.7	2.6
Who in your household usually has the final say about decisions involving your children (their schooling, their activities)?	9.6	16.9	72.8	0.7
Who has the final say about decisions involving how your family spends money on food and clothing?	13.0	18.7	65.7	2.7
Who has the final say about decisions involving how your family spends money on large investments such as buying a vehicle, a house or a household appliance?	23.8	4.5	69.6	2.0

As measured on the GEM Scale, however, men's attitudes regarding decision-making were less equitable. Fifty-six percent of men reported that they have more to say than their wives or girlfriends about important decisions that affect them. Moreover, 79 percent pegged decision-making to being the head of a household, marking it as the second most decisive factor in whether the male or female is the head of household (86 percent of males stated that household leadership should be decided on income generation).

The above data indicates that when questions on decision-making are asked as attitudinal statements, a majority of men agree with prescribed gender norms that expect men to be the decision makers and women the followers, but in their individual lives and intra-household relations, men leave room for negotiation and mutual decision-making with intimate partners. Connell (1995 and 2005, p.79) notes that, 'Marriage, fatherhood and community life often involve extensive compromises with women rather than naked domination or an uncontested display of authority.' Scholars (Walle, 2004, p.109) also point to how 'the dynamic interplay between what people do on the one hand, and the perceptions and values that they attach to everyday activities on the other, allows for frequent change and adjustment of both their activities and their perceptions and values.' This affirms, once again, that 'becoming a householder remains part of a generalized masculine...hegemonic ideal against which actual male

performances [must be] measured which [also] serve to structure other aspects of life such as education, housing and kinship' (Chopra, Osella and Osella, 2004, p.16).

3.6 Dowry

Obtaining dowry upon marriage was not a significant factor amongst the male respondents of the CARE survey, 85 percent of whom stated that they do not feel dowry is important and 69 percent of whom reported that their marriages did not involve dowry. Of the cohort whose marriages did involve dowry, 75 percent of men reported that, where dowry houses were given, the property was not in his name, and 70 percent of men stated that where money was given, it was deposited solely in the wife's name. This points to several aspects of marriage customs and property ownership in Sri Lanka. To begin with, in many instances, owners do not hold legal titles to inherited property so that it is possible that neither the man nor the woman possess title of the property they enjoy by customary rights (Pinto and Almeida-Guneratne, 2010). Second is that as attitudes and marriage customs change, parents are opting to ensure their daughters' security by endowing dowry solely to her, effecting a circumstance under which intended sons-in-law do not, or cannot, insist on the dowry being written in their names.[9]

Data from the CARE study also indicates moderate equity in decision-making on how dowry is spent. Eighty-two percent of men reported that both partners had equal control over how dowry was spent, while 65 percent of women reported the same. The gap in the male and female responses possibly indicates over-reporting by men. Dowry-related violence is still prevalent: a recent study based on the narratives of IPV survivors who sought help at Women in Need (Jayasundere, 2012, p.14) notes that 13 percent of its cases of IPV/domestic violence were over dowry. In the CARE study dowry did not figure as a significant factor in IPV and moderate gender equity was shown in how it was disbursed within the family.

3.7 Complicit and changing masculinities

While not all men adhere to the role model of the dominant male, characterized by authoritarianism, aggression and control of others even by violent means, Connell, 1995 and 2005, pp.79-80) argues that there is another type of complicit masculinity which nevertheless benefits from hegemonic masculinity. Complicit masculinity refuses to take the risks associated with being dominant (i.e., the cost of naked aggression and violent fights), but nevertheless supports the hegemonic project as a passive bystander would, thereby enjoying 'the patriarchal dividend' that hegemonic/dominant masculinity brings.[10] It is this structural privilege men enjoy and gain power from, even without recourse to violence, that was understood in Sinhala culture as evident in the Sinhala proverb 'To the strong man, what use is a club?' (Senaveratne, 1936, p.141).

It is possible, therefore, to see the 55 percent of men who agreed that they control how their partners dress, the 57 percent who declared that they dictate whom their partners can spend time with and the 55 percent who acknowledged that they want to know where their partner is at any given time as complicit males who deploy their gender and the structural advantages they enjoy as men to control women, even if they do not use violence. It is noteworthy that in relation to the same battery of questions, the female respondents reported less male controlling behaviour than the men: Only 39 percent of women noted

9 This does not mean that sons-in-law always remain uninterested in dowry property, or that men do not control property in other ways. McGilvray and Lawrence (2010, p.109) and Osella and Osella (2006, p.3) make this point in their discussion of matrilocal inheritance patterns in the Batticoloa district, and the Hindu karanavan matrilineal system, respectively.

10 Such complicity also compels men to look away when other men perpetrate violence. Only 45 percent of men in the CARE sample stated they would intervene if they saw a male friend use physical or sexual violence against a woman; while the figure dropped to 32percent in the case of a stranger engaged in VAW.

that their male partners do not permit them to wear what they want; 41 percent of women stated that their male partners control who they spend time with and 46 percent stated that their male partners want to know where they are all the time.

How can we understand this discrepancy? On the one hand, the female responses can be interpreted as under-reporting instances of male control over women, or internalizing male control to the extent that it is has become so naturalized that the women no longer feel its impact. It can also be explained in terms of the high rates of female acceptance of gender norms (discussed earlier in this chapter). However, these explanations rob women of agency and perception. As noted above, men make compromises within marriage and community life (Connell, 1995 and 2005, p.79), and adjustments, transactions and negotiations characterize the interplay of what people actually do and the perceptions and values they may hold (Walle, 2004, p.109). In this light, it is possible that issues of dress, mobility and association do not come across to the female respondents of the CARE sample as areas of overt control and masculine aggression but, rather, as matters agreed upon in the spirit of accommodation.

3.8 Conclusion

The data on gender attitudes and practices point to the facts that men's actual behaviours are sometimes more gender equitable than their attitudes, that women uphold and reproduce these inequitable attitudes and that fathers' participation in household duties influences the participation of sons.

Several significant implications arise from this data. As measured on the GEM Scale, male respondents yielded a higher percentage of gender inequitable attitudes than when they were asked about specific practices in their individual everyday lives. This points to how, when asked to respond to gender norms within society that are ideological, a significant percentage of men affirm these norms even if in practice they are more accommodating and/or strategic in their relations with women. This disconnect between men's stated attitudes and their actual behaviours suggests a space for change. As new discourses and practices of masculinity emerge, they necessarily respond to significant changes that have occurred in the lives of both men and women. This includes greater empowerment of women in the public sphere and the induction of women's rights and entitlements as an intrinsic part of the doctrine of human rights.

Yet there is need for caution because, as Vijayan (2004, p.373) notes, while the forms and needs of masculinity may have changed, its interest in the distribution, management and access to power has remained. This explains why, for instance, masculinities that permit agreement on equal decision-making and greater participation of women in public life are not necessarily in direct competition with overtly patriarchal masculinities, which call for women's obedience, the feminization of household duties and the control of women's sexual relations. Rather, it is possible to see these diverse types of masculinities as more or less complicit and cooperative with each other.

A correspondence exists, therefore, between different forms of masculinity so that, even as societies change, patriarchal conditions that enable hegemony or dominance to be masculine (Vijayan, 2004, p.364) are already accommodated into that change. This also explains why there continues to be a masculinization of government, technology and the corporate sphere, even as individual men (as in the CARE sample) show moderate gender equity in their everyday lives and practices in relation to decision-making, control of women's dress and mobility and attitudes to equal pay.

Chapter 4:
Producing force: Male violence against women and men

Main findings

- One in three ever-partnered men reported that they had committed physical and/or sexual violence against an intimate partner in their lifetime.
- One in five ever-partnered men reported committing sexual violence against their intimate partner in their lifetime.
- Men who had experienced childhood physical, sexual or emotional abuse are 1.6 to 2 times more likely to perpetrate violence against their partners.
- While sexual violence most commonly occurred within intimate partner relationships, 6 percent of male respondents reported having perpetrated sexual violence, including rape, against a non-partner woman.
- Perpetration of physical partner violence, engaging in transactional sex or sex with a sex worker, experiencing childhood emotional or sexual abuse, and having multiple sexual partners were all associated with men's perpetration of sexual violence inclusive of rape against a non-partner.
- Most men admitting perpetration of sexual violence stated their first perpetration of the act was when they were 20-29 years of age. Twenty-eight were between 15 and 19 years of age the first time they did this.
- Most men who reported perpetration of sexual violence said that they were motivated by sexual entitlement, while alcohol was the least reported motivation.
- Twenty-eight percent of the male respondents reported experiencing sexual abuse during childhood.
- Four percent of the men reported experiencing homophobic violence and four percent had ever been sexually assaulted by a man.

4.1 Introduction

A variety of standpoints, whether informed by Freudian psychoanalysis or second wave feminism, hold males accountable for violence on the grounds that male bodies and psyches are driven by innate aggression around which masculine identity forms and evolves (Chodorow, 2002, p.255; Connell, 2005, p.45). Recent interventions by social scientists as well as gender activists and scholars locate violence, on the other hand, as a tool invariably used by the dominant gender, thereby linking violence to power (Connell, 2005, p.83), and applicable to both men and women. As Nancy Chodorow (2002, p.252) reminds us 'Aggression is found and develops in non-pathological ways in both sexes.' However, although evidence exists of aggressive women who use force in relation to child-rearing as mothers and schoolteachers, or as mothers-in-law, or inflict violence in war and armed revolutions as members of militaries and militias, this is an area of violence that has been largely silenced and neglected in gender studies.[11] Such incidents of female violence are perceived to be low even as the crisis and magnitude of male violence against women elicited international attention and support at least since Beijing in 1995. Therefore, the predominant recent focus of gender practitioners and scholars has been on male violence against women.

This focus has also stemmed from the fact that it is men who are, more often than not, armed and empowered by society, culture, the state and the law and therefore have access to the use of force. Men thereby become the predominant perpetrators of domestic, sexual, military and urban violence and because they are 'authorized by an ideology of supremacy' (Connell, 2001, p.44). But men use violence not only to maintain their dominance over women but also over other men whose difference (ethnicity, race, class, caste, sexual) threatens hegemonic masculinity. In this way violence assumes significance within gender politics amongst men themselves (ibid).

Male violence is also related to structural inequities. Muggah (2012, p.30) notes that the existence of poverty, inequities of income, and unequal access to economic opportunities, labour markets, health and education services lead to male on male violence so that, globally, men are more likely than women to be killed in fatal attacks in public spaces — both in urban and rural settings — as well as marginally more vulnerable than women to violence in urban settings. Evidence highlighted in urban studies also shows that men in urbanized cities tend to experience more physical assault and violent robbery than women, although women suffer a high degree of sexual violence perpetrated by men (ibid).

The impact of male on male violence in both urban and rural settings in Sri Lanka is yet to be comprehensively studied. The available national literature on gender-based violence has predominantly addressed the vulnerability of women and girls to male violence. This literature has provided valuable evidence of a variety of violent acts and contexts from sexual abuse of adolescent girls to rape, IPV and violence in armed conflict (Shanmugam and Emmanuel, 2010; Wijayatilake, 2004; Jayasundere, 2012; Loganathan and de Silva, 1999). Recent studies on domestic violence have shown that men perpetrate violence for varying reasons including intoxication, victim's dependency, sexual entitlement, jealousy and interference by the victim's family (Jayasundere, 2012, P.14). Sexual entitlement and threats to household leadership (by the extended family, for instance) also have a direct bearing on men's sense of masculinity that they often defend, thereafter, through violence.

The link between masculinity and violence often comes across to women victims as pre-existing and self-evident. Thirty-five percent of women who participated in the study on domestic violence by Women in Need (WIN) stated that 'violence takes place because the perpetrator is generally violent and needs no reason to be violent towards the victim survivor' (ibid). This points to both the internalization by women that men are inherently violent and a structural context in which male violence is naturalized and normed also because the state, the law and the community are lax, or at least inconsistent, on

11 In this respect the Women in Need (WIN, 2012) study on domestic violence, which out of 796 cases found 1 percent of wives and 2 percent of mothers-in-law to have used violence, is an important intervention in the Sri Lankan discussion on gender-based violence (Jayasundere 2012, p.6).

punishment. Evidence from the CARE study speaks to all of these issues. This chapter builds on, and complements, existing studies on male violence against women, but also highlights the neglected but important aspect of male on male violence to locate the prevalence of gender-based violence and map the reasons, tendencies, experiences and motivations of men who resort to force.

4.2 Male violence against women: Prevalence of intimate partner violence

The term intimate partner violence (IPV) refers to physical, sexual, economic or emotional violence by a current or former spouse or partner. The WHO defines IPV as any 'behaviour in an intimate relationship that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours.'[12] This section focuses on men's use of economic, emotional, physical and sexual violence against a female intimate partner. Operational definitions of IPV used in this survey are presented in the methodology chapter.

Table 4.1

Percentage of ever-partnered men reporting perpetration of physical partner violence

Any physically violent act (ever)	24.2
Any physically violent act (12 months)	5.0
Slapped	12.7
Pushed/shoved	19.0
Hit with fist	6.8
Kicked, dragged, beaten	2.5
Threatened or used weapon	2.2
Physical abuse: never	75.8
a few times	14.6
many times	9.6
Total number of partnered men	1132

In the CARE sample, 24 percent of ever-partnered men aged 18–49 years admitted to perpetrating physical IPV of which pushing and shoving (perpetrated by 19 percent of males) and slapping (perpetrated by 13 percent of men) were the commonest forms (see Table 4.1). Twenty-one percent of ever-partnered female respondents reported experiencing physical violence by a male intimate partner, corroborating the prevalence reported by men. This reinforces previous studies (Jayasuriya, Wijewardene, Axemo, 2011, p.8), which also ascertained that the majority of cases of male physical violence against women consisted of hitting, kicking, dragging, choking and burning. In the CARE study, 5 percent of men reported that they had committed physical violence against a partner in the last 12 months.

12 World Health Organization, 2005

Table 4.2

Percentage of men reporting perpetration of sexual partner violence, among ever-partnered men

Any sexually violent act (ever)	19.78
Any sexually violent act (12 months)*	5.72
Physically forced sex	12.72
Had forced sexual relations when you knew she didn't want to, but you thought she should agree because she was your wife/girlfriend (male)	10.54
Forced to watch pornography	6.04
Forced to do something else sexual	7.16
Total number of partnered men**	1092

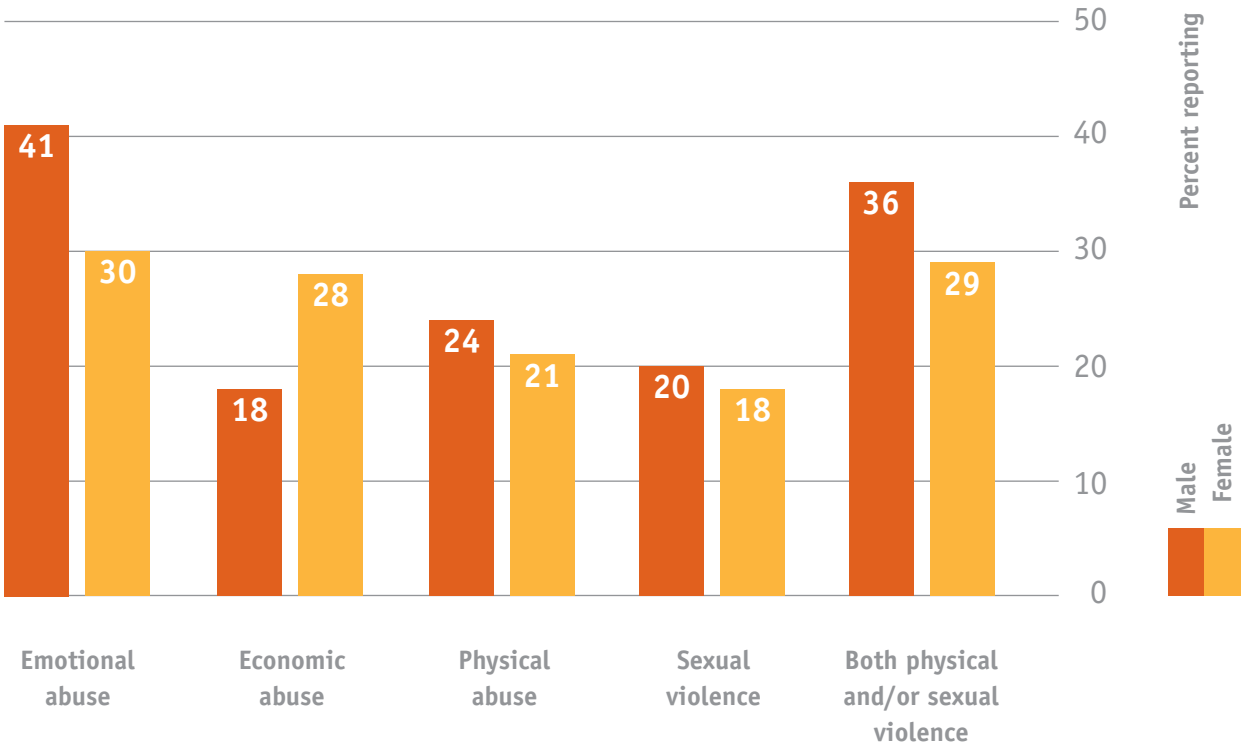
* Number of people who responded to this question is slightly less than number of ever-partnered men due to some refusals

** Number of respondents for sexual partner violence is slightly less than those for sexual partner physical violence due to some refusals.

One in five (20 percent) ever-partnered men aged 18–49 years reported perpetration of sexual violence against intimate partners, which will be discussed in detail later in the chapter. The most common form of sexual violence was physically forcing a partner to have sexual relations against her will which was perpetrated by 13 percent of ever-partnered men (see Table 4.2).

Figure 4.1

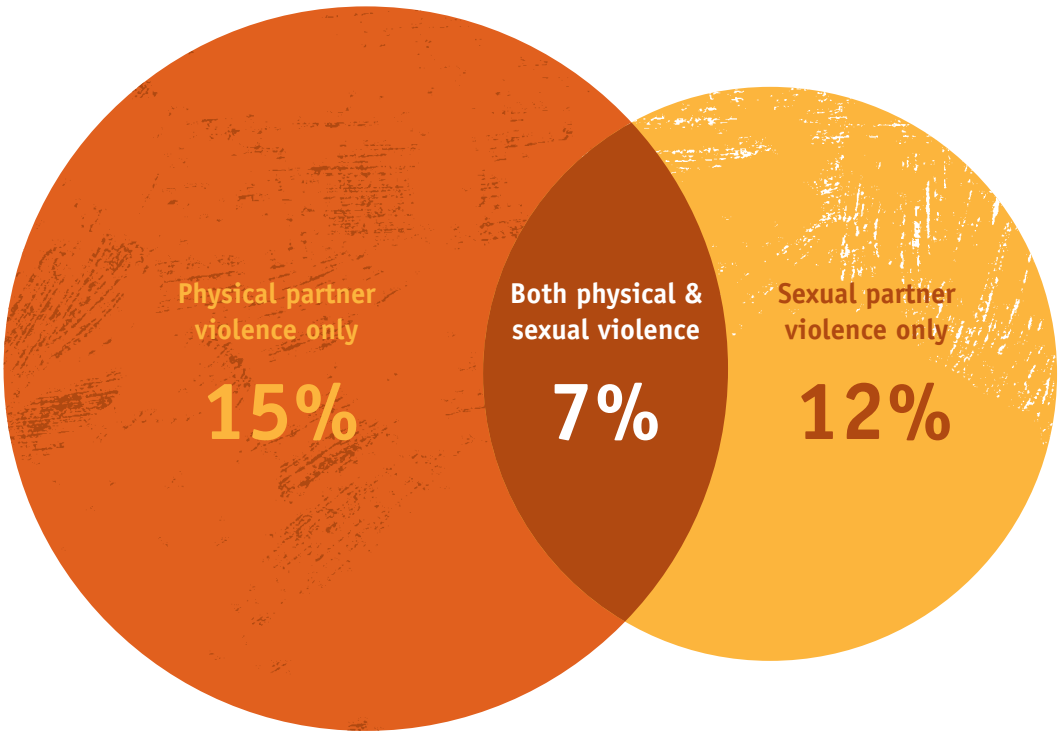
Prevalence of lifetime male perpetration and female experience of IPV, amongst ever-partnered men and women



Overall, one in three ever-partnered men (36 percent) reported that they had committed physical and/or sexual violence against an intimate partner in their lifetime. This is supported by 29 percent of ever-partnered women who reported experiencing such violence. In the CARE study, the data shows that there is some overlap between physical and sexual partner violence perpetration as shown in Figure 4.2. Looking at the group of men who reported perpetrating physical or sexual violence we find that they are more likely to perpetrate physical violence on its own, rather than sexual violence alone. Twenty-two percent of men who had perpetrated violence had used both physical and sexual violence against a partner.

Figure 4.2

Overlap of physical and sexual partner violence perpetration



Forty-one percent of men in the CARE sample also admitted to emotionally abusing their intimate partners, with 31 percent admitting to the use of intimidation and threats against their partners (see Table 4.3).

Table 4.3

Percentage of men reporting emotionally abusive acts

	Male Percentage
Any emotionally abusive act (ever)	40.7
Any emotionally abusive act (12 months)	14.3
Insults	14.6
Belittlement/humiliation	10.9
Intimidation/ scaring	30.9
Threats of harm	17.8
Hurt others as a way of hurting her	9.6
Emotional abuse: never	59.3
a few times	19.5
many times	21.1
Total number of partnered men	1131

Eighteen percent of males also reported economic abuse of their partners, consisting of preventing their partners from going out for employment, taking the partner's earnings and spending money on alcohol or tobacco on themselves even when there were insufficient funds to run the household (see Table 4.4).

Table 4.4

Percentage of men reporting economic abuse

	Male Percentage
Any economically abusive act (ever)	18.0
Any economically abusive act (12 months)	6.4
Prohibited from work	9.0
Male partner has taken her earnings against her will	6.4
Thrown partner out of house	5.1
Kept money for self	8.1
Economic abuse: never	82.0
a few times	13.4
many times	4.6
Total number of partnered men	1131

4.3 Drivers or risk factors associated with IPV

Table 4.5

Male perpetration of physical and/or sexual partner violence, by age, education, marital status and income

	Lifetime physical and/or sexual partner violence Percentage	Current physical and/or sexual partner violence Percentage
Total (among all ever-partnered men)	36.0	20.3
Age		
18–24	19.0*	11.4*
25–34	35.0	23.3
35–49	37.4	21.8
Education		
None	14.3	
Primary	29.7	
Some secondary	34.7	
Secondary complete	30.8	
Tertiary	34.9	
Current relationship status		
Currently married	37.8*	
Currently cohabiting	20.0	
Currently has partner but not living together	19.9	
Previously married	47.1	
Previously partnered	16.0	
Income		
Low	32.7	
Lower-Medium	35.3	
Upper/high	37.5	

* Statistically significant difference in rates of IPV perpetration within demographic group.

Taking demographic characteristics associated with intimate partner violence perpetration into consideration, variation in rates of violence within different age groups and different types of relationships is evident. The older a man gets the higher the rate of lifetime perpetration of partner violence. This does not mean that older men use more violence, but this finding is expected because the older a man is the more times he has had to potentially perpetrate violence against a partner. To see if older or younger men actually perpetrate more violence the current rate of violence perpetration in the last 12 months is crucial. As we see from table 4.5, men aged 25–34 years have, in fact, the highest rate of current perpetration of partner violence. The youngest age group has the lowest rate of perpetration, most likely because the majority have not been married and are not yet in cohabiting relationships.

There is little variation in the rates of IPV perpetration by income group, although the rates are slightly higher among the men in the highest income group. For example, in the lowest income group, the prevalence of IPV perpetration is 33 percent and in the highest groups it is 38 percent. This data dispels a common assumption that IPV has a greater occurrence amongst low-income groups. (When it came to income as a variable, the CARE sample as a whole fell within the lower middle-class category with income between Rs. 6,000 (US$ 47) to Rs. 20,000 (US$ 157) a month.)

The CARE study found no statistically significant variation in the rates of IPV perpetration by education level. However, rates of violence are somewhat lower in the lower education groups, dispelling the notion that poorer educated men are more violent. It is significant, however, that 35 percent of men who reported perpetration of IPV, and 9 percent of men who reported perpetration of non-partner sexual violence had completed tertiary education. This resonates with a 2006 study of undergraduate male medical students that found that 33 percent of respondents justified wife-beating, 63 percent stated that women bore the larger proportion of blame for violence against them and 23 percent stated that occasional violence by a husband against his wife could help maintain their marriage (Jayatilleke, et al.,2010, p.93). These findings indicate the need for programming interventions in schools, universities and other tertiary educational institutions towards the prevention of gender-based violence.

There are several drivers or risk factors associated with IPV as found in the CARE study. To explore factors that either increase or decrease the risk of a man perpetrating partner violence, multivariate logistic regression was conducted. The CARE study tested several variables for correlation to male perpetration of IPV including gender attitudes, education, health, household decision-making, income, experiences of childhood trauma and others. A model showing all the factors that were found to be statistically associated with men's use of violence against an intimate partner is presented in Table 4.6. The adjusted odds ratios (aOR) show the increased likelihood that a man will perpetrate IPV if a particular characteristic is present.

Attitudes of men and women as measured on the Gender Equitable Men (GEM) Scale point to high levels of acceptance by both men and women of masculinized violence and the use of male force in both domestic and community contexts. As discussed in the previous chapter, the majority of both men and women in the districts under study believe that masculinity is linked to toughness and violence. These standpoints provide the foundational conditions upon which physical and/or verbal violence within the home and community can take place. As noted in chapter three, female attitudes toward these statements prevailed at a higher rate, pointing not only to women's acceptance of men as the dominant gender but also the suitable sex to mete out force.

Several of the attitudes reinforcing violence in the domestic sphere, are related to the use and tolerance of violence against women, and acceptance of male dominance within the household. Twenty-six percent of men and 38 percent of women in the CARE sample agreed that 'there are times or apt circumstances under which it is all right to beat a woman,' and 41 percent of men and 58 percent of women stated that 'a woman should tolerate violence to keep the family together.' Seventy-eight percent of men and 87 percent of women declared that 'women should obey their husbands,' while 40 percent of men and 43 percent of women noted that males should have the final say in family matters.

Men's controlling behaviour, as assessed using the relationship control scale, was found to be a strong correlate of violence perpetration reflecting the ground conditions that condone, if not act as, drivers of violence. Men who quarrelled frequently with their partner were also more likely to use violence, compared with men who rarely quarrelled. This indicates that programmes on interpersonal communication and conflict resolution within relationships may have some positive implications for reducing violence.

Levels of empathy, tested in regards to concern for others less fortunate, protectiveness toward others when they are being taken advantage of, sensitivity to life around them and soft-heartedness yielded results that showed that men who have higher levels of empathy are less likely to perpetrate violence against an intimate partner. Twenty-seven percent of those who were at the highest level of the empathy scale and 40 percent of those who had the lowest empathy were found to have perpetrated sexual violence — pointing to the fact that high empathy is a protective factor against intimate partner violence perpetration against women. High empathy is something that can be promoted, therefore, in advocacy around protection against VAW.

Parenting models and men's own experience of child abuse were other variables that were considered in the analysis. Men's experiences of trauma as children play a strong role in both the inter-generational transmission and recurrence of violence. The CARE study found that men who have experienced physical, sexual or emotional violence as children are 1.7 to 2 times more likely to perpetrate violence against intimate partners than men who have not experienced such abuse as children. For example, 41 percent of the men who had been beaten as a child perpetrated IPV themselves in adulthood compared to only 19 percent of men who had perpetrated IPV but had not been beaten as a child. While not all boys who have experienced violence become perpetrators, studies (Straus and Gelles; Jaffe, et al. cited in Jayasinghe, Jayawardena and Perera, 2009, p.275) have shown that boys who have witnessed or suffered violence are more likely to become perpetrators of violence themselves as men. This points to the need for violence prevention programmes to focus on promoting non-violent childhood experiences.

Table 4.6

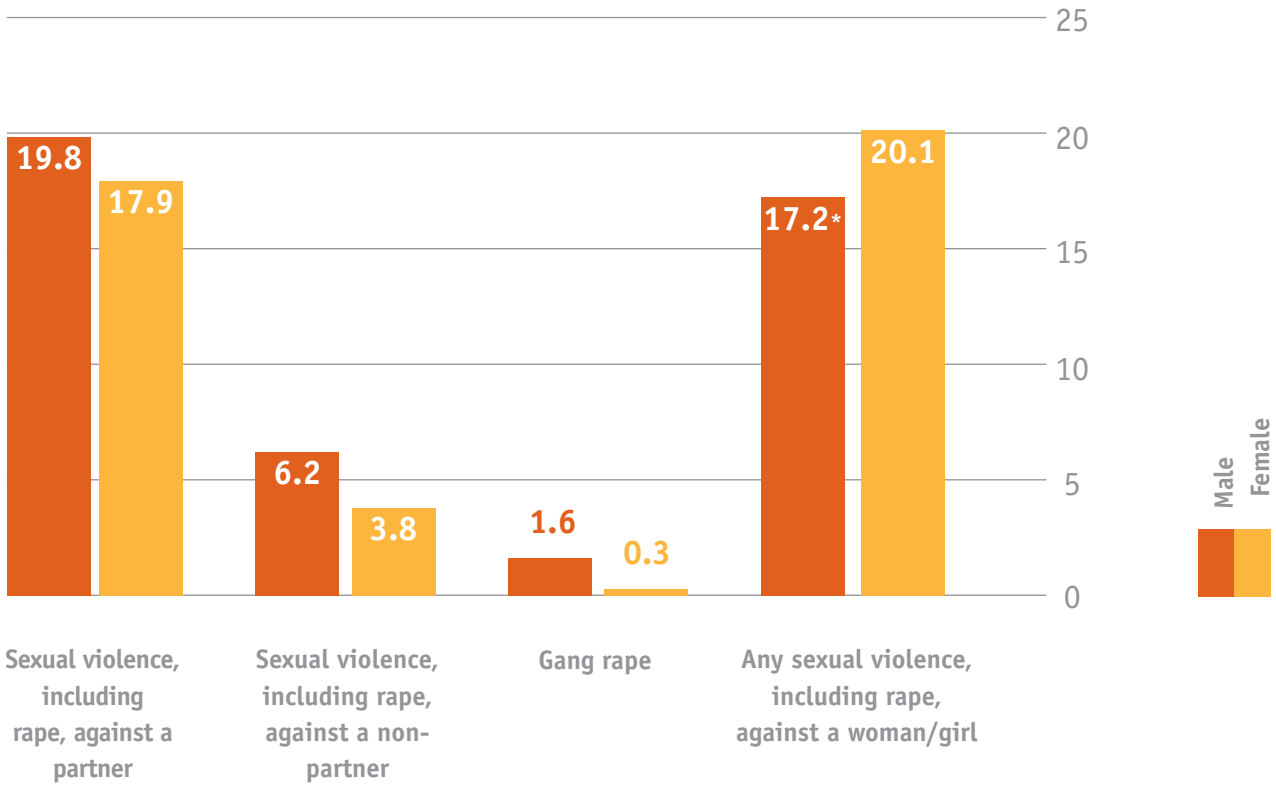
Risk and protective factors (for men's physical and sexual IPV perpetration adjusted by age and site)

		Percentage of men who have ever perpetrated IPV	aOR	CI		P value
				lower	upper	
Childhood emotional abuse	Yes	46.6	2.02	1.38	2.96	<0.0001
	No	21.8				
Childhood sexual abuse	Yes	46.6	1.65	1.08	2.52	0.022
	No	29.8				
Childhood physical abuse	Yes	40.9	2.02	1.32	3.10	0.001
	No	18.5				
Empathy	Low	39.8	0.90	0.86	0.94	<0.0001
	High	26.9				
Frequency of quarrelling	Rarely	21.5	1.00	1.00	1.00	
	Sometimes	52.4	4.61	3.21	6.62	<0.0001
	Often	64.3	27.47	4.16	181.43	0.001
Controlling behaviour over partner	Least controlling	25.2	1.00	1.00	1.00	
	Mid controlling	32.3	1.77	1.14	2.76	0.012
	Most controlling	43.8	3.55	1.84	6.88	<0.0001

4.4 Sexual violence inclusive of rape perpetration: Prevalence, motivations, risk factors[13]

Figure 4.3

Sexual violence inclusive of rape perpetration by men and victimization by women



* Non-partner and any sexual violence is among all men, whereas intimate partner violence is among ever-partnered men. This is why intimate partner sexual violence appears higher than any sexual violence.

Seventeen percent of males of the CARE sample reported ever perpetrating sexual violence against women or girls including partners and non-partners.[14] This number is inclusive of the men who reported sexual violence against intimate partners and the 6 percent of men who reported ever perpetrating

13 It should be noted that as sexual violence was taken as a part of IPV in the study, many of the figures for sexual violence overlap with IPV.

14 The term sexual violence as used in this report refers to a range of sexual acts, which can include rape, as well as acts that can fall under 'Grave Sexual Abuse.' Under Section 365 (B) of the Penal Code (Amendment) Act 22 of 1995 and Act No. 16 of 2006, grave sexual abuse is defined as 'any act [committed for sexual gratification] by a person by the use of his genitals or any other part of the human body or any Instrument on any orifice or part of the body on any other person, being an act which does not amount to rape under Section 363, in circumstances falling under any of the following descriptions, that is to say — a) without the consent of the other person'. Rape is defined under Section 363 of the penal code as 'sexual intercourse with a woman without her consent even if she is the wife but judicially separated; when the woman's consent has been obtained by the use of force, intimidation or threat; when the woman is of unsound mind or intoxicated from alcohol or drugs; under circumstances of misrepresentation; and with or without her consent if the woman is under 16 years of age, unless the woman is the man's wife and over 12 years of age and not judicially separated'.

sexual violence against a non-partner. This shows that men are more likely to commit sexual violence against an intimate partner than a non-partner. However, as Figure 4.4 shows there is also an overlap between these figures, meaning that 4 percent of males have perpetrated sexual violence against both partners and non-partners.

Figure 4.4

Overlap between partner sexual violence and non-partner sexual violence perpetration

Table 4.7

Percentage of men reporting sexual violence against a non-partner

	Male Percentage
Any non-partner sexually violent act (ever)	6.2
Physically forced sexual relations	4.6
Forced sexual relations when woman was too drunk or drugged to refuse	1.9
Gang rape	1.6
Total number of men	1440

Table 4.8

Non-partner sexual violence perpetration by age, education, marital status and income

	Non-partner sexual violence perpetration
Total number (all men)	
Age	
18–24	3.8%*
25–34	8.2%
35–49	6.8%
Education	
None	6.3%
Primary	2.7%
Some secondary	6.3%
Secondary complete	6.1%
Tertiary	8.7%
Income	
Low	6.5%
Lower-Medium	7.8%
Upper-high	5.0%

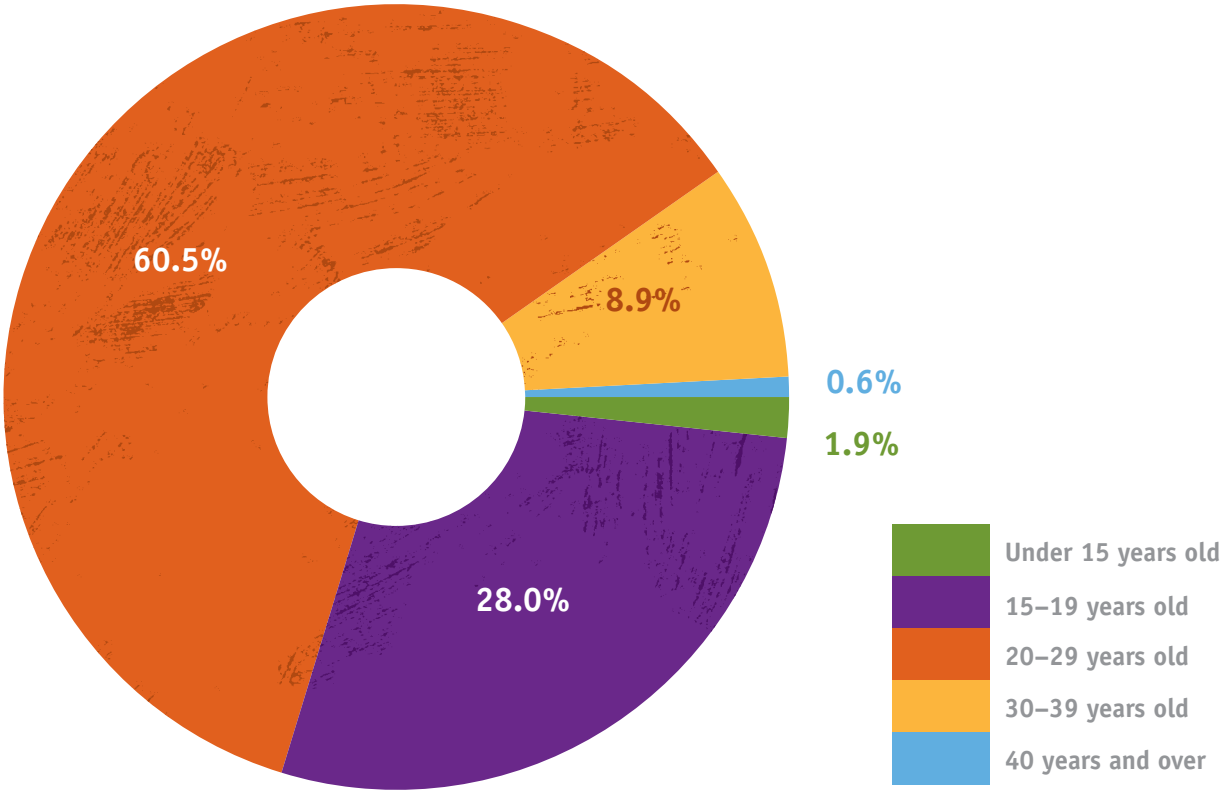
* Statistically significant difference in rates of IPV perpetration within demographic group.

Table 4.8 shows the rates of non-partner sexual violence perpetration in relation to different demographic characteristics. As expected, men of a younger age have a lower rate of lifetime perpetration as they have had fewer years in their lives to have committed such violence. There is no significant difference in rates of sexual violence by education, although it is important to note that rates of this violence do not go down as education increases. This clearly dispels the myth that sexual violence is more likely to be committed by less educated men and indicates that perpetrators of sexual violence are men who hold slightly more power by way of higher education. While the CARE study also found no significant difference in rates of sexual violence perpetration by income, what was clear was that poorer men were not more likely to be violent.

Of the overall cohort of perpetrators of sexual violence, 64 percent admitted to victimizing one woman (corroborating the marital rape context), while 24 percent stated that they had perpetrated sexual violence against two to three women. Twelve percent of males reported having perpetrated a violent sexual act against their intimate partners within the past 12 months — the highest percentages being from Colombo (22 percent) and Hambantota (14 percent).

Figure 4.5

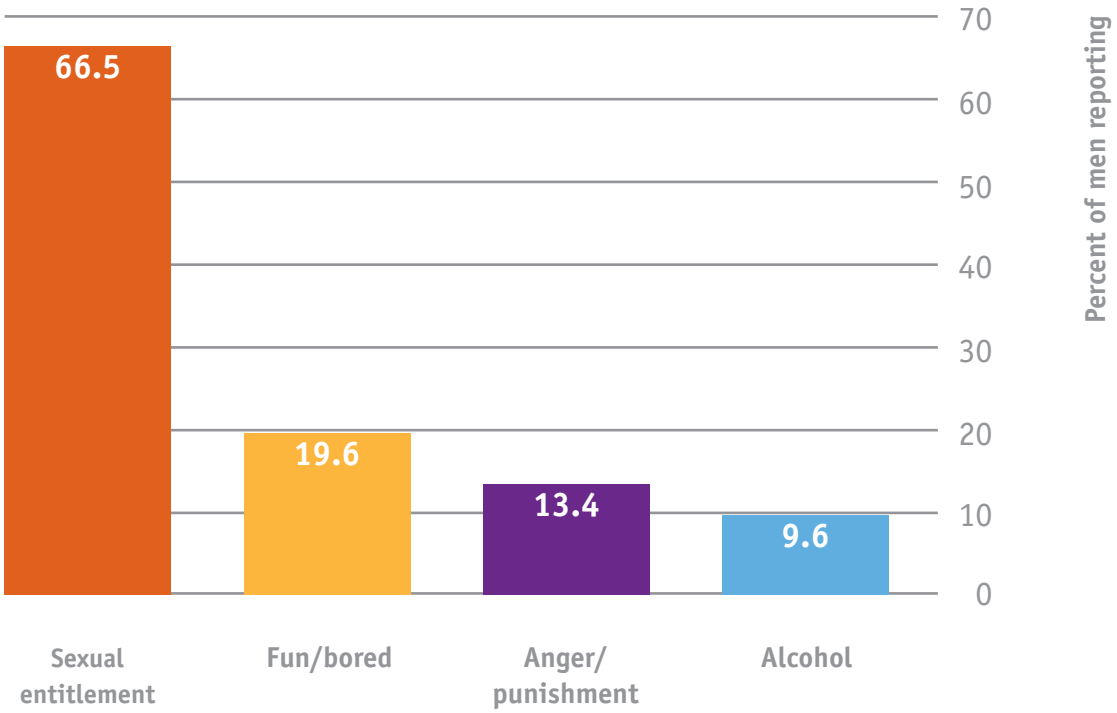
Age when first committed sexual violence, inclusive of rape, among men who reported perpetration of sexual violence



The majority of perpetrators of sexual violence (60 percent) were between 20 and 29 years of age the first time they committed sexual violence. Significantly, 28 percent of the perpetrators were 15–19 years of age (of school-going age) when they first committed such violence, indicating that it is vital to work with schools and young boys towards the prevention of sexual violence.

Figure 4.6

Men's motivations for perpetrating sexual violence inclusive of rape against intimate partners and/or non-partners



Men who reported perpetrating sexual violence in the CARE study were also asked about their motivations for committing that violence (Figure 4.6). Sixty-seven percent of men who reported perpetration of sexual violence said that they were motivated by sexual entitlement: that is, their right to have sexual relations with women.[15] Other motivations for sexual violence as reported by men were as follows: 20 percent of men declared that the last time they perpetrated sexual violence was because they wanted to have fun or they were bored. Fourteen percent stated they did so as a form of punishment or out of anger, while only 10 percent of men were motivated by alcohol. Additional analysis found that men who perpetrated sexual violence on a non-partner were slightly more likely to do so for fun and more likely to have been influenced by alcohol than men who committed sexual violence inclusive of rape against a partner.

4.5 Risk factors associated with perpetration of sexual violence, inclusive of rape against non-partners

Table 4.9 presents the significant risk factors associated with men's sexual violence against non-partners. Men who used physical violence against an intimate partner were nearly three times more likely to use sexual violence against a non-partner, highlighting a pattern of violent behaviour. Men who had experienced sexual abuse or emotional abuse as a child were also twice as likely to perpetrate sexual violence later in life. Seventeen percent of men who had been sexually abused as a child perpetrated sexual violence against a woman or girl compared with only 3 percent of men who had not experienced

15 Sexual entitlement is defined as: men reporting that their motivation for perpetrating rape was one or more of three responses: 'I wanted her sexually'; 'I wanted to have sex'; 'I wanted to show that I could do it'.

child sexual abuse. This is overwhelming evidence that a direct link exists between childhood sexual abuse — a major cause of trauma that shapes the well-being of boys as well as their own sexuality and tendency to violence as grown men — and perpetration of non-partner sexual violence.

Having multiple sexual partners and engaging in sex with a commercial sex worker or transactional sex were associated with male sexual violence perpetration of a non-partner. The prevalence of non-partner sexual violence among men who had sex with a commercial sex worker was 25 percent compared to only 3 percent of men who had not had sex with a commercial sex worker.

Table 4.9

Risk factors for male perpetration of sexual violence against a non-partner (adjusted by age and site)

		Percentage of men who have ever perpetrated non-partner sexual violence	aOR	CI		P value
				lower	upper	
Perpetration of physical partner violence	Yes	15.8	2.96	1.62	5.42	<0.0001
	No	4.5				
Transactional sex or sex with a commercial sex worker	Yes	24.7	3.17	1.64	6.12	0.001
	No	2.5				
Childhood emotional abuse	Yes	10.0	2.01	1.01	4.01	0.046
	No	1.9				
Childhood sexual abuse	Yes	16.9	2.27	1.25	4.13	0.007
	No	3.1				
Number of sexual partners	1 partner	2.0				
	2-3 partners	15.2	2.91	1.37	6.16	0.005
	4+ partners	21.5	6.33	2.59	15.48	<0.0001

The data reflects a strong connection between male perpetration of physical and sexual IPV and childhood trauma, controlling behaviour, low empathy and quarrelsomeness; and less strong but noteworthy correspondence to alcohol and drug use, witnessing violence between parents and sexual behaviour involving multiple sexual partners and transactional sex. The data underscores the need, therefore, for alertness to these factors as push-pull drivers of male physical and sexual violence. By locating and monitoring these risk factors we return men, importantly, to the social, cultural, familial, spatial, psychic and material contexts of their everyday lives as sources from which the push-pull drivers of violence take root and germinate. We thereby move away from the essentialization that all men are violent to target instead the factors that construct and produce violent men who not only endanger themselves at times, but also their wives or girlfriends, and other women as well as men.

4.6 Reporting by women of sexual violence[16]

The sample from women in the CARE study is smaller than that from men, and not designed to provide a comprehensive picture of women's experiences. However, it is useful as a point of comparison to the reporting by men. The rates of sexual violence as reported by women in the CARE sample is generally lower than male reporting on the subject even though there is possible underreporting by both men and women on the actual occurrences of the violence. For example, 4 percent of women reported experiencing sexual violence by non-partners whereas 6 percent of men reported perpetrating non-partner sexual violence.

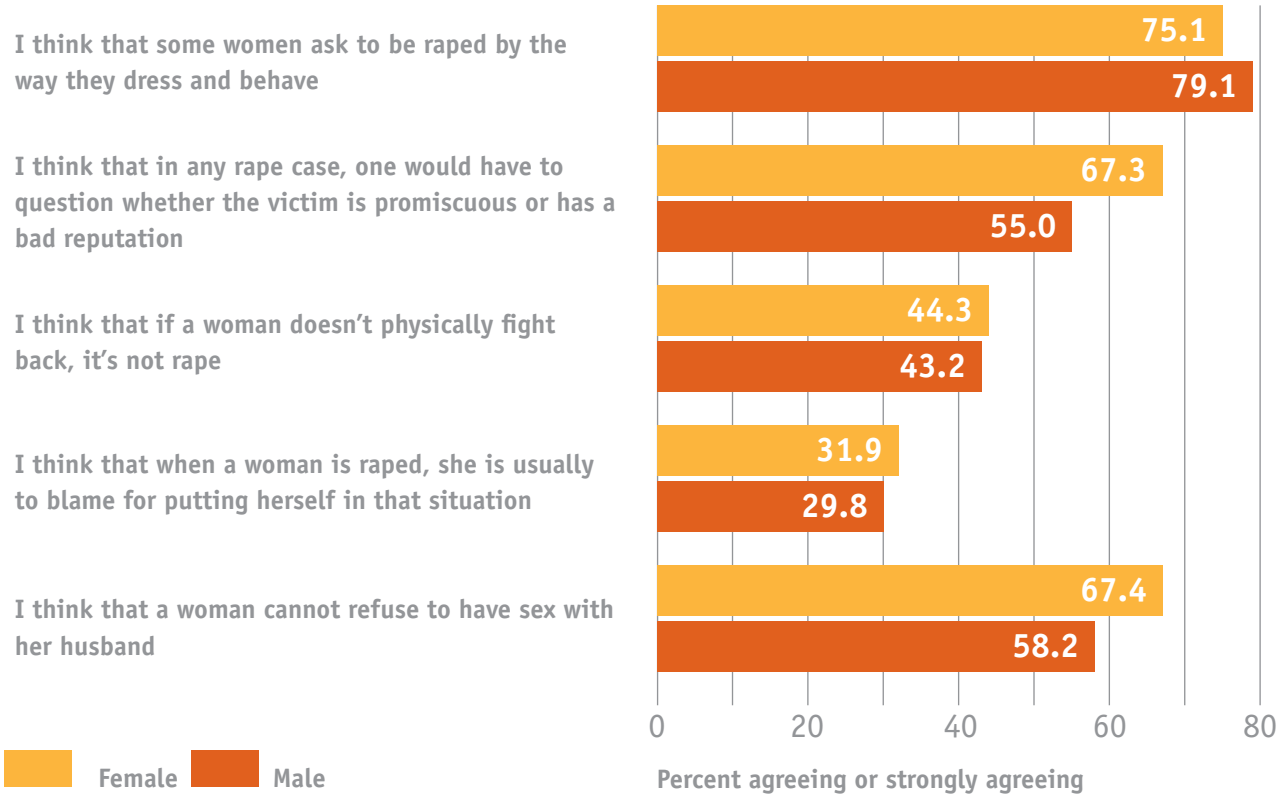
Thirteen percent of women stated that their present or previous husband/male partner had sexual relations with them even when they didn't want it, and 9 percent of women reported that they submitted to sexual relations with their current or previous husband/male partner because they were afraid of what their partner might do if they refused. Five percent of women reported that they were forced into a sexual act they did not like by their current or previous husband/male partner. These figures may reflect underreporting by the women because of the stigma attached to sexual violence and the taboo of talking openly about conjugal sexual relations. This is reflected, for instance, in the fact that only 10 percent of women reported being forced into sexual relations by an intimate partner as opposed to 14 percent of men reporting perpetration of such violence. Women's reporting of sexual violence by non-partners (4 percent) was almost half that of men (6 percent) who admitted to such perpetration. Overall, women's figures of reporting sexual violence was also low in comparison to the 80 percent of women of the general sample who stated that their husband/male partner expected them to agree to have sex when the men wanted it.

16 It should be noted that the figures for sexual violence inclusive of rape against a partner are calculated slightly differently from men's and women's reports. Partner rape perpetration is calculated from men's responses to having "ever forced your current or previous wife or girlfriend to have sexual relatons with you when she did not want to" and having "ever had sexual relations with your current or previous wife or girlfriend when you knew she didn't want it but you believed she should agree because she was your wife/partner." Partner rape victimization is calculated from women's responses to two questions regarding: whether a "current or previous husband or boyfriend ever physically forced you to have sexual relations when you did not want to" and whether the woman "ever had sexual relations with a current or previous husband or boyfriend when you did not want to because you were afraid of what he might do."

4.7 Attitudes to sexual violence inclusive of rape

Figure 4.7

Attitudes to sexual violence inclusive of rape



Attitudes to sexual violence largely absolve men of the responsibility for sexual violence against women, place a greater proportion of blame on the women and assign women a greater obligation to safeguard their own physical safety. Indicative of these standpoints were the 30 percent of men and 32 percent of women in the CARE sample who agreed that "when a woman is raped she is usually to blame for putting herself in that situation;"[17] and the 79 percent of men and 75 percent of women who declared that "some women ask to be raped by the way they dress and behave."[18] The link between dress, behaviour and sexual violence recurred in the 55 percent of men and 67 percent of women who also held the belief that in any case the woman's past behaviour or promiscuity should be questioned.[19] The principle of consent was also upheld by the 43 percent of men and 44 percent of women who stated that if a woman

17 මම සිතන්නේ කාන්තාවක් දූෂණයට ලක්වුවහොත්, ඒ සඳහා ඇයට දොස් පැවරිය යුතු බවයි
ஒரு பெண் பாலியல் வல்லுறவுக்கு உட்படும்போது, அந்நிலைமையினை உருவாக்கிக் கொண்டமைக்கு அவளே பொறுப்பு என்றே நான் நினைக்கிறேன்.

18 සමහර කාන්තාවන් ඇඳුම් අඳින ආකාරයෙන් හා හැසිරෙන ආකාරයෙන් ස්ත්‍රී දූෂණ ඇති වන බව මගේ අදහසයි
சில பெண்கள் அவர்கள் அணியும் விதம் மற்றும் நடந்துகொள்ளும் விதத்தில் பாலியல் வல்லுறவினை வரவழைத்துக்கொள்கிறார்கள் என்றே நான் நினைக்கிறேன்.

19 මම සිතන්නේ ඕනෑම ස්ත්‍රී දූෂණ අවස්ථාවකදී, අතවරයට ලක් වූ කාන්තාවගේ අයහපත් අතීත හැසිරීම්/කල් ක්‍රියා විබේද ප්‍රශ්න කළ හැකි බවයි
எந்தவொரு பாலியல் வல்லுறவு சம்பவத்திலும் வல்லுறவுக்குட்பட்டவர் ஒழுங்கீனமானவரா அல்லது நற்பெயருக்கு கலங்கம் ஏற்பட்டவரா என்பதனை விசாரிக்க வேண்டும் என்றே நான் நினைக்கிறேன்.

does not physically fight back it does not constitute rape.[20]

Similar attitudes also underwrote sexual harassment, which is a form of sexual abuse. Twenty-five percent of men noted that teasing women, even of a sexual nature, was harmless; while 32 percent of men (and 33 percent of women) declared that teasing was harmless unless there was physical force.

4.8 Gender-based violence and accountability

The above attitudes point to a low threshold on accountability that holds men responsible for acts of sexual violence. As Connell points out, while most men do not perpetrate violence against women, those who do usually feel justified in doing so, as if they were exercising a right (Connell, 2001, p.44). This is borne out in the statements made by the male respondents in the CARE study. Only 18 percent of men who had perpetrated forced sexual relations said that they were afraid of being found out, while 69 percent claimed that they did not feel any guilt after the act. Ninety-three percent of perpetrators reported there was no punishment from family and friends for the violence committed by them, while 97 percent of the sample did not experience any violent backlash from anyone supporting the victim. Significantly, only 7 percent of perpetrators had experienced legal consequences (arrested with charges dropped, or arrested with court case or jailed). Seventy-six percent stated that they experienced no consequences at all (see Table 4.10).

Table 4.10

Consequences of perpetration of sexual violence

Consequences of perpetration of sexual violence	Yes Percentage	No Percentage
Worried a lot that I would be found out	17.7	82.3
Felt guilty	30.9	69.1
Punishment from my family/ friends	7.3	92.7
Threats from someone supporting her/him	5.2	94.8
Violence from someone getting revenge for her/him	3.4	96.6
Arrested and charges dropped	2.5	97.5
Arrested with a court case	2.1	97.9
Jail	2.1	97.9
No consequences	24.3	75.7

20 මම සිතන්නේ කාන්තාවක් අරගල/සටන් කරමින් විරෝධය පල නොකලහොත් එය ස්ත්‍රී දූෂණයක් නොවන බවයි ஒரு பெண் உடல்ரீதியாக போராடாவிட்டால் அது ஓர் பாலியல் வல்லுறவு ஆகாது என்றே நான் நினைக்கிறேன்.

The impunity with which men get away with sexual violence against women follows from three sources that are pertinent to policy intervention. Given that the majority of instances of sexual violence captured in the CARE study fall within the IPV category inclusive of marital rape, the first issue is Sri Lanka's legal context in which marital rape is not criminalized except in the case of judicial separation. When the state and the judiciary do not view rape within an ongoing marriage (or even in the case of marital breakdown when the wife is living separately but has not been judicially separated from her husband) as violence that should be punished, there is no compulsion for husbands to end this type of violence and no legal protection for wives. Second are common attitudes that reinforce the acceptance of male sexual entitlement. Thangarajah and Arasu (2010, p.34) point, for instance, to how the common assumption of sex as marital duty fails to reinforce an ethic of mutual responsibility so that more often than not the burden of duty is placed on the wife. The same happens regarding rape where the stigmatization of female victims and blame on women themselves for 'getting themselves raped' place a greater burden of proof and responsibility on women than male perpetrators. These standpoints absolve men of guilt and accountability for sexual violence committed by them inclusive of rape. Third, the implementation of the penal code in cases of rape of non-spousal girls or women is frequently hampered by delays and characterized by suspended sentences for the culprit. Moreover, the manner in which corroboration is sought in court in effect places the evidence of female victims of rape under suspicion (Gomez and Gomez, 1999, pp.135-138). These legal lapses and the social attitudes noted above permit men, more often than not, to 'define the conditions and timings of sex' (Wood and Jewkes, 2001, p.134), including acts of sexual violence, which, because they relate the body to power and dominance, can be called acts of 'intimate supremacy' (Connell, 2005, p.231).

4.9 Childhood abuse

Childhood shapes who we become as adults, and well-being in childhood plays a crucial role in determining our outlook on the world, our inter-personal relations, as well as our attitudes to violence in adulthood. Children are, therefore, designated in both the popular imagination and socio-legal institutions as worthy of protection and responsible nurturing. However, as vulnerable young individuals, unequal in power to adults, children are often the victims of adult abuse. This abuse takes different forms, from sexual abuse to emotional neglect and bullying, and physical deprivation.

4.9.1 Sexual abuse

The findings on sexual abuse, particularly of boys in the CARE study, warrants urgent attention not only for making visible the vulnerability of boys to sexual abuse, but also for tracing the impact it has on the process by which the boys can become violent men, often targeting women with violence.

As Judith Herman (1992, p.37) notes, trauma recasts itself in memory and has the ability to intrude repetitively on the survivor's life, thereby arresting [his] normal course of development. Studies have found that the detrimental impact of child sexual abuse on the well-being of boys often leads them to risk-taking behaviours, educational under-achievement, anger, guilt, shame and low self-esteem all of which, in turn, have direct correlatives to self-infliction or perpetration of violence on others in adulthood (ibid). The prevalence (and therefore the consequences) of sexual abuse of male children has been significant in Sri Lanka for some time. A study conducted in the early 1990s for purposes of the Second Country Report on the Convention on the Rights of the Child by the Department of Probation and Childcare Services found that 18 percent of boys and 4.5 percent of girls were sexually abused in childhood. The same questionnaire administered to girls following a 'lecture' on child abuse found the female reports increasing from 4.5 percent to 12.3 percent (de Silva cited in Women's Health Committee, SLMA, 2011, p.3). Yet, at 18 percent, boys remained more victimized than girls in this particular study. The CARE study corroborates this ratio. Twenty-eight percent of male respondents who participated in the CARE study reported experiencing sexual abuse in childhood as opposed to the 3 percent of females

who reported the same. These figures do not detract from the necessary attention to the problem of sexual abuse suffered by girls; rather, they provide evidence that this trend of sexual abuse of children, and particularly of boys, can continue with worrying consequences for the prevalence of male perpetration of gender-based violence in adulthood.

In the CARE sample, of the male respondents, 14 percent reported that they were sexually abused sometimes and 14 percent experienced sexual abuse often in childhood. Thirteen percent reported that someone had touched their thighs, buttocks, genitals or that they were made to touch someone's private parts when they did not want to. Furthermore, 10 percent of men reported that before they were 18 years old, they were exposed to 'unwanted incidents of a sexual nature,' while 14 percent were exposed to pornography against their will. Overall prevalence of child sexual abuse was highest in the Colombo district (47 percent). Nuwara Eliya district was second (30 percent), Hambantota third (18 percent) and Batticoloa fourth (16 percent).

Table 4.11

Men's experiences of child sexual abuse

Child abuse	Never Percentage	Sometimes Percentage	Often/ very often Percentage
Any form of sexual abuse	72.3	14.2	13.5
Someone touched my buttocks or genitals or made me touch them when I did not want to	87.0	12.1	1.0
I had sex with a woman who was more than 5 years older than me	94.4	4.7	0.9
I had sex with someone because I was threatened or frightened or forced	96.7	3.1	0.2
I was forced to have sex or physical relations with a community leader/ older schoolboy	97.0	2.9	0.1
I was exposed to unwanted incidents of a sexual nature	90.1	9.3	0.6
I was exposed to pornographic material against my will	85.7	12.7	1.3

These figures (see Table 4.11) point to the prevalence of different forms of coercive sexual conduct that target and victimize boys. By and large, studies have found that the perpetrators of sexual abuse of children are usually known to the victim, either as family members, family friends or older men who elicit their trust and/or fear (Herman, 1992, pp.98-101; Shanmugam and Emmanuel, 2010, pp.7 and 14). Additionally, as discussed above in the risk factors section, men's experience of abuse as children greatly increases the likelihood that they will perpetrate violence against a female partner or non-partner later

in life. It is important not to blame those children who experience violence. It is also important to note that not all men who experience violence as a child become perpetrators of violence as adults. However, the data points to the need for promoting child protection and nurturing healthy childhoods as a part of preventing violence against women in the next generation.

4.9.2 Ragging

Ragging (verbal, physical or emotional abuse of newcomers to educational institutions) in Sri Lankan schools and universities also constitutes a formidable site of sexualized baiting of boys. Three percent of males in the CARE male sample reported that they were sometimes forced to have sexual or physical relations with a community leader or schoolboy before the age of 18. Similarly, 4% of men reported ever ragging another person. Ragging — including sexualized ragging — of junior schoolboys by older boys, and freshman at universities by senior students, has been serious enough in Sri Lanka to warrant an anti-ragging bill, which was enacted in 1998, although with limited effect. Ragging, student violence and a culture of impunity relating to violence have made schools and universities places that actually nurture violence. [21]

4.10 Male on male violence

A study on masculinities and gender-based violence would not be complete without mapping male on male violence for an understanding of the vulnerabilities of boys, as well as urban and rural men, and homosexual and bisexual men, as well as trans- and intersexuals, to violence. While the case of boy victims of sexual abuse has already been discussed, this section examines other significant contexts in which men encounter violence, influenced by the dynamics of gangs and weapons use, or as perpetrators or victims of homophobic violence and/or sexual violence.

4.10.1 Gangs

Gangs provide men with collectives or fraternities of peers that shape and reinforce their normative attitudes, and provide friendship and support for 'adventure' that can also include exploitative behaviour and violence towards women and other, marginalized men. Group processes often lead to the submission of individual dissent or concern, and membership in gangs increases the likelihood of violent, if not criminal, behaviour (Miller and Brunson, 2000, p.422) because members of privileged groups 'use violence to sustain their dominance' (Connell, 2001, p.44). Typically, the prevalence of gangs and ownership of weapons, including knives, which can be used to threaten or harm people in fights, are features of masculinized urban youth cultures, particularly common in rapidly changing neighbourhoods under crisis due to economic, ethnic and spatial displacements and inequities. The presence of gangs in both urban and rural areas in Sri Lanka also reflects a militarized society that supports violence and typically emerges from protracted armed conflict such as that experienced in Sri Lanka. The consequence of such militarization is the support and acceptance of militant, violent solutions to conflict as part of everyday, routine social relations (de Mel, 2007, p.24).

21 It should be noted that ragging affects both boys and girls. It takes place in girls' schools and, at Universities, new female undergraduate students are subjected to sexualized ragging by senior male undergraduate students.

Table 4.12

Male on male violence by district

	Colombo Percentage	Hambantota Percentage	Batticoloa Percentage	Nuwara-Eliya Percentage	Total Percentage
Ever been in fight with a weapon	18.6	4.0	6.1	16.6	11.4
Ever participated in gang	15.0	6.7	3.6	6.2	7.6
Past year sexual violence perpetration	21.6	13.9	5.5	8.7	12.1

The CARE study (see Table 4.12) found that the highest percentage of males reporting membership in gangs (15 percent) and the use of a knife or other weapons in fights (19 percent), as well as sexual violence within the last 12 months (22 percent), was in Colombo, the capital city with rapidly expanding suburbs, slums and a migrant labour population moving to the city for work. The second highest percentage of males reporting membership in gangs (7 percent) and sexual violence within the last 12e months (14 percent) was in Hambantota: another rapidly expanding district under intense infrastructural development and social change. Male respondents in the Nuwara Eliya district (reflecting the tea plantation sector) reported a slightly lower (6 percent) membership in gangs, and 17 percent reporting use of a knife or other weapon in fights. Against the grain, only 6 percent of males reported the use of a knife or other weapons in fights in Batticoloa, despite the district experiencing frontline combat during the war, and therefore heavy militarization including the circulation of small arms. The data from Batticoloa reflects, perhaps, underreporting in a postwar context in which militancy and the ownership or use of weapons is likely to arouse surveillance and suspicion. This should not, however, detract from the strong evidential link between militarization (with its routine support of violence), militant gangs, weapons use and male perpetration of physical and sexual violence in the Batticoloa district, which was prevalent during the war, the tsunami and their aftermaths; and which drew the attention of women's groups working in the area, such as the Suriya Women's Development Center (Fisher, 2012, pp.136 and 140).

4.10.2 Homophobic and male sexual violence

Most studies of IPV in Sri Lanka assume a heteronormative framework and study the impact of male perpetration of violence on women. However, such a matrix cannot be taken as self-evident because, as the CARE study shows, a much more fluid, heterogeneous range of sexual behaviours are practiced in Sri Lanka. For instance, out of 1,431 men who answered the question 'Are you sexually attracted to men, women or both?', 9 percent stated they were 'not sure' whether they were attracted to men or women, while 7 percent of males reported that they were attracted to both sexes. Eleven percent of male respondents had done something sexual with a boy or man whether voluntarily or forced, and 3 percent currently have male lovers (see Table 4.13).

The CARE study also reveals male on male violence. For example, more than 4 percent of male respondents reported that they had experienced homophobic violence, and 4 percent had experienced sexual violence at the hands of a man. Four percent of men also admitted to committing sexual violence against another man or boy. The rape of men by other men is not necessarily related to sexual orientation. It is also experienced in a context where dominant males, usually with class and institutional backing, assert their power over less powerful 'effeminate' men to humiliate them and make them fall into line (Shah and Bondyopadhyay, 2007). Whatever the context, these figures highlight that male on

male violence cannot be ignored and requires further in-depth study to fill a current gap in evidence-based knowledge on the relationship of masculinities, sexual minorities and male on male violence in Sri Lanka.

Table 4.13

Men's sexuality and male on male violence

Sexual attraction	Percentage
Men	1.8
Women	82.3
Both	6.9
Not sure	9.1
Has a boyfriend/ male lover	3.0
Ever done something sexual with a boy or man (anal sex, oral sex, mutual masturbation, thigh sex)	11.4
Ever experienced sexual violence by another man	3.6
Ever experienced homophobic violence	4.4
Ever sexually assaulted a man, alone or in gang	3.7

Although the percentage of males who reported having experienced homophobic violence at the hands of other men is low, its prevalence nevertheless signifies that gender-based violence against men does occur in Sri Lanka, although it is largely hidden due to the cultural and legal censure of homosexuality in the country. Homosexuality is criminalized under Section 365A of the Penal Code (Amendment) Act No. 22 of 1995, and is therefore clandestine, subject to blackmail, a site of stigmatization, and family-honour related violence.

The cultural stigma attached to homosexuality and its criminalization in Sri Lanka often prevent men in intimate partner contexts from reporting male on male violence to law enforcement authorities such as the police, for fear of being humiliated or arrested themselves. The victims of male on male violence therefore are in a very challenging situation, neither protected from the law nor the perpetrator whose violence is more likely than not to go unreported.

The entitlement to secure public spaces in which gay men are safe from the police and from orthodox men who resort to violence in order to punish them for 'transgression' also remains restricted. In a context where hegemonic ideals of masculinity are tied to 'toughness' and where the use of violence is linked to masculine power, the stereotypes that associate homosexuality with weakness and effeminacy can lead to homophobic violence. Therefore, while further research is needed into male violence against men in Sri Lanka, the patterns of masculine expression in male violence against men have some overlaps with the gendered power dynamics of male violence against women.[22]

22 See Messner, 2001, p.261, and Almaguer, 1993, p.257, for a discussion on the role of 'locker room culture' in how dominant homosexual males themselves strategize for acceptance by heterosexual peers through sexism and VAW.

4.11 Conclusion

The CARE study points to several contexts, drivers and variables related to the male perpetration of physical and sexual violence against women, as well as men and boys, which are grounded in cultural attitudes about how to be a man, childhood trauma and sexuality. This report therefore makes a strong case for looking at male perpetration of gender-based violence not as the outcome of an essentialized male aggression (epitomized by popular expressions such as "boys will be boys" or the Sinhala saying *"kollo ballo"* ("boys are dogs")) but one that is structurally supported through the acceptance and implementation of violence as a part of routine social relations from which dominant masculinity gains advantage. Once there is an understanding that the male perpetration of violence is contingent on several social, cultural and gendered attitudes and experiences of violence, it is possible to veer away from naturalizing it — which, in effect, is a position that protects it from change.

Evidence from the CARE data also interrogates the predominant focus on heteronormativity as an assumed 'default' framework in the study and discussion of GBV or SGBV (sexual and other forms of gender-based violence), given that significant evidence exists of diverse sexual practices in Sri Lanka. Taking all of this into account is ultimately about making visible not only the violence men perpetrate, but also their everyday material lives, which carry explanations of why and how they are produced as both perpetrators and victims of violence.

Chapter 5: Masculinity, well-being and family health

Main findings

- Six percent of men were found to have high depressive symptoms and seven percent had ever had suicidal thoughts
- More than half of all men reported work-related stress.
- Thirty-nine percent of men experienced physical abuse in childhood while 44 percent were emotionally abused.
- While three quarters of men accompanied their wives to pre-natal clinics, fathers were often absent from nurturing childcare.
- Only 4 percent of men and women had ever been tested for HIV.
- Approximately half of all women who experienced physical IPV had been injured by their husbands or male partners, with 9 percent being injured more than five times.
- Over a quarter of these women had to stay in bed, 16 percent had to take days off work and 32 percent had to seek medical attention because of injuries relating to the physical violence.
- Only 13 percent of women who experienced IPV and 8 percent of women who experienced non-partner sexual violence reported this violence to the police.

5.1 Introduction

The CARE survey on knowledge, practices and social attitudes toward gender and gender-based violence in the four districts under study was designed to capture data on male and female attitudes to gender relations within the home and the community, and the prevalence of IPV and non-partner sexual violence. But it was also intended to capture indicators on health, including stress, depression, suicidal thoughts, childhood trauma, attitudes and practices toward sexual and reproductive health, and the health impact of violence against women. A limitation of the CARE survey was that questions directed at the male sample on health were less than those targeting the female sample. Yet the data that did emerge on men's well-being and mental health, attitudes to reproductive and sexual health, parenting and the impact of male perpetration of IPV on women provides significant evidence on the gendering of health in the four districts under study.

Of the many approaches to the analysis of health and well-being, the recent emphasis, both internationally and nationally, on Well-being and Development (WeD) (White, 2009, pp.7–8) provides a useful framework. The WeD approach enables people's physical and mental health, quality of life as emphasized in the WHO Quality of Life (QOL) survey (developed since 1991), and psychosocial well-being to be considered as central aspects of economic and human development. This places emphasis on contextualizing health indicators in relation to macroeconomic and developmental trends, as well as individual perceptions, gender and cultural attitudes on the basis that 'well-being is always grounded in a particular social and cultural location' (ibid). A fuller length analysis of male and female health indicators in relation to the above coordinates, including economic, employment and migration patterns is required if justice is to be done to the WeD approach. However, evidence from the CARE study suggests that there is already enough information to make a case for certain correlatives between the mental health of its male respondents and economic, employment, attitudinal and migration patterns that warrant attention.

5.2 Economic stress and well-being

Overall, 56 percent of men reported work-related stress. Sixty percent of male respondents disagreed with the statement that they have good jobs with adequate income, and an equal number (60 percent) reported that they are frequently under stress or depressed due to inadequate income. Fifty-one percent reported that they spend most of their time out of work or looking for work. Moreover, there was no significant difference between the 53 percent of respondents who agreed with the statement that their employment situation was mostly stable and the 47 percent who disagreed. Forty-six percent of male respondents also reported that they are frequently stressed or depressed because they do not have a job that suits their education and/or experience (see Table 5.1).

Table 5.1

Work stress

Male survey	Agree Percentage	Disagree Percentage
My work or employment situation is mostly stable	52.6	47.4
I am frequently stressed or depressed because of not having enough income	60.1	39.9
I am frequently stressed or depressed because I don't have a job that suits my education / experience	45.7	54.3
I am frequently stressed or depressed because I have to provide and be responsible for my family	51.2	48.8

Regarding types of employment and income levels, 22 percent reported that they had never been employed (either because they were students or were without work), 20 percent held blue-collar jobs (factory workers/waiters), 15 percent were engaged in farming or fishing, 14 percent were traders or in business and 10 percent were daily wage manual labourers. These jobs were mostly stable — 72 percent of the male sample reported that they usually had work throughout the year, while 20 percent reported seasonal work. As to income and expenditure, the CARE sample as a whole fell largely within a lower middle-income group category. A majority 41 percent of men earned between Rs. 10,000 (US$78) and 20,000 (US$ 156) per month, while 24 percent earned between Rs. 6,000 (US$47) and 10,000 (US$78) per month. Only 3 percent of the male sample earned below Rs. 3000/- (US$ 23) per month and therefore come under the official poverty line, tabulated by the government at Rs. 3028 per real expenditure per person a month in 2009–2010 (Dept. of Census and Statistics, 2009–2010b). In terms of spending, 62 percent of respondents spent below Rs. 20,000 per month, and 17 percent spent below Rs. 10,000 per month. The economic stress experienced by the majority of male respondents, although it was not a result of absolute poverty, and their low monthly expenditure indicate cash-flow problems and perceptions of inadequate earnings that have a direct bearing on levels of stress.

When male respondents were asked if someone were to suddenly fall ill within their family, would they d have Rs. 5000/- (US$ 38) to spend on emergency treatment, 37 percent of men reported that they would find it somewhat difficult while 21 percent reported that they would find it very difficult. This implies that for a majority 58 percent of male respondents and their families, access to free or low cost state medical services for emergency treatment would be crucial.

Table 5.2

Types of employment

Male survey	Percentage
Professional: Doctor, Nurse, Teacher	4.8
White collar: Secretary, Office work	7.3
Blue collar: Factory work, Waiter	19.6
Trading/Business	13.6
Manual labour	9.7
Farmer/ Fishing	14.8
Security: Police, Army, etcs	2.4
Driver/Taxi	6.3
Never worked/ Student	21.5
Base	1651

Table 5.3

Household monthly income

Male survey	Percentage
Less than Rs. 3,000	3.2
Rs. 3,001 – 6,000	7.5
Rs. 6,001 – 10,000	24.0
Rs. 10,001 – 20,000	41.0
Rs. 20,001 – 50,000	21.4
Rs. 50,001 – 100,000	1.5
Rs. 100,001 – 200,000	0.8
Rs. 200,001 – 300,000	0.3
Rs. 300,001 or more	0.3
Base	1162

Men's family responsibilities, in relation to their economic status, was also a factor that led to stress. Fifty-one percent of men reported that they were frequently stressed or depressed because they had to provide and be responsible for the family. As already noted in chapter three, common gender attitudes place a greater burden on men to be providers – evidence of which was found in the CARE survey in which 74 percent of female and 70 percent of male respondents declared that to be a man means providing for one's family and extended family. This points to how masculinity, constituted in this case as the 'male as provider' is deeply embedded in local culture and is, in effect, a price men pay for patriarchal headships of households. When men fail to be the breadwinners, or are perceived as inadequate providers, several negative consequences follow. Forty-nine percent of men reported that they sometimes feel ashamed to face their family because they are out of work. Seventeen percent reported that they sometimes drink or stay away from home because they cannot find work, and 24 percent of men agreed with the statement 'I think my wife/family is ashamed of me because I don't have an income.'

Earning capacity and income had, therefore, a direct bearing on men's perception of their position in households with a knock-on effect on their well-being. Forty-eight percent of males reported that they provide the main income for their households, even though an equal number (48 percent) declared that they did not own their own homes. This points to a significant number of males without the purchasing power to own their own homes. Moreover, for 36 percent of the male sample, parental income was the main source of household income. Of those reliant on parental income, 78 percent were of the 20-24 year age group, while 33 percent were of the 25–29 years age group. This indicates that an overwhelming majority of male respondents who reported that parental income was the primary source of family financing were of a working age themselves.

These figures are important to note because, for many families in Sri Lanka, ownership and income determines headship of households which, in turn, has an impact on the householder's sense of self-esteem and confidence. It is interesting to note that while 86 percent of males declared that income was a deciding factor in whether the head of household is male or female, only 34 percent reported that ownership of house/land was a decisive factor. This points, perhaps, to men's lack of property ownership (48 percent did not own houses) and therefore a downplaying of ownership as a determining factor in household leadership. The inability to own one's own home and reliance on parental financial support are factors that have a knock-on effect on men of employable age who may feel subordinate or at least 'compromised' in their masculinity because of an inadequate economic, and thereby social status.

5.3 Depression including suicidal thoughts

The CARE study found moderate symptoms of depression amongst its male respondents as measured on the Center for Epidemiologic Studies Depression Scale (CES-D). The CES-D Scale incorporates a number of questions on levels of general stress, sleep and eating patterns, positive or negative outlook on life, and suicidal thoughts (see Table 5.4). The current status of depression is assessed by asking respondents about their experiences in the week prior to their participation in the survey.

Table 5.4

Male mental health: CES-D scale

Male survey	Rarely or none of the time Percentage	Some or a little of the time (1–2 days) Percentage	Moderate amount of time (3–4 days) Percentage	Most or all of the time (5–7 days) Percentage
During the past week I was bothered by things that usually don't bother me	80.3	15.8	2.8	1.2
During the past week I did not feel like eating, my appetite was poor	74.8	21.3	3.1	0.8
During the past week I felt I could not cheer myself up even with the help of family and friends	77.1	16.7	4.3	1.9
During the past week I had trouble keeping my mind on what I was doing	72.3	21.7	4.9	1.0
During the past week I felt depressed	71.9	22.1	4.6	1.3
During the past week I thought my life had been a failure	80.3	15.6	2.9	1.2
During the past week I felt fearful	82.7	12.8	3.7	0.8
During the past week my sleep was restless	77.1	18.4	3.7	0.8
During the past week I talked less than usual	79.3	16.6	3.0	1.1
During the past week I felt lonely	79.7	15.4	3.5	1.4

Table 5.5

Percentage of men with depression (high depressive symptoms)

	Percentage of men
Low depressive symptoms	86.0
Medium depressive symptoms	8.0
High (clinical) depressive symptoms	6.0

In the survey, men were also asked if they had ever had suicidal thoughts. Overall, 7 percent of men reported having ever thought of taking their own life. Male respondents amongst the 25–34 year age group were found to be most at risk of depression, with 8 percent of 25–34 year old men showing high symptoms of depression and 8 percent also experiencing suicidal thoughts. (This resonates with the evidence of economic stress and reliance on parental financial support amongst this 25–34 year age group). Of the younger 18-24 year age group, 5 percent of males experienced high symptoms of depression, with 6 percent experiencing suicidal thoughts; while amongst an older 35–49 age group, 5 percent showed high levels of depression and 7 percent reported suicidal thoughts (see Table 5.6).

Table 5.6

Suicidal thoughts (Have you ever thought about ending your life?)

	Total percentage of men	Age		
		18-24 Percentage	25-34 Percentage	35-49 Percentage
Yes	7.1	6.4	8.0	7.0
No	92.9	93.6	92.0	93.0

Education was a significant variable when it came to symptoms of depression. Of male respondents who had only primary school education or lower, 13 percent had high symptoms of depression with 15 percent experiencing suicidal thoughts. Of the cohort that had received some primary education, 14 percent had high symptoms of depression with 15 percent experiencing suicidal thoughts. Ten percent of those who had received some secondary education had moderate symptoms of depression, and 8 percent had suicidal thoughts. Amongst those who had completed secondary education, 4 percent had high symptoms of depression with 5 percent experiencing suicidal thoughts. This points to a link between low rates of educational achievement and its correlative in less employment opportunities and low social mobility on the one hand, and higher symptoms of depression and suicidal thoughts on the other.

The study also found evidence that males who had been previously married (and therefore separated or divorced) were at higher risk of depression, with 26 percent showing high symptoms and 15 percent reporting experiencing suicidal thoughts.

5.4 Childhood trauma

Apart from child sexual abuse, which was discussed in detail in chapter four, the CARE study found evidence of other indicators related to childhood trauma. Amongst the questions asked of the male respondents were those designed to capture their childhood experiences in relation to hunger, humiliation and beatings, emotional neglect, bullying and teasing, and witnessing IPV amongst parents as well as alcoholic and absentee parents.

Figure 5.1

Percentage of men who experienced different types of abuse and neglect as children

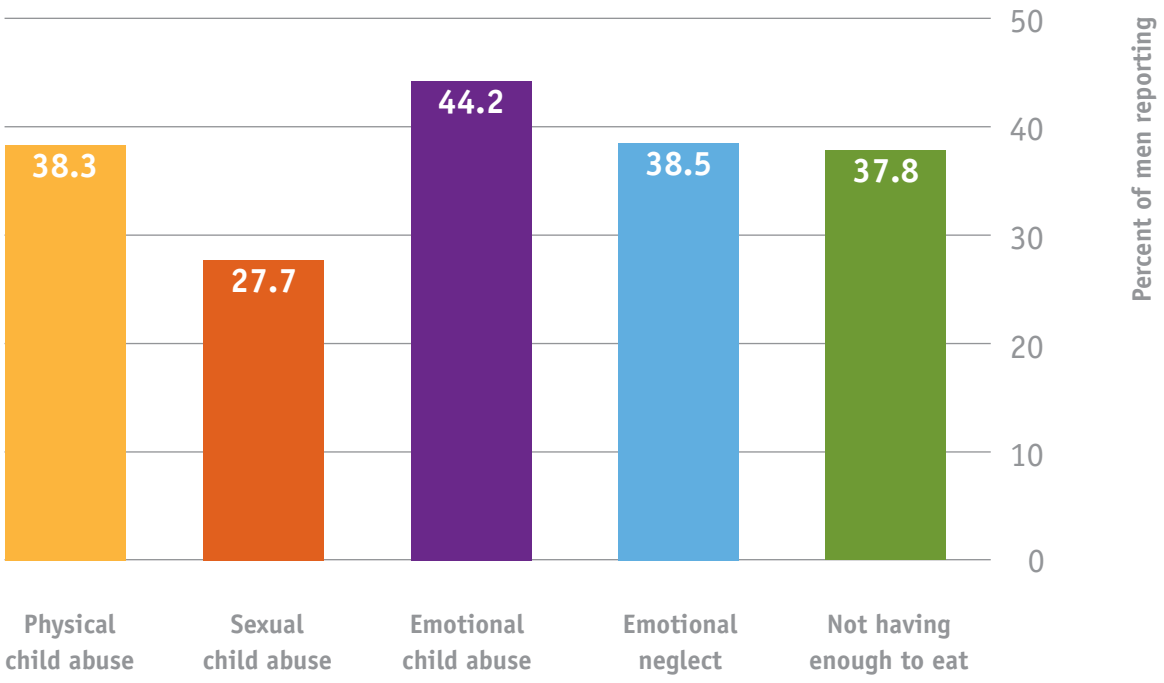


Table 5.7 shows the overall rates of child abuse and neglect that men reported experiencing when they were under the age of 18 years. Figure 5.1 shows men's responses to all questions in the childhood trauma scale, grouped into categories of physical abuse, sexual abuse, emotional abuse and neglect. The frequency of experiences is presented as sometime and often/very often. Overall, 38 percent of male respondents reported that before they were 18 years of age there were times when they did not have enough to eat. Similarly, 38 percent also reported experiencing some form of physical abuse as a child — 50 percent noted that they were sometimes or often beaten or physically punished by a schoolmaster or teacher and 36 percent had been sometimes or often beaten at home with a stick. Twenty-eight percent of men reported that they had experienced some form of sexual abuse as a child as discussed in the previous chapter. Forty-four percent of men reported that they had experienced some form of emotional abuse as a child such as being called lazy, stupid or weak by someone within the family, or experiencing insults and humiliation in front of other people at the hands of someone in his family. Thirty-nine percent reported that they experienced some form of emotional neglect — for example, 10 percent said both parents were sometimes or often too drunk or drugged to take care of them. Thirty percent of male respondents stated that they at least sometimes saw their mothers being beaten by their husbands or boyfriends (see Table 5.7).

Table 5.7

Male childhood trauma scale

Male survey	Never Percentage	Sometimes Percentage	Often / very often Percentage
Any form of physical abuse	**61.7**		
I was beaten at home with a belt or stick or whip or something else which was hard	64.0	33.2	2.8
I was beaten so hard at home that it left a mark or bruise	87.9	11.5	0.6
I was beaten or physically punished at school by a teacher or headmaster	50.5	42.1	7.4
Any form of sexual abuse	**72.3**		
Someone touched my buttocks or genitals or made me touch them when I did not want to	87.2	12.1	1.0
I had sex with someone because I was threatened or frightened or forced	96.7	3.1	0.2
I had sex with a woman who was more than 5 years older to me	94.4	4.7	0.9
I was forced to have sex or physical relations with a community leader/ older schoolboy	96.8	2.9	0.1
I was exposed to unwanted incidents of a sexual nature	90.1	9.3	0.6
I was exposed to pornographic material against my will	85.7	12.7	1.3
Any form of emotional neglect	**61.5**		
I lived in different households at different times	73.6	21.5	5.0
I spent time outside the home and none of the adults at home knew where I was	83.7	12.8	3.5
One or both of my parents were too drunk or drugged to take care of me	89.9	9.0	1.1
Any form of emotional abuse	**55.8**		
I saw or heard my mother being beaten by her husband or boyfriend	69.5	27.3	3.1
I was told I was lazy or stupid or weak by someone in my family	76.1	22.3	1.5
I was insulted or humiliated by someone in my family in front of other people	82.6	16.3	1.2
I did not have enough to eat	62.2	30.0	7.8

It is noteworthy that, when broken down by geographic site, the rate of experiencing hunger before the age of 18 was highest in Batticoloa (37 percent), followed by Nuwara Eliya (34 percent) and Colombo (31 percent), reflecting local economies under stress because of war, the dynamics of the plantation sector and urbanization, respectively. In the estate sector alone, nutritional indicators are poor: low birth weight is more than double in comparison to both urban and rural areas elsewhere in the country (Jayasuriya, 2012, p.10); and previous studies of the estate sector, including a MRI Survey in 2010, noted that 70 percent of households in the Nuwara Eliya district lack dietary diversity with low levels of animal protein and iron related to low purchasing power because of poverty (Jayasuriya, 2012, p.12).

5.5 Absentee fathers and impact on health

Related to the issue of child emotional neglect is the absence of parents from nurturing childcare. The time parents spend with children plays a significant part in child development, parent-child bonding and family health as a whole. The CARE study found that fathers, in particular, were often absent from nurturing childcare either because of aloofness shaped by gender norms, or economic necessity that forced male parents to migrate from their home districts in search of employment. The survey asked male respondents to answer a series of questions about whether they played with their children, talked to them about personal matters, spoke to them about sex education, and helped with homework. Of a minimum base of 245 respondents who answered the questions, a mid-level of engagement with children was seen by 40 percent of fathers in the 18–24 year age group, 38 percent of fathers in the 25-34 year age group and 28 percent of fathers in the 35–49 year group. The overwhelming majority in all age groups, however, had a low level of engagement with their children, with 65 percent of the 35–49 year age group being the highest in the low-level engagement category.

This data has serious implications for generational transmission because positive parenting has been known to shape beneficial outcomes in children as they become adults, with better physical and mental health indicators as well as educational achievement and low criminality (McAllister, et al., 2012, p.5).

A feature of developing economies today is that many in the workforce spend longer hours at work including on overtime, or commutes from rural homes to urban workplaces. There is also a significant population that migrates internally to other districts in the country or overseas for employment. This pattern results in the significant absence of fathers and/or mothers from their homes, which has an impact on the individual parent's well-being as well as overall family health. Fifty-one percent of male respondents reported that they had migrated out of their home districts for work. Twenty percent of men also reported that when they were growing up their biological mothers were never/rarely at home, while 35 percent of men reported that their biological fathers were never/rarely at home. Seventy-seven percent of male respondents also reported that apart from their biological fathers there was no other important male figure in their life when they were growing up. This highlights that, in the CARE male sample, fathers were more frequently absent than mothers, and there was a lack of male mentoring of male children when biological fathers were absent.

The Nuwara Eliya and Batticoloa districts had the highest percentage of absentee parents, with 27 percent and 38 percent of male respondents from Nuwara Eliya reporting that, respectively, their mothers and fathers were rarely at home. In the Batticoloa district, 24 percent of males reported that their mothers were rarely at home while 36 percent reported that fathers were rarely at home. This data indicates that in these two districts in particular there was a statistically significant absence of fathers as compared to that of mothers. Certain structural conditions specifically related to the Nuwara Eliya and Batticoloa districts hold answers as to why fathers were mostly absent from their homes. Work on the plantations in Nuwara Eliya begins early in the day and after work men often engage in supplementary jobs to enhance their income. Studies have also shown that alcohol consumption in the plantation sector is high, although there is a characteristic underreporting of the alcohol consumption and addiction by males (CEPA, 2005, p.83). This is corroborated in the CARE sample where, overall, only 5 percent of men

admitted to drinking every day although, even here, the highest admission of alcohol consumption (8 percent) came from the Nuwara Eliya district. Apart from their regular employment, therefore, supplementary jobs and time spent at local taverns constitute reasons why men in the plantation sector spend time away from home.

The Batticoloa district, on the other hand, was on the frontline of the protracted Sri Lankan armed conflict, and absentee fathers reflect conflict-induced displacement, deaths due to the war, or overseas migration or internal migration (mainly to the Western Province) in search of jobs and avoidance of the war. Men from Batticoloa also migrate to adjacent districts such as Polonnaruwa for seasonal agricultural work. Conflict-related violence, displacement, economic decline — the Eastern province contributed only 5.8 percent to GDP in 2009 (The Island 20/7/2010) — and seasonal agricultural patterns are, therefore, factors that force men to leave their homes, resulting in paternal parental absence impacting on the well-being of men, as well as the family, including child development.

5.6 Reproductive health

The overall CARE random sample captured a largely married population. Attitudes to pregnancy pointed, by and large, to moderately supportive men. Ninety-one percent of female respondents who participated in the CARE study had been pregnant with 30 percent of the sample being mothers of two children. A majority of the women (54 percent), albeit not an overwhelming majority, subscribed to the view that it was primarily the woman's responsibility to avoid getting pregnant. However, a significant majority (68 percent) of men disagreed with this stance. These figures may reflect over-reporting on the part of men, but over-reporting or political correctness point, nevertheless, to men's awareness of their duties and responsibilities regarding the reproductive health of their partners.

Men's actual support of their pregnant wives was reflected at a higher level with 74 percent of men (of a base of 650 male respondents who answered the question) reporting that they accompanied their wives to prenatal clinics, or were present when the midwife visited their homes, while 97 percent of women (of a base of 343 female respondents) reported that their husbands never prevented them from going to prenatal clinics. Ninety-four percent of women also stated that their husbands never refused to buy clothes to prepare for the baby in any of their pregnancies. Moreover, 96 percent of women reported that they were never physically abused during pregnancy, and 95 percent stated that they were never forced to have sex during pregnancy.

Despite the 68 percent of men who disagreed that it was primarily the woman's responsibility to avoid pregnancy — implying their acceptance of joint responsibility in reproduction — when it came to the use of contraceptives, men's use of condoms was very low. Out of 11 percent of women who answered the question as to which contraceptive methods were being used, 9 percent reported men's use of condoms as a means of planned parenthood. This shows that the men left contraception largely to the women, 42 percent of whom used injection/implant, 25 percent of whom were on the pill, 16 percent of whom used IUD and 5 percent of whom were sterilized. Of significance is that only 21 percent of women agreed with the statement that their male partners would get angry if asked to use condoms. If, as reported by the women, the majority of their men are not averse to using condoms why did such few women report condom use as a means of contraception? This points, perhaps, to a gendered, cultural context in which women do not feel entitled to ask the men, or want to please their male partners, or do not like condoms as a method of contraception themselves.

5.7 Attitudes to HIV

HIV testing amongst both men and women was low. Only 4 percent of male and female respondents had ever been tested for HIV. This is an area that requires intervention, particularly as 15 percent of males in the 25–34 year age group, 13 percent in the 35–49 year age group and 3 percent in the 18–24 year age group reported having transactional sex or sex with a commercial sex worker. As discussed in chapter four, transactional sex and sex with a commercial sex worker were both found to increase men's likelihood of perpetrating non-partner sexual violence, which can include rape. Furthermore, 24 percent of perpetrators of sexual violence admitted to having forced two to three women to have sex with them.

This pattern of multiple sexual partners, as well as the aforementioned low condom use by men, and possible use of needles by some of the 49 percent of male perpetrators of IPV/ sexual violence who admitted to the use of drugs (see chapter four) places both men and women at risk to HIV. Apart from the fact that public awareness campaigns on HIV are not highly visible or sustained in Sri Lanka, the stigma attached to HIV also mitigates against voluntary testing as observed in other studies on HIV and health-seeking behaviours on the part of men (ICES, 2009, p.29). The expectation by women of monogamous male partners may also be a reason as to why so few women think it necessary to get tested for HIV. Of a base of 511 women, 82 percent of women in the CARE sample stated 'definitely not' to the question 'how likely is it that your current/previous husbands/partners had sex with someone else?' while only 11 percent answered 'probably not.' Social attitudes and cultural expectations thereby shape people's practices toward health-seeking behaviour including voluntary testing for HIV.

The above data points to some significant aspects of gender relations when it comes to reproductive health. The first is that negotiated contraception (particularly the use of condoms by males) is low, even though men showed moderate levels of acceptance of their responsibilities relating to reproductive health. This gap between male attitudes and practice in effect forces women to rely on a variety of contraceptive methods to avoid pregnancy and shoulder the lion's share of responsibility for planned parenthood. Second, testing for HIV is very low, pointing to a sample population that does not consider testing a necessity, even though men who engage in transactional sex or sex with commercial sex workers, and/or are perpetrators of IPV/sexual violence on multiple female partners, subscribe to low condom use or use needles when taking drugs constitute high-risk groups who are likely, in turn, to transmit HIV to others.

5.8 Violence and its health impact

Findings on the prevalence of diverse forms of violence have been discussed in detail in chapter four of this report. However, it is relevant to highlight here the data on the health impact of VAW as it not only affects the women concerned but also overall family well-being.

Out of a base of 110 women who had experienced physical abuse by an intimate partner, 48 percent reported being injured by husbands/male partners. Of this cohort, 20 percent reported being injured three to five times, while 9 percent stated they were injured more than five times. Twenty-six percent of women had to stay in bed because of injuries resulting from the physical violence. Sixteen percent of women had taken days off work because of their injuries, while 32 percent had to seek medical attention (see Tables 5.8 to 5.11).

Table 5.8

In your life, how many times were you injured by (any of) your husband/partner(s)?

	Percentage
Never	51.8
Once/twice	19.1
Several (3-5) times	20.0
Many (more than 5) times	9.1

Table 5.9

Did you ever stay in bed because of these injuries?

	Percentage
Yes	25.5
No	74.5

Table 5.10

Did you ever take days off from income generating work because of these injuries?

	Percentage
Yes	15.8
No	50.9
No paid work	33.3

Table 5.11

Did you seek medical attention for these injuries?

	Percentage
Yes	31.6
No	68.4

Of the women who had experienced IPV, 23 percent had also miscarried, as opposed to the 14 percent of women who had miscarried but were not victims of IPV. This indicates a link between IPV and miscarriage. Seven percent of women sampled who had never experienced IPV had also undergone stillbirths, while the figure was 6 percent for those women who had experienced IPV, showing that in the case of stillbirths, IPV was not an appreciable factor. However, 7 percent of women who suffered IPV/forced sexual relations had undergone abortions in comparison to the 0.7 percent of women who had never experienced IPV or non-partner sexual violence but who had had abortions (tables 5.12-5.14).

Table 5.12

Have you ever had a pregnancy that miscarried?

		Physical or sexual IPV	
		Never IPV Percentage	Ever IPV Percentage
Have you ever had a pregnancy that miscarried?	Yes	13.6	22.9
	No	86.4	77.1

Table 5.13

Have you ever had a pregnancy that ended in a still birth?

		Physical or sexual IPV	
		Never IPV Percentage	Ever IPV Percentage
Have you ever had a pregnancy that ended in a still birth?	Yes	7.1	5.5
	No	92.9	94.5

Table 5.14

Have you ever had an abortion?

		Physical or sexual IPV	
		Never IPV Percentage	Ever IPV Percentage
Have you ever had an abortion?	Yes	0.7	7.3
	No	99.3	92.7

The data from the CARE study indicates that reporting by women of both IPV and non-partner sexual violence is low, corroborating what other studies have also found of violence as a 'hidden' problem

(Jansen, 2006, p.8). In the CARE sample, only 32 percent of female victims of IPV who sought medical aid had reported the violence at all. This points to continued underreporting by women of the problem. Yet the figure of women (13 percent) who reported intimate partner physical violence to the police is more hopeful than the 8 percent, or just 18 women, who had reported non-partner sexual violence to the police. Thirteen percent of these women had, however, reported non-partner sexual violence to the health services. Overall, only 10 percent of women victims of IPV or non-partner sexual violence had told their families about the violence and the trauma they suffered.

The significant levels of suppression by women of their feelings of anger, hurt, vulnerability and insecurity following IPV necessarily has an impact on their mental health. It is not surprising therefore that a strong correlative was found between women's experiences of IPV and having suicidal thoughts. Among women who had experienced IPV 25 percent of women reported ever having suicidal thoughts compared with only 7 percent of women who never experienced IPV.

Significantly, 66 percent of women who had not experienced IPV were using contraception as compared to the lower 54 percent of women who were victims of IPV, pointing to a link between IPV and low contraception use. Corroborating this pattern, 3 percent of women who had not experienced IPV noted that their partners had stopped/refused contraception in contrast to the 7 percent of women who were victims of IPV and reported that their male partners had refused/stopped using contraception. This indicates that non-violent, supportive men are more likely to encourage their partners to use contraception and use it themselves, as opposed to the men who perpetrate IPV.

Apart from the impact of male violence on wives and female partners, IPV has a direct bearing on children. Studies have found that boys who are exposed to parental IPV show hyperactivity, aggression and destructive tendencies, while girls tend to experience anxiety and depression (Jayasinghe, Jayawardena and Perera, 2009, p.275). As indicated in chapter four, the data from the CARE survey shows that men who perpetrated IPV in adulthood also saw their mothers being beaten when they were children, although this relationship did not emerge as statistically significant.

5.9 Summary

The data from the CARE study indicates several aspects of male mental health, as well as drivers of childhood trauma, attitudes and practices relating to reproductive health, and the impact on women of male perpetration of IPV and non-partner sexual violence. Economic pressures resulting from inadequate income, lack of economic assets and financial responsibilities as breadwinners and male heads of households were found to be amongst the primary causes of male stress and lack of well-being, with a commensurate moderate level of depression and suicidal thoughts found amongst the male sample.

Evidence was also found of male childhood trauma. Comprising not only of child sexual abuse (discussed in chapter four) but also hunger, emotional neglect, public humiliation, beatings and absentee parents, male respondents who participated in the CARE study were found to have experienced all of the above in low to moderate levels. Of significance is that male respondents who were fathers reported less time spent with their children either due to gendered norms of parenting, and/or time spent away from home due to employment/migration. This points to a continuing pattern of aloof or absentee fathers, lack of male bonding and positive male mentoring of children that can lead to feelings of emotional neglect in children, affecting yet another generation.

Regarding reproductive health, while men's support for their pregnant wives or partners was moderate to high in terms of accompanying the women to prenatal clinics and mostly refraining from violence and forced sex during pregnancy, their use of contraception was low, pointing to the fact that men left it

largely to their wives or girlfriends to bear the primary responsibility of planned parenthood. Similarly, men's attitudes and practices to HIV testing, even amongst those at higher risk of the infection, indicates that health-seeking behaviour related to HIV remains a low priority, avoided by both the male and female sample groups.

The CARE study also found the health impact of male violence on women to be significant. While injuries due to IPV and non-partner sexual violence caused a significant proportion of women to seek medical help or stay in bed, suicidal thoughts and miscarriages were also found to correlate to the violence. However, the problem remained largely underreported by women. Yet there can be no doubt that growing up in a violent home can have a negative impact on the well-being of children, their development and socialization, or other members of the family.

All of the above point to the fact that individual physical and mental health, attitudes and behaviours cannot be taken in isolation but must necessarily be grounded and assessed in relation to the economic, social, cultural and political contexts from which they emerge. The levels of stress experienced by men as well as women in the CARE study imply that there are few avenues of release available for the majority who do not resort to alcohol, drugs or violence. As a result there seems to be a tendency to internalize the stress, which has a significant impact, in turn, on the well-being of both men and women.

Chapter 6: Recommendations

The CARE study highlights for the first time in Sri Lanka an in-depth understanding of male perspectives, behaviours and attitudes with regards to gender equality and gender-based violence. Men's experiences in childhood and how they ultimately impact their behaviour as adults is clearly brought out in the study, thereby raising the need to deeply analyse the experiences in men's own life cycles from childhood to adulthood in order to develop interventions to positively impact their behaviours and attitudes. Expression of men's own attitudes toward and motivations for perpetration of violence against women is an important perspective that is obtained as most policy and programming interventions for gender equality and violence against women have been based on women's own experiences and perspectives. The lack of this insight could be a reason why interventions on gender-based violence over the past decades have still not managed to reduce rates of violence against women significantly.

While the study does, however, emphasize the need to continue working with women and girls to reduce violence against women, the resounding call is to work more closely with men in their various spheres and capacities as individuals, as members of family units, their surrounding communities and societies and, finally, as decision-makers in their places of work and policymakers.

The recommendations chapter highlights some key findings that will serve as the foundation for suggestions in policy and programming approaches. These recommendations focus on interventions that would primarily be presented from the perspective of breaking the cycle of violence at crucial stages of a man's life and working with men as allies for women's empowerment.

6.1 Main findings

Described below are the critical findings from the CARE study across the themes of gender attitudes and practices, violence perpetration and well-being and family health, which inform the crux of the recommendations:

GEM Scale attitudes — men seem to have moderate gender equitable attitudes but display contradictions in practice

While men's responses show moderate gender equity in their everyday lives, on the GEM Scale, male respondents yielded a higher percentage of gender inequitable attitudes This supposed gap between ideology and practice — even if there is over-reporting by men on the latter — indicates a potential space where men can change.

Women in Sri Lanka also hold gender inequitable attitudes — and often more inequitable than men's attitudes — particularly in terms of rape.

Furthermore, these attitudes explain why there continues to be a masculinization of government, technology and the corporate sphere even as individual men (as in the CARE sample) show moderate gender equity in their everyday lives and practices in relation to decision-making, control of women's dress and mobility, and attitudes to equal pay.

Violence and GBV — attitudes to SGBV, sexual violence inclusive of rape and impunity

The study points to several contexts, drivers, and variables related to tmale perpetration of physical and sexual violence against women, as well as men and boys, many of which are grounded in cultural attitudes about how to be a man. The study therefore makes a strong case for looking at male perpetration of gender-based violence as one that is structurally supported through the acceptance and implementation of violence as a part of routine social relations from which dominant masculinity gains advantage.

The majority of the sexual violence captured fall within the IPV category inclusive of marital rape. The key motivation factor reported for sexual violence inclusive of rape was male sexual entitlement. Two thirds of the sample that perpetrated sexual violence inclusive of rape did so for the first time between the ages of 20 and 29. The study also reveals that the level of impunity — from families, communities and the law — for sexual violence inclusive of rape is quite high in Sri Lanka.

Almost one third of the men who perpetrate sexual violence inclusive of rape do this for the first time between the ages of 15 and 19 years.

Impact of IPV on women's health

The health impact of male violence on women was found to be significant. While injuries due to IPV and non-partner sexual violence caused a significant proportion of women to seek medical help or stay in bed, suicidal thoughts and miscarriages were also found to correlate to the violence.

The problem of IPV remained largely underreported by women. The significant levels of suppression by women of their feelings of anger, hurt, vulnerability and insecurity following IPV necessarily has an impact on their mental health.

Men's experiences of violence

Many children, especially boys, experience some form of violence or neglect during childhood. Comprising not only of child sexual abuse but also hunger, emotional neglect, public humiliation, beatings and absentee parents. Of significance is that male respondents who were fathers reported less time spent with their children either due to gendered norms of parenting, and/or time spent away from home due to employment/migration. This points to a continuing pattern of aloof or absentee fathers, lack of male bonding and positive male mentoring of children that can lead to feelings of emotional neglect in children, affecting yet another generation.

Men who experienced sexual, physical or emotional abuse during childhood are more likely to perpetrate violence against women in adulthood.

The findings on sexual abuse, particularly of boys, warrant urgent attention. This is important not only for making visible the vulnerability of boys to sexual abuse, but also for tracing the impact it has on the process by which the boys can become violent men, often targeting women with violence.

Sri Lankan men also experience homophobic attacks and sexual violence at the hands of other men. Although the prevalence of male rape is much lower than rape of women, the community, legal and medical support channels available to men who experience rape are far fewer.

Men's well-being and health

Economic pressures resulting from inadequate income, lack of economic assets and financial responsibilities as breadwinners and male heads of households were found to be amongst the primary causes of male stress and lack of well-being; with a commensurate moderate level of depression and suicidal thoughts found amongst the male sample.

Men who had multiple sexual partners or who engaged in transactional sex and sex with sex workers were found to be more likely to perpetrate sexual violence against women.

Men's attitudes to women's health and reproductive and sexual health

Regarding reproductive health, while men's support for their pregnant wives/partners was moderate to high in terms of accompanying the women to prenatal clinics and mostly refraining from violence and forced sex during pregnancy, their use of contraception was low, pointing to the fact that men left it largely to their wives/girlfriends to bear the primary responsibility of planned parenthood.

Both men, even those in high-risk groups, and women reported very low rates of HIV testing, indicating that health-seeking behaviour related to HIV remains a low priority for men and women in Sri Lanka.

6.2 Recommendations

Change socio-cultural norms regarding gender attitudes and masculinities

Engagement with the Education sector: The most effective way of reaching out to children is through the school system. Awareness on gender equality issues and on gender-based violence must be raised among children of school-going age. Educational materials that reinforce gender norms and attitudes must be reviewed and revised. However, the formal education sector is the hardest to penetrate and educationists have been largely unsuccessful in their efforts over the years. Reluctance on the part

of state education agencies to permit civil society organisations to carry out programmes within the formal education system remains an impenetrable barrier. It would also be more effective to ensure that school-based programmes are linked to sexual and reproductive health programmes.

Usage of gender-sensitive terminology for head of household concept: Usage of head of the household terminology creates hierarchies within families and accords a higher status to the male and reinforces his position of dominance even though it may be a woman who carries out the related responsibilities. Although the terminology itself is gender neutral, society perceives the male to be the head of the family unless there is no male. The data sheds light on the fact that not only a majority of men, but a large proportion of women, believe the man to be the head of the household. The data also shows that the percentage of males who said the title was shared was less than the women who thought so. A clear state policy on the concept of head of the household is required. This policy must filter down to government officials working with grassroots communities. It must also be clear policy that is adopted by the state administration.

Below are some successful examples of working on men's gendered attitudes and norms

Many success stories on working with men and boys have been documented. Men's Action to Stop Violence Against Women (MASVAW), a community-based social movement in North India works with men and boys in universities and community settings on issues of GBV to bring about attitudinal changes. Positive male role models have the potential to influence boys and men: White Ribbon Ambassadors in Switzerland, mostly male politicians, have successfully been used in public awareness campaigns on GBV. The Sonke Gender Justice Network works across Africa with men and boys to promote gender equality and prevent GBV. The 'One Man Can' Campaign encourages men to prevent GBV and to advocate for gender equality and its aim is to promote supportive masculinities that will benefit both men and women. MenCare, a Global Fatherhood Campaign coordinated by Promundo, Sonke and the MenEngage Alliance, is an effort to promote men's involvement as fathers and as caregivers by providing support materials and research to women's organizations, NGOs and government to implement campaign activities.

End impunity for violence against women

The data reinforces the fact that more interventions need to be carried out to address the lack of awareness of the legal framework on violence against women among men and women.

Recognizing marital rape: The UN CEDAW Committee reviewed the report sent by the Sri Lankan government in January 2011 and proposed detailed Concluding Observations to the government of Sri Lanka on a number of issues.18 One recommendation was to review and extend the current criminal law on marital rape, which only allows for a woman to accuse her husband of raping her if they are judicially separated. The findings of this study indicate that very few women would in fact accuse their husbands of raping them, as they believe that they cannot refuse sex with their husbands.

More focused and targeted interventions at grassroots level on marital rape are needed to dispel the myth that a woman cannot refuse to have sex with her husband. The study also brings home the fact that targeted interventions are necessary with both men and women if we are to dispel this notion.

The Sierra Leone Men's Association for Gender Equality carried out an interesting project in collaboration with civil society to lobby for three laws on gender. They used creative communication and media tactics to spread awareness on the laws around the country. Effective strategies need to be designed to ensure that the community is aware of the legal redress available where violence has occurred.

Improve health sector responses to GBV and men's health and well-being

Engagement with the health sector: The importance of having a body of medical professionals who are well-versed in issues such as supportive masculinities, GBV, male on male violence, men's health and gender equality is backed by the data in the study. Medical syllabi must reflect these broad-ranging issues so that medical professionals have basic knowledge on these issues and are able to tackle them or are able to refer them to appropriate parties/agencies. Male child abuse brought out in the data needs to be tackled not only by civil society, but also by the medical community that has the expertise to provide guidance and direction. The medical profession needs to be called upon when designing strategic interventions for gender-based violence and other related areas. A working relationship needs to be established between civil society and the medical profession.

The Study also highlights the need to provide psychosocial services for men and boys as victims of violence as a means of reducing their emotional stress levels and breaking the cycle of violence perpetration. Towards this, state and non-state agencies need to fully appreciate the importance of interventions of this nature through research and advocacy initiatives.

The CARE study brings out the need to recognize homosexuals and/or homosexuality in order to provide them with services and support in instances of physical and sexual violence that they face. Toward this, working on decriminalizing homosexuality must continue, not only as a means to reduce transmission of HIV (which is the national strategy) but also to improve their access to services.

Address ideologies of male sexual entitlement

Non-formal adult learning environments: The involvement of adult men and women in non-formal adult learning environments such as in continuing professional development programmes and in community-based adult education courses is an innovative method of reaching out to adults on attitudes to GBV and gender equality. Greater interaction of men through community-based groups such as local club-based activities and involvement with community-based volunteer groups and religious leaders who play an influential role in forming these norms must be explored.

Strengthen support for abused children

Lobby for psychosocial services and counselling services: It is imperative that more support systems for children at primary and secondary level in schools are made available to identify children undergoing trauma. Counselling centres in schools must be established at local level so that boys and girls may access these services. 'Expect Respect', a programme run in an Austin public school in the USA by the Centre for Disease Control, provided psychosocial support to children. The aim was to decrease men's use of domestic violence by providing support to children affected by trauma.

Work with colleges of pediatricians and colleges of psychiatrists on male child abuse: Colleges of pediatricians and psychiatrists must be partnered with organizations working on child abuse to address male child abuse and childhood trauma in a holistic manner. A multilevel approach with the involvement of state agencies working with these groups, such as the Ministry of Women and Child Affairs, Department of Probation and Childcare Services and National Child Protection Authority, is needed to tackle the problem.

Address notions of masculinities and sexuality among youth

Sensitization in non-formal educational settings: Given the difficulties of accessing the formal education system, an alternative method to access young girls and boys is through non-formal

educational settings. For example, through sports clubs, community-based learning centres and other institutions providing non-formal education. Community-based non-formal learning environments such as sports and fitness programmes, boy scouts and girl guides movements are other sites to explore. The provision of career guidance in these spaces would reduce the stress youth face in terms of unemployment and pressure of becoming the breadwinner. This method would ensure that school dropouts are also targeted. It is also a means of accessing children more easily than through the formal education system.

Sports as an entry point for children, adolescents and young adults: Programmatic interventions need to explore different ways of accessing and influencing children and youth, especially with the high numbers of absentee parenting and associated risks and vulnerabilities. Sports are a fitting entry point to work on issues of GBV and gender equality with both men and women and boys and girls. An example of a successful initiative is from Georgia where male role models such as rugby players have been used in prevention-based activities around gender equality, respect for women and rejection of violence. These messages have been taken to sports games, the media, to schools and to youth correction facilities. Another example is using well-known cricketers to carry messages on zero tolerance of GBV. This was an initiative of the GBV Forum in Sri Lanka a few years ago during the 16 Days of Activism on eliminating Violence against Women.

Using information, communication and technology: ICT is a powerful tool to reach children from a very early age. Children and youth in today's day and age are computer literate and are adept at using the computer and mobile phones for internet research, electronic mail and also to access various social networks such as Facebook, Twitter and My Space. The use of ICTs as tools to empower and to create awareness on issues of gender equality and GBV to children and young adults should be explored. ICT is also a useful tool to reach out to young males who are frequent users of computers.

Lobby for introduction of comprehensive sex education in schools: Introducing comprehensive sex education in schools at secondary school level for both boys and girls while introducing modules on sex education in teacher training institutes is extremely important. These modules must be prepared by experts on child psychology and others such as education experts who can train teachers on how to deliver the material to children. Delivery is as important as the preparation of the materials.

Engage with organizations working on adolescent and youth SRH: Organizations working on issues surrounding youth, sexuality and SRH must incorporate issues such as gender equality, underage sexual activity, violence against women and male on male violence in their programmes with youth and adolescents. These organizations must also work with young males to create awareness on supportive masculinities and on the importance of male involvement in reproductive health issues such as family planning and pre- and postnatal visits.

Encourage positive parenting practices in the workplace

Work with men as allies for gender equality: It is important to ensure that men's roles as fathers, sons and brothers are also taken into account and not only their role as conjugal partners in the family (Chopra, 2006, p.5). This approach enables society to think of men as partners more expansively and is useful to engage men in the household and thereby also empower women (Chopra, 2006, p.4). This approach also brings men into the household in a positive manner, thereby involving them as partners within the home. Men need not be confined only to the economic and reproductive sphere. We need to ensure that men also have the opportunity to care for their children. The view that men cannot care for their children needs demystification (Chopra, 2006, p.3). Parenting interventions have not focused sufficiently on the role fathers' play and have focused exclusively on the role of the mother (McAllister, Burgess, Kato and Barker, 2012, p.6). The father is 'missing' in these interventions.

Introduce positive parenting policies and practices : The corporate sector has not been tapped into sufficiently by development agencies and civil society in their work on gender transformation. The corporate sector can influence potential reform initiatives, especially those that impact the business sector directly and national reform initiatives indirectly. The corporate and public sector needs to put in place policies and practices that encourage males to also share responsibilities within the home and engage in caring for their children.

The ILO has several Conventions that seek to engage both men and women in sharing responsibilities within the home and in the workplace. Sri Lanka has not ratified ILO Convention No. 156 (1981) on Workers with Family Responsibilities. This Convention imposes an obligation on employers to put in place measures that allow for both men and women to be responsible and to take care of their families. The Convention aims to create equality of opportunity and treatment in employment and occupation between men and women workers with family responsibilities. The Convention requires all ratifying states to incorporate the above into national policy. Sri Lanka has also not ratified ILO Convention No. 175 (1994) on Part-Time Work. This Convention encourages part-time work for both men and women so that they are able to combine their work and family commitments by working part-time. A strategic intervention would be to engage with the corporate sector to create awareness on the value of these Conventions and also to encourage corporations to lobby the State to sign onto these Conventions.

'The Healthy Masculinity Action Project', a grassroots movement in the USA, has begun an initiative to eliminate gender stereotypes and to reduce GBV. One of their projects involves bringing together over 200 industry leaders, which include those in the health, business, policy and education sectors to engage with men and boys on how to uncover masculinities and create an environment where VAW, girls and other men by men is not normalized and accepted. Engaging the business sector along with other sectors is a strategic move to ensure interaction and networking among the different sectors.

Support further research in the field of masculinities for primary prevention of GBV

The analysis of heteronormative masculinities of men in Sri Lanka in relation to important influential factors such as the 30-year civil war, tsunami and agricultural dependency, as well as the in-depth analysis of risk factors, attitudes and experiences of violence and abuse, leading up to perpetration of violence against women and men is lacking within the country. The CARE study provides many areas for deeper analysis in order to fuel the development of plans of action/programming recommendations for primary prevention of GBV. Toward this, technical capacities must be enhanced for further analysis of data on gender-based violence and masculinities.

Working with women and girls

The study has also revealed that women play a major role in perpetuating stereotypes and strong norms of masculinities within the home on issues such as male dominance, fatherhood roles, male involvement/non-involvement in the household and masculinist notions. These myths need to be dispelled through working with women and girls at a young age in different settings. It is important to target women and girls, not in isolation, but together with men and boys, so that gender insensitive attitudes of both sexes can be changed through self-reflection and comparison. Working with women on changing attitudes must continue.

6.3 Summary of findings and recommendations

Action	Findings	Recommended programme and policy steps	Possible sectors/ partners
Change socio-cultural norms regarding gender attitudes and masculinities	Culturally accepted attitudes on how to be 'men' were key drivers and variables related to the male perpetration of physical and sexual violence against women. Women in Sri Lanka hold gender inequitable attitudes — often more inequitable than men's attitudes — particularly in terms of rape.	Lobby for the reform of school materials and curricula to be gender sensitive. Lobby to make policies more gender equitable, for example, making state allocation of land available to not only the male 'head of household'. Promote new notions of masculinity associated with non-violence, respect and equality. Work with men who do not perpetrate VAW as allies in prevention interventions. Mainstream workplace activities on preventing VAW and implement anti-harassment policies in schools and offices	Education sector Civil society
End impunity for violence against women	The majority of the sexual violence captured falls within the IPV category inclusive of marital rape. The key motivation factor reported for rape was male sexual entitlement. The level of impunity for male perpetrators — from families, communities and the law — for rape is quite high in Sri Lanka.	Increase awareness of VAW laws. Review and extend the criminal law to recognize marital rape as an offence.	Ministry of Justice Civil society

6.3 Summary of findings and recommendations

Action	Findings	Recommended programme and policy steps	Possible sectors/ partners
Improve health sector response to GBV	Women underreport their experiences of IPV. The health impact of male violence on women was significant enough to include them to have to stay in bed, suffer miscarriages and consider suicidal thoughts.	Enhance the capacity of mental health services to address the needs of victims of GBV. Include GBV and response mechanisms in medical syllabi.	Ministry of Health/ Family Health Bureau Sri Lanka Medical Association
Address men's health and well-being issues	Men's support for their pregnant wives/partners was moderate to high in terms of prenatal care, with men mostly refraining from violence and forced sex during pregnancy. Men leave it largely to their wives/girl friends to bear the primary responsibility of planned parenthood Both men, even those in high-risk groups, and women reported very low rates of HIV testing. Primary causes for male stress and lack of well being were economic pressures resulting from inadequate income, lack of economic assets, and financial responsibilities as breadwinners with a commensurate moderate level of depression and suicidal thoughts. Sri Lankan men also experience homophobic attacks and sexual violence at the hands of other men.	Build the capacity of law enforcement and medical personnel to sensitively and effectively support men who experience violence. Conduct awareness-raising campaigns directed at men to encourage them to make use of health services. As the data shows that men attend prenatal clinics with their partners, these could be good places to start such campaigns. Support the availability of counselling services specifically for men. Increase men and women's awareness about, and access to, condom-use and HIV testing. Provide support services for men who have sex with men who face violence.	Sri Lanka Medical Association Ministry of Health/ Family Health Bureau Corporate sector Trade unions

6.3 Summary of findings and recommendations

Action	Findings	Recommended programme and policy steps	Possible sectors/ partners
Address ideologies of male sexual entitlement	Feelings of sexual entitlement was the main driver for men to perpetrate sexual violence against women. Men who had multiple sexual partners or who engaged in transactional sex and sex with sex workers were found to be more likely to perpetrate sexual violence against women.	Promote safe and consensual sex through the mass media, schools, workplaces and community centres. Address notions of masculinity associated with sexual prowess and sexual entitlement through community engagement mechanisms	Formal and non-formal education sector Religious institutions
Strengthen support for abused children	One third of the male sample had experienced child sexual abuse. Many children, especially boys, experience some form of violence or neglect during childhood, which includes child sexual abuse, hunger, emotional neglect, public humiliation, beatings and absentee parents. Men who experienced sexual, physical or emotional abuse during childhood are more likely to perpetrate violence against women in adulthood	Provide psychosocial counselling services at schools. Support positive parenting interventions with men and women.	Colleges of Pediatricians and Psychiatrists Education sector Ministry of Women Affairs and Child Development Department of Probation and Childcare, National Child Protection Authority

6.3 Summary of findings and recommendations

Action	Findings	Recommended programme and policy steps	Possible sectors/ partners
Address notions of masculinities and sexuality among youth	Nearly one third of all men who reported perpetrating sexual violence, including rape, did so for the first time when they were adolescents (15-19 years). A majority of the incidents occurred outside a relationship.	Introduce comprehensive sex education in schools and introduce modules on sex education in teacher training institutes. Promote gender-equitable, non-violent masculinities in the mass media and through ICTs. Promote school-based (informal and non-formal schools) and community-based sports programmes for boys and young men, along with girls, that encourage discussions on gender equality. Engage with male role models through the media and promote positive peer pressure in schools and workplaces	Education sector Organizations working on youth and adolescent sexual and reproductive health Media agencies

6.3 Summary of findings and recommendations

Action	Findings	Recommended programme and policy steps	Possible sectors/ partners
Encourage positive parenting practices in the workplace	Men who were fathers reported less time spent with their children either due to gendered norms of parenting and/or time spent away from home due to employment.	Lobby the government to ratify ILO Conventions that recognize workers with family responsibilities and provide for part-time work. Lobby the private sector and public sector to provide paternity leave and other policies that support family responsibilities of both men and women Introduce policies that allow fathers to be present in the labour room during childbirth in state hospitals. Provide child-care facilities at workplaces.	Ministry of Labour Corporate sector Business coalitions
Support further research and evaluations	Lack of in-depth analysis of risk factors, attitudes, experiences of violence and abuse leading up to perpetration of violence against women and men.	Enhance capacities for further collection and analysis of data on gender-based violence and masculinities to monitor changes. Support and conduct rigorous evaluations of promising programmes.	Academia Research institutes Civil society

References

Almaguer, T., 1993. Chicano Men: A Cartography of Homosexual Identity and Behaviour. In: H. Abelove, M.A. Barale and D.M. Halperin, eds. *The Lesbian and Gay Studies Reader*. New York and London: Routledge, pp. 255-273.

Bergeron, S., 2006. *Fragments of Development: Nation, Gender, and the Space of Modernity*. Ann Arbor: University of Michigan Press.

Bhasin, K., 2000. *Understanding Gender*. Delhi: Women Unlimited.

Bremner, F., 2004. Fragments of Memory, Processes of State: Ethnic Violence through the Life Histories of Participants. In: D. Winslow and M.D. Woost, eds. *Economy, Culture and Civil War in Sri Lanka*. Bloomington: Indiana University Press, pp.137-150.

CARE International, Sri Lanka. 2010. *Concept Note, Engaging Men Initiative*. [internal document].

Central Bank of Sri Lanka. 2012. *Economic and Social Statistics of Sri Lanka 2012*. Colombo: CBSL.

Center for Poverty Analysis (CEPA), 2005. *Moving out of Poverty in the Estate Sector in Sri Lanka: Understanding Growth and Freedom from the Bottom Up*. Colombo: CEPA.

Chatterjee, P., 1989. The Nationalist Resolution of the Women's Question. In: K. Sangari and S. Vaid, eds. *Recasting Women: Essays in Colonial History*. Delhi: Kali for Women, pp. 233-253.

Chodorow, N.J., 2002. The Enemy Outside: Thoughts on the Psychodynamics of Extreme Violence with special attention to Men and Masculinity. In: J.K. Gardiner, ed. In: *Masculinity Studies and Feminist Theory: New Directions*. New York: Columbia University Press, pp.235-260.

Chopra, R., ed., 2006. *Reframing Masculinities: Narrating the Supportive Practices of Men*. Orient Longman: UNIFEM.

Chopra, R., ed., 2007. *Reframing Masculinities: Narrating the Supportive Practices of Men*. Delhi: Orient Longman.

Chopra, R., Osella, C. and Osella, F., eds. *South Asian Masculinities: Context of Change, Sites of Continuity*. Delhi: Women Unlimited.

Cleaver, F., 2002. *Masculinities Matter! Men, Gender and Development*. London: Zed Books.

Committee on the elimination of violence against women, 2011, Concluding observations of the Committee on the Elimination of Discrimination against Women, Sri Lanka, http://www2.ohchr.org/english/bodies/cedaw/docs/co/CEDAW-C-LKA-CO-7.pdf (Accessed 11th September 2012)

Companions on a Journey and Naz Foundation International, 2009. First Sri Lanka National Consultation Meeting on MSM, HIV and Sexual Health. Lucknow: Naz Foundation.

Connell, R.W., 1995 and 2005. *Masculinities*. Berkeley and Los Angeles: University of California Press.

Connell, R.W., 2001. The Social Organization of Masculinity. In S.M. Whitehead and F.J. Barrett, eds. *The Masculinities Reader*. Malden: Blackwell Publishers, pp.30-50.

Connell, R.W., 2005. Globalization, imperialism, and Masculinities. In M. Kimmel, J. Hearn and R.W. Connell, eds. *Handbook on Studies on Men and Masculinities*. London: Sage.

Das, V., ed., 1990. *Mirrors of Violence: Communities, Riots and Survivors in South Asia*. Delhi: Oxford University Press.

de Mel, N., 2012. Post-Tsunami Resettlement: State-Gender Relations in Batticoloa. In J. Uyangoda and N. de Mel, eds. *Reframing Democracy: Perspectives on the Cultures of Inclusion and Exclusion in Contemporary Sri Lanka. Colombo*: Social Scientists' Association, pp. 320 – 350.

de Mel, N., 2007. *Militarizing Sri Lanka: Popular Culture, Memory and Narrative in the Armed Conflict*. Los Angeles, London, Delhi, Singapore: Sage.

de Mel, N., 2001. *Women and the Nation's Narrative: Gender and Nationalism in Twentieth Century Sri Lanka*. Delhi: Kali for Women and Lanham: Rowman & Littlefield

de Neve, G., 2004. The workplace and the neighbourhood: locating masculinities in the south Indian textile industry. In R. Chopra, C. Osella and F. Osella, eds. *South Asian Masculinities: Context of Change, Sites of Continuity*. Delhi: Women Unlimited, pp.60-95.

Dept. of Census and Statistics, Ministry of Finance and Planning, Sri Lanka. 2009, 2010 (a). *Household Income & Expenditure Survey*.

Dept. of Census and Statistics, Ministry of Finance and Planning, Sri Lanka. 2009, 2010 (b). *Poverty Indicators*.

Dept. of Census and Statistics, Ministry of Finance and Planning, Sri Lanka. 2011. *Bulletin of Labour Force Statistics of Sri Lanka*. [online] Available at: <www.statistics.gov/lk> [Accessed 13th August 2012]

de Silva, Jani. 2005. *Globalization, Terror and the Shaming of the Nation: Constructing Local Masculinities in a Sri Lankan Village*. Victoria BC: Trafford.

de Zoysa, A., 2010. *Conflict, Masculinties and Enhancing Responses for Gender-based Violence Prevention conference*. Bangkok 1-3 February 2010. [conference presentation on MSM]

Doyle, N., 2002. Why do Dogs Lick Their Balls? Gender, Desire and Change – A Case Study from Vietnam. In F. Cleaver, ed. *Masculinities Matter! Men, Gender and Development*. London: Zed Books, pp. 186-208.

International Center for Research on Women (ICRW) and Instituto Promundo, 2010. Evolving Men: Initial Results from the International Men and Gender Equality Survey (IMAGES). [online] Available at: <www.icrw.org/node/765> [Accessed 13th September 2012]

Fanon, F., 1967. *Black Skin, White Masks*. Translated by C.L. Markmann, New York: Grove Press.

Fernando, S., 2003. Opening Citizenship: Civil Society and Queer Networks in Sri Lanka. *Lines Magazine*, 2 [online] Available at: <http://issues.lines-magazine.org/Art_Nov03/sharmini_civil-society.htm> [Accessed 9 October 2012].

Fernando, M., 2009-2010. Sri Lanka State of Human Rights. Law and Society Trust Review. Colombo: *Law & Society Trust*, pp.401-419.

Fisher, S., 2012. Violence against Women and Natural Disasters: Findings from Post-Tsunami Sri Lanka. In: C.M. Renzetti, J.L. Edleson and R. K. Bergon, eds. *Companion Reader on Violence Against Women*. Los Angeles, London, Delhi, Singapore, Washington DC: Sage, pp. 135-150.

Fulu, E. and Jewkes, R., 2010. UN Multi-country Study on Men and Violence: Regional Quantitative Research Protocol. Bangkok: Partners for Prevention, pp. 28 – 31.

Gamburd, M., 2004. The Economics of Enlisting: A Village View of Armed Service. In: D. Winslow and M.D. Woost, eds. *Economy, Culture and Civil War in Sri Lanka*. Bloomington: Indiana University Press, pp.151-167.

Gardiner, J.K. ed., 2002. *Masculinity Studies and Feminist Theory: New Directions*. New York: Columbia University Press, pp. 1-29.

Garcia-Moreno, C., Jansen, H.A.F.M., Ellsberg, M., Heise, L. and Watts, C., 2005. *WHO Multi-country Study on Women's Health and Domestic Violence against Women: Initial results on prevalence, health outcomes and women's responses*. Geneva: World Health Organization.

Gomez, S. and Gomez, M., 1999. *Gender Violence in Sri Lanka: From Rights and Shame to Remedies and Change*. Colombo: CIDA.

Gilroy, P., 2000. *Against Race: Imagining Political Culture Beyond the Color Line*. Cambridge: Harvard University Press.

Guha, R., 1982. *Subaltern Studies 1: Writings on South Asian History and Society*. Delhi: Oxford University Press.

Gunawardena, N., 2010. *Subverted Heroes: Narrative Experiences of Disabled Veterans in Post-War Sri Lanka*. M.A. University of Leeds, [online] Available at: <http://www.leeds.ac.uk/disability-studies/archiveuk/Gunawardena/Gunawardena_Dis.vets_dissertation_final1.6.pdf> [Accessed 11 March 2013].

Hearn, J., 1992. *Men in the Public Eye: The Construction and Deconstruction of Public Men and Public Patriarchies*. London & New York: Routledge.

Herman, J.L., 1992. *Trauma and Recovery: The aftermath of violence — from domestic abuse to political terror*. New York: Harper Collins.

Hettige, S., 2004. Economic Policy, Changing Opportunities for Youth and the Ethnic Conflict in Sri Lanka. In: D. Winslow and M.D. Woost, eds. *Economy, Culture and Civil War in Sri Lanka*. Bloomington: Indiana University Press, pp. 115 – 130.

Holmgren, L.E. and Hearn, J., 2009. Framing 'men in feminism: theoretical locations, local contexts and practical passings in men's gender-conscious positionings on gender equality and feminism. *Journal of Gender Studies*, 18 (4), pp.403-418.

icddr,b, 2001. *Men's attitudes and practices regarding gender and violence against women in Bangladesh: Preliminary findings*. Dhaka: icddr,b.

International Center for Ethnic Studies, 2009. *A Survey of HIV/AIDS Awareness and Risky Sexual Behaviour in a Vulnerable Population in Sri Lanka*. Kandy: ICES.

Jansen, H., 2006. WHO Multi-country study on Women's Health and Domestic Violence against Women. What next? In: Dept. of Community Medicine, University of Sri Jayawardenapura and Dept. of Women's and Children's Health, *Effective Interventions for Domestic Violence against Women*. Uppsala: Dept. of Women's and Children's Health, Uppsala University, pp.5-10.

Jayasinghe, P., 2008. Cumulative Forces behind the Economic Development in East Asia and Sri Lanka's Development Experiences. In: S.M.P. Senanayake, W. Wimalaratne and A. de Silva, eds. *Development Perspectives: Growth and Equity in Sri Lanka*. Colombo: Dept. of Economics, University of Colombo.

Jayasinghe, S., Jayawardena, P. and Perera, H., 2009. Influence of intimate partner violence on behaviour, psychological status and school performance of children in Sri Lanka. *Journal of Family Studies*, 15, pp.274-283.

Jayasundere, R., 2012. Voices of Survivors: Cast Stories of Domestic Violence Victims. Colombo: Women in Need (WIN).

Jayasuriya, L., 2010. Taking Social Development Seriously: The Experience of Sri Lanka. Los Angeles, London, Delhi, Singapore, Washington DC: Sage.

Jayasuriya, V., 2012. Maternal Health and Mothers' Matters in the Estate Sector. Colombo: CARE.

Jayasuriya, V., Wijewrdene, K. and Axemo, P., 2011. Intimate Partner Violence against Women in the Capital Province of Sri Lanka: Prevalence, Risk Factors, and Help Seeking. *Violence Against Women*, pp.1- 17.

Jayatilleke, A., Poudel, K., Yasuoka, J., Jayatilleke, A. and Jimba, M., 2010. Intimate Partner Violence in Sri Lanka. *BioScience Trends*, 4: 3, pp.90–95.

Jayawardena, K., 1995. *The White Woman's Other Burden: Western Women and South Asia During British Rule*. London: Routledge.

Jeganathan, P., 1998. All the lord's men? Ethnicity and Inequality in the space of a riot. In: M. Roberts, ed. *Sri Lanka. Collective Identities Revisited, Volume 2*. Colombo: Marga.

Jensen, H., 2002. *A Classified Collection of Tamil Proverbs*. Madras: Asian Educational Services.

Kelegama, S., 2006. *Development Under Stress: Sri Lankan Economy in Transition*. Colombo: Vijitha Yapa.

Kimmel, M., 2002. Foreword. In: J.K. Gardiner, ed. *Masculinity Studies and Feminist Theory: New Directions*. New York: Columbia University Press, pp.ix – xi.

Leitan, T. and Withanachchi, S.S., 2012. Women and Politics in Rural Sri Lanka: Evidence from the Field. In: J. Uyangoda and N. de Mel, eds. *Reframing Democracy: Perspectives on the Cultures of Inclusion and Exclusion in Sri Lanka*. Colombo: Social Scientists' Association, pp.271-319.

Loganathan, B. and de Silva, M., 1999. *An Annotated Bibliography on Women in Conflict*. Colombo: Social Scientists' Association.

McAllister, F., Burgess, A., Kato, J. and Barker, G., 2012. *Fatherhood: Parenting Programs and Policy – A Critical Review of Best Practices*. London and Washington DC: Fatherhood Institute, Promundo and MenCare.

McClintock, A., 1995. *Imperial Leather: Race, Gender and Sexuality in the Colonial Contest*. New York and London: Routledge.

McGilvray, D. and Lawrence, P., 2010. Dreaming of dowry: post-tsunami housing strategies in eastern Sri Lanka. In: D.B. McGilvray and M.R. Gamburd, eds. *Tsunami Recovery in Sri Lanka*. London and New York: Routledge, pp.106-124.

Messner, M., A., 2001. Friendship, Intimacy and Sexuality. In: S.M. Whitehead and F.J. Barrett, eds. *The Masculinities Reader*. Malden: Blackwell Publishers, pp.253-265.

Miller, J. and Brunson, R.K., 2000. Gender Dynamics in Youth Gangs: A Comparison of Males' and Females' Accounts. *Justice Quarterly*, 17(3), pp.419-448.

Menon, N. ed., 2007. *Sexualities*. Delhi: Women Unlimited.

Muggah, R., 2012. *Researching the Urban Dilemma: Urbanization, Poverty and Violence*, [online] Available at: http://www.idrc.ca/EN/Programs/Social_and_Economic_Policy/Governance_Security_and_Justice/Documents/Researching-the-Urban-Dilemma-Baseline-study.pdf [Accessed 11 March 2013].

Nichols, Andrea., 2010. 'Dance Ponnaya, Dance! Police abuses against transgender sex workers in Sri Lanka, *Feminist Criminology*, 5(2), pp.195-222.

Nye, RA., 2005. Locating Masculinity: Some Recent Work on Men. *Signs: Journal of Women in Culture and Society*, 30(3), pp.1937-1962.

Pinto-Jayawardena, K., and de Almeida-Guneratne, J., eds., 2010. *Is Land Just for Men? Critiquing Discriminatory Laws, Regulations and Administrative Practices relating to Land & Property Rights of Women in Sri Lanka*. Colombo: Law & Society Trust.

Psychological Assessments of Development and Humanitarian Interventions (PADHI), 2009. Well-being and Development in Sri Lanka. Colombo: Faculty of Arts, University of Colombo.

Pulerwitz, J. and Barker, G., 2008. Measuring attitudes toward gender norms among young men in Brazil: Development and psychometric evaluation of the GEM scale. *Men and Masculinities*, 10, pp.322–338.

Ramamurthy, P., 2010. Why are Men doing Floral Sex-Work? Gender, Cultural Production and the Feminization of Agriculture. *Signs*, 35: 2, pp.397-424.

Senaveratne, J., 1936. *Dictionary of Proverbs of the Sinhalese*. Colombo: Times of Ceylon.

Simpson, B., 2004. Gays, paternity and polyandry: making sense of new family forms in contemporary Sri Lanka. In: R. Chopra, C. Osella and F. Osella, eds. *South Asian Masculinities: Context of Change, Sites of Continuity*. Delhi: Women Unlimited, pp.160-174.

Sinha, M., 1995. *Colonial Masculinity: The 'Manly Englishman' and the 'Effeminate Bengali' in the Late Nineteenth Century*. New York: Manchester University Press.

Shah, V. and Bondyopadhyay, A., 2007. *My Body is not Mine — Stories of Violence and Tales of Hope: Voices from the Kothi Community in India*. Mumbai: Naz Foundation.

Shanmugam, G. and Emmanuel, S., 2010. *A study of sexual abuse of adolescent girl children in Batticoloa*. Colombo: Save the Children, Sri Lanka.

Sharpe, J., 1993. The Unspeakable Limits of Rape: Colonial violence and Counter-Insurgency. In: P. Williams and L. Chrisman, eds. *Colonial Discourse and Post-Colonial Theory: A Reader*. New York: Harvester Wheatsheaf.

Sri Lanka Labour Force Survey, 2011. Quarterly Report, [online] Available at: <http://www.statistics.gov.lk/samplesurvey/2011q3report.pdf> [Accessed 11 March 2013].

Standing, G., 1999. Global Feminization through Flexible Labor: A Theme Revisited. World Development, 27(3), pp.583-602.

Still Human Still Here, 2012. A Commentary on the December 2011 Sri Lanka Operations Guidance Notes, [online] Available at: <http://stillhumanstillhere.files.wordpress.com/2009/01/shsh-commentary-on-the-april-2012-sri-lanka-ogn.pdf, pp.21-28> [Accessed 9 October 2012].

Thangarajah, P. and Arasu, P., 2010. Marital Rape and Law in South Asia. *Law and Society Trust Review*, 20(269), pp.34-46.

The Island, (2010). 'WP continues to earn higher income: NE economies record fastest growth rates,' http://www.island.lk/index.php?page_cat=article-details&page=article-details&code_title=2250 [Accessed 11 March 2013]

The Island, 2011. IMF raises inflation projection. The Island, [online] 22 September. Available at: <http://www.island.lk/index.php?page_cat=article-details&page=article-details&code_title=35210> [Accessed 11 March 2013].

Thompson, E. P., 1991. *The Making of the English Working Class*. Toronto: Penguin Books.

Vijayan, P.K., 2004. Developing powers: modernization and the masculine hegemony of Hindu nationalism. In: R. Chopra, C. Osella and F. Osella, eds. *South Asian Masculinities: Context of Change, Sites of Continuity*. Delhi: Women Unlimited, pp.364-390.

Walle, T.M., 2004. Virginity vs decency: continuity and change in Pakistani men's perception of sexuality and women. In: R. Chopra, C. Osella and F. Osella, eds. *South Asian Masculinities: Context of Change, Sites of Continuity*. Delhi, Women Unlimited, pp.96-130.

Welchman, L. and Hossain, S., 2006. Introduction: "Honour", rights and wrongs.' In: L. Welchman and S. Hossain, eds. *Honour: Crimes, Paradigms, and Violence against Women*. New Delhi, Zubaan, pp.1-21.

White, Sara, C., 2009. 'Reflection on Wellbeing,' *Wellbeing and Development in Sri Lanka*, Social Policy Analysis and Research Center, Faculty of Arts, University of Colombo, pp.7-13.

Wickramagamage, C., 2012. A Silent Revolution? 'Free Education' and Sri Lankan Women. The Island, [online] 2 August. Available at: http://www.island.lk/index.php?page_cat=article-details&page=article-details&code_title=58191 [Accessed 11 March 2013].

Wickramasinghe, M., 2009. *Feminist Research Methodology: Making Meanings of Meaning-Making*. London: Routledge.

Wickramasinghe, Maithree & Jayatilaka, Wijaya. 2006. *Beyond Glass Ceilings and Brick Walls: Gender at the Workplace*, Colombo, ILO

Wijayatilake, K., 2004. *Study on Sexual and Gender based Violence in selected locations in Sri Lanka*. Colombo: Centre for Women's Research (CENWOR).

Women's Health Committee of the Sri Lanka Medical Association and WHO, 2011. *Review of Research Evidence on Gender Based Violence (GBV) in Sri Lanka*. Colombo: SLMA.

Wood, K. and Jewkes, R., 2001. Violence, Rape and Sexual Coercion: Everyday Love in a South African Township. In: S.M. Whitehead and F.J. Barrett, eds. *The Masculinities Reader*. Malden, Blackwell Publishers, pp.133-140.

World Health Organization, 2005. *WHO Multi-Country Study of Women's Health and Domestic Violence Against Women*. Geneva: WHO.

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MALE SURVEY

Care International, 7A Gregory's Road, Col 7

For Information please contact Ramaaya Salgado or Kamani Jinadasa
rsalgado@co.care.org or kjinadasa@co.care.org

Annex 1 – Male Questionnaire

This questionnaire is the culmination of a number of years of work by many people, not all of whom can be named here. We gratefully acknowledge that this questionnaire incorporates many items and scales from other key survey instruments that have been tried, tested and validated in a number of settings, specifically:

a) IMAGES: International Men and Gender Equality Survey carried out by Instituto Promundo, the International Centre for Research on Women and local partner organizations
b) WHO Multi-country Study on Women's Health and Domestic Violence against Women, Version 10
c) Norway Study on Gender Equality and Quality of Life, carried out by the Nordic Gender Institute and the Work Research Institute
d) South Africa Study of Men, Masculinities, Violence and HIV, carried out by the Medical Research Council, South Africa

This particular questionnaire was developed by Dr Emma Fulu (Partners for Prevention) and Professor Rachel Jewkes (Medical Research Council, South Africa), with input from other members of the Technical Advisory Group for the Gender-based Violence and Masculinities Regional Research Project: Dr Gary Barker (Instituto Promundo), Dr Claudia Garcia-Moreno (WHO), James Lang (Partners for Prevention) and Dr Ravi Verma (ICRW).

This version of the questionnaire has also incorporated comments coming out of pretesting by the following country research teams involved in the Study:
Bangladesh: UNFPA and ICCDR,B, Dhaka
China: UNFPA, Beijing & Tianjin Normal University, Tianjin
Cambodia: Domrei Research and Consulting, Phnom Penh

IDENTIFICATION – PRINTED COPIES TO BE COMPLETED BY HAND, NOT ON PDAS				
COUNTRY CODE DISTRICT ..... POLLING BOOTH NUMBER ..... HOUSEHOLD NUMBER				____ [ ][ ] [ ][ ] [ ][ ]
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE INTERVIEWER'S NAME RESULT***	_____ _____ _____	_____ _____ _____	_____ _____ _____	DAY [ ][ ] MONTH [ ][ ] YEAR [ ][ ][ ][ ] INTERVIEWER [ ][ ] RESULT [ ][ ]
QUALITY CONTROL PROCEDURE CONDUCTED (1 = yes, 2 = no)			[ ]	TOTAL NUMBER OF VISITS [ ]
Q U E S T I O N N A I R E S COMPLETED? [ ] 1. None completed ⇒	*** <u>RESULT CODES</u> Refused (specify): _____ _____ .....1 Dwelling vacant or address not a dwelling .2 Dwelling destroyed .....3 Dwelling not found, not accessible .....4 Entire hh absent for extended period.....5 No hh member at home at time of visit .....**6** Hh respondent postponed interview .....**7** Entire hh speaking only incomprehensible language…… 8		⇒**Need to return** ⇒**Need to return**	
	Selected man refused (specify): ____ _____ .....9 No eligible man in household.....10 Selected man not at home .....**11** Selected man postponed interview .....**12** Selected man incapacitated 13		⇒**Need to return** ⇒**Need to return**	
[ ] 2. Male questionnaire partly completed ⇒	Does not want to continue (specify) : ___ _____ ...14 Rest of interview postponed to next visit .**15**		⇒**Need to return**	
[ ] 3. Male questionnaire completed ⇒	**.....**16			

CLUSTER NUMBER [ ][ ][ ]
HOUSEHOLD ID NUMBER[ ][ ][ ]

HOUSEHOLD SELECTION FORM – PRINTED COPIES TO BE COMPLETED BY HAND, NOT ON PDAS				
	Hello, my name is _____ . I am calling on behalf of Social Indicator. We are conducting a survey in (name of district) to learn about men's life experiences.			
1.	Please can you tell me how many people live here, and share food? PROBE: Does this include children (including infants) living here? Does it include any other people who may be extended family members or those who are not members of your immediate family such as domestic servants, lodgers or friends who live here and share food? MAKE SURE THESE PEOPLE ARE INCLUDED IN THE TOTAL	TOTAL NUMBER OF PEOPLE IN HOUSEHOLD [ ][ ]		
	MALE HOUSEHOLD MEMBERS			
2.	Today we would like to talk to one man from your household. To enable me to identify whom I should talk to, would you tell me how many men between the ages of 18 – 49 live in this house? Among them, can you tell me who celebrated their birthday last?	TOTAL NUMBER OF ELIGIBLE MEN IN HOUSEHOLD [ ][ ]		

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

- DOMESTIC SERVANTS IF THEY SLEEP 5 NIGHTS A WEEK OR MORE IN THE HOUSEHOLD AND EAT WITH THE REST OF THE FAMILY.
- VISITORS IF THEY HAVE SLEPT IN THE HOUSEHOLD FOR THE PAST 4 WEEKS.

(B) ELIGIBLE: ANY MAN BETWEEN 18 AND 49 LIVING IN HOUSEHOLD.

MORE THAN ONE ELIGIBLE MAN IN HH:

- **SELECT THE PERSON WHO CELEBRATED THEIR BIRTHDAY LAST.** ASK IF YOU CAN TALK WITH THE SELECTED MAN. IF HE IS NOT AT HOME, AGREE ON DATE FOR RETURN VISIT.
- **START THE MEN'S QUESTIONNAIRE**

NO ELIGIBLE MAN IN HH:

- **SAY "I cannot continue because I can only interview men 18 – 49 years old - Thank you for your assistance."**
- **FINISH HERE.**

A Study on Knowledge, Practices and Social Attitudes towards Gender and Gender Based Violence in Colombo, Nuwara Eliya, Hambantota and Batticaloa Districts

MALE QUESTIONNAIRE

STUDY CONDUCTED
BY SOCIAL INDICATOR

Confidential

PARTICIPANT'S INFORMATION LEAFLET
(Each participant must receive, read or have it read to him before the interview)

A study on Knowledge, Practices and Social Attitudes towards Gender and Gender Based Violence in Colombo, Nuwara Eliya, Hambantota and Batticaloa districts

Introduction
Good day. My name is _____. I am working with the organisation Social Indicator on a project to better understand men's health and relationships.

You are invited to volunteer to participate in a research study that is conducted in Sri Lanka. Before you agree to participate in this study you need to fully understand what is asked of you and to be sure you are completely happy with what is involved. If you do not understand the information or have any other questions, feel free to ask.

Purpose of this interview
The purpose of this study is to collect information so we can understand men's health, families and relationships. We want to understand more about the lives of men in Sri Lanka: how men think, how they have grown up, how healthy they are, their intimate relationships and how they relate to their families and children.

Many people are concerned that men have many health problems and some have very difficult lives. Our aim in doing this research is to learn more about men's health and lives so that the information can be used to develop ways of making them better. In order to really understand men we have to speak to a large number of men living in all different circumstances, including those who are healthy and those who are sick, those who have easier lives and those who have great difficulties. Because every man is different, we are choosing men to interview for the research using chance – rather like throwing a dice. We do not know anything about the lives of the men we are asking for interview before we start to talk to them. You have been invited to participate because your household was one of the houses randomly picked (by chance) from all the houses in this area.

We very much hope you will help us in our work as it is only by understanding all men that we can begin to develop ways of making the lives better for those who need help. We ask to have an interview with you; in this interview we will ask some information about you, things that have happened in your life that may affect your health and about your relationships. The interview will take approximately an hour.

What procedures are involved?
You are being asked to complete a questionnaire. There are no right or wrong answers; we want to know about you, your opinions or experiences. All your answers will be saved in the computer. This computer will not record your name. The interviewer will ask you the questions and record your answers on the little computer. He will be able to answer any questions you have during the interview. We will save the responses that you give to the questionnaire using a unique identification number. This means that your name will not be linked to the answers that you give. Information that is collected from you will be put together with information from 2000 other men.

Are there any risks or discomforts from participating in this study?
We will conduct the interview in a private and safe place for both you and the researcher. The only potential risk from participating in this study is that you may feel uncomfortable answering some of the questions that may deal with some sensitive issues. The questions ask about your home, your family, your childhood, your ideas about relations between men and women, aspects of your health, your relationships with women and your views on laws and policies in your country.

Possible Benefits of this study
There are no direct benefits that you may get from participating in this study. However the information collected from this study may be helpful in improving the health and lives of women and men in Sri Lanka. Your answers will help us make sure that the views and experiences of men like you are taken into account in designing future health and community programs.

What are your rights as a participant?
Your participation in this study is entirely voluntary. You can refuse to participate or stop at any time without giving any reason. Some of the questions are very personal. Please remember that you are free to skip over any question you do not want to answer and you are free to stop answering questions at any time.

Confidentiality
All the information that you give in this study will be kept strictly confidential. The consent forms that the researcher signs will be securely stored and access will be limited to the research team and study sponsors. The consent forms cannot be linked to the answers you give to the questionnaire. The results of the study will be presented in a respectful manner and no information which could enable anyone to identify you personally will be reported. If you would like to be kept informed of the progress of our project, we will be happy to share any reports or publication we produce with you.

Costs
There is no cost to you for participating in this study.

Has this study received ethical approval?
Yes, the Ethics Review Committee of the Sri Lanka Medical Association has granted written approval for this study. You may contact them using the following details should you have any concerns or queries:

Prof. Anoja Fernando, Sri Lanka Medical Association, 6, Wijerama Mawatha, Colombo 7

Information and contact person
If you have any questions about the research you may contact

Iromi Perera, Social Indicators, Tel No : 0771611785

CARE SRI LANKA INFO
Ramaaya Salgado - rsalgado@co.care.org : Tel No: 11-5399299
Kamani Jinadasa - kjinadasa@co.care.org, Tel No: 11-5399299

INFORMED CONSENT FORM [To be completed on paper, not on PDAs]

I hereby confirm that I have received verbal informed consent from the respondent to participate in this study after having provided sufficient information to the respondent. I have explained to the respondent, the purpose, procedures involved, risk and benefits and the rights of the respondent as a participant in the study. I have provided/read out the information leaflet for the study and have given enough time to the

respondent to read it on his own or have read it to him and have answered his questions. I have told the respondent that the information he gives to the study will together with other information gathered from other people, be anonymously processed into a research report and scientific publications.

The respondent is aware of his rights to withdraw his consent in this study without any consequences for him. The respondent freely and voluntary gave his consent to participate in the study.

Researcher's name…….(Please print)

Researcher's signature……..Date……

Witness' signature …… Date……..

PDA USE STARTS FROM HERE
PDAS AUTOMATICALLY RECORD START AND FINISH TIMES

SECTION 1 SOCIO-DEMOGRAPHIC CHARACTERISTICS AND EMPLOYMENT

	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO
	How old are you?	18 – 19 YRS .....1 20 – 24 YRS .....2 25 – 29 YRS .....3 30 – 34 YRS .....4 35 – 39 YRS .....5 40 - 44 YRS .....6 45 – 49 YRS 7	
102	What is the highest level or grade you have completed at school?	NO SCHOOLING.....1 GRADE 1-3 INCOMPLETE.....2 GRADE 1-3 COMPLETE.....3 GRADE 4-12 INCOMPLETE.....4 GRADE 4-12 COMPLETE.....5 UNIVERSITY OR TECHNICAL COLLEGE INCOMPLETE.....6 UNIVERSITY OR TECHNICAL COLLEGE COMPLETE.....7	
	What is your current relationship status?	CURRENTLY MARRIED TO A WOMAN.....**1** LIVING WITH WOMAN, NOT MARRIED.....2 GIRLFRIEND, NOT LIVING TOGETHER.....3 NOT MARRIED/ NO RELATIONSHIP…….4	**⇒106A**
	Have you ever been married?	YES.....**1** NO …….....2	**⇒107**
	Have you ever lived with a woman?	YES.....**1** NO 2	**⇒113**
	Have you ever had a girlfriend?	YES.....**1** NO **2**	**⇒113** **⇒113**
106a	Have you been married more than once?	YES.....1 NO **2**	**⇒108**
	Did your last marriage end in divorce, your being widowed or separation?	DIVORCED……..…1 WIDOWED……...….2 SEPARATED……...….3	**⇒108** **⇒108**
107a	Did you lose your wife due to the Tsunami?	YES.....**1** NO …….....2	
107b	Have you been re-married?	YES.....**1** NO …….....2	

108	How old were you the first time you got married?	LESS THAN 12 YRS ..... 1 12 – 15 YRS .....2 16 – 17 YRS .....3 18 – 19 YRS .....4 20 – 24 YRS .....5 25 – 29 YRS .....6 30 – 34 YRS .....7 35 – 39 YRS .....8 40 - 44 YRS ..... 9 45 – 49 YRS 10	
109	Which of the following best describes how you came to marry your current or most recent wife?	WE CHOSE EACH OTHER..... 1 MARRIAGE WAS ARRANGED.....2	
110 a	Do you feel a dowry is important?	YES ..... **1** NO . ..... **2** DON'T KNOW ……..……. 3	
111	Did your marriage involve dowry?-	YES .....1 N/A ……..2 NO.....**3**	⇒ **113**
111a	If you got a dowry house, is it in your name?	YES ..... **1** NO **2**	
111b	If money was given as dowry, is it in a joint account, in her name or in your name?	IN MY NAME ONLY..... 1 IN HER NAME ONLY ..... 2 IN A JOINT ACCOUNT 3	
111c	Who had complete control of how the dowry was spent?	I HAVE/HAD COMPLETE CONTROL …….. 1 SHE HAS/HAD COMPLETE CONTROL ……. 2 DECIDED BY BOTH EQUALLY .....……..…..3	
113	Who provides the main source of income in your home?	SELF……..……..1 PARTNER……..…2 BOTH EQUALLY……...3 PARENTS……..……..…..…4 OTHER ……5	
114	Have you worked or earned money in the last 12 months?	YES……..……1 NO…….....**2**	⇒**116**
115	What is your **overall individual** income per month?	Less than Rs. 3,000 …….. 1 Rs. 3,001 – 6,000 ……... 2 Rs. 6,001 – 10,000 …….. 3 Rs. 10,001 – 20,000 …… 4 Rs. 20,001 – 50,000 …… 5 Rs. 50,001 – 100,000 …… 6 Rs. 100,001 – 200,000 ……..7 Rs. 200,001 – 300,000 ……..8 Rs. 300,001 or more …….. 9	
115a	What is your **overall household** income per month?	Less than Rs. 3,000 …….. 1 Rs. 3,001 – 6,000 ……... 2 Rs. 6,001 – 10,000 …….. 3 Rs. 10,001 – 20,000 …… 4 Rs. 20,001 – 50,000 …… 5 Rs. 50,001 – 100,000 …… 6 Rs. 100,001 – 200,000 ……..7 Rs. 200,001 – 300,000 ……..8 Rs. 300,001 or more …….. 9	

115 b	What is your overall household expenditure per month?	Less than Rs. 3,000 …….. 1 Rs. 3,001 – 6,000 ……... 2 Rs. 6,001 – 10,000 …….. 3 Rs. 10,001 – 20,000 …… 4 Rs. 20,001 – 50,000 …… 5 Rs. 50,001 – 100,000 …… 6 Rs. 100,001 – 200,000 ……..7 Rs. 200,001 – 300,000 ……..8 Rs. 300,001 or more …….. 9	
116	What kind of work do/did you normally do?	PROFESSIONAL: DR, NURSE, TEACHER…... 1 WHITE COLLAR: SECRETARY, OFFICE WORK..... 2 BLUE COLLAR: FACTORY WORK, WAITER. ..... 3 TRADING/BUSINESS……...…..... 4 MANUAL LABOUR.…….. 5 FARMER/ FISHING…….…….....6 SECURITY: POLICE, ARMY ETC..... 7 DRIVER/TAXI……....8 SEX WORKER ..... 9 NEVER WORKED/ STUDENT..... . **10**	⇒**120**
117	Do you usually work:	THROUGHOUT THE YEAR.....1 SEASONALLY.....2 ONCE IN A WHILE..... 3 NEVER WORKED..... **4**	⇒**120**
117a	Have you migrated abroad for work?	YES ..... 1 NO 2	
117b	Have you migrated out of your district for work?	YES ..... 1 NO 2	

118	The following statements are about your current employment situation. Please mark if you strongly agree, agree, disagree or strongly disagree with these phrases:	SA	A	D	SD
	a)My work or employment situation is <u>mostly</u> stable	1	2	3	4
	c)I am frequently stressed or depressed because of not having enough income	1	2	3	4
	d)I am frequently stressed or depressed because I don't have a job that suits my education / experience	1	2	3	4
	e)I am frequently stressed or depressed because I have to provide and be responsible for my family	1	2	3	4

CK1	**CONTINUE TO 119 <u>ONLY</u> IF UNEMPLOYED (114 = 2 OR 117 = 3), OTHERWISE SKIP TO 120**				
119	These statements are about your unemployment. Please mark if you strongly agree, agree, disagree	SA	A	D	SD

	or strongly disagree with these phrases:					
	a) I sometimes feel ashamed to face my family because I am out of work.	1	2	3	4	
	b) I spend most of my time out of work or looking for work	1	2	3	4	
	c) I have considered leaving my family because I was out of work.	1	2	3	4	
	d) I sometimes drink or stay away from home when I can't find work	1	2	3	4	
	e) I think my wife/family is ashamed of me because I don't have an income	1	2	3	4	

120	Who is the head of your household?	MALE ……..…….. 1 FEMALE ……..…….. 2 SHARED ……..……. 3
121x	Do you think the following are deciding factors for whether the head of your household is male or female: (MULTIPLE RESPONSES)	Income generation ……....1 Decision making ……. …….2 Looking after the children ……. …….3 Culture ……. ……4 Owns land/house…….. ……5 Other ……6

SECTION 2 CHILDHOOD EXPERIENCES

These next questions are about your childhood and your family. These questions will ask you about your life when you were growing up and the relationship you had with your parents or the people who cared for you.

	When you were growing up, would you say that your biological mother was:	NEVER AT HOME……. ……1 RARELY AT HOME……..2 OFTEN AT HOME…….3	
	When you were growing up, would you say that your biological father was:	NEVER AT HOME……. ……1 RARELY AT HOME……..2 OFTEN AT HOME…….3	
	Apart from your biological father, were there other important male figures in your life when you were growing up?	YES ……...…..……...…. …1 NO ……...…..……. ……2	

When you were growing up, how often did your father or step-father do the following things?

		NEVER	SOMETIMES	OFTEN	VERY OFTEN
a	Prepare food	1	2	3	4
b	Clean the house	1	2	3	4
c	Wash clothes	1	2	3	4
d	Take care of you or your siblings	1	2	3	4
e	Do the marketing / groceries	1	2	3	4

SECTION 3 ATTITUDES ABOUT RELATIONS BETWEEN MEN AND WOMEN

You are doing very well, thank you. The following questions ask you about your views on life and particularly on relations between men and women in society. There are no right or wrong answers – we are just interested in what you think.

301	GEM SCALE	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
a	A woman's most important role is to take care of her home and cook for her family.	1	2	3	4
c	There are times when a woman deserves to be beaten.	1	2	3	4
d	It is a woman's responsibility to avoid getting pregnant.	1	2	3	4
e	A woman should tolerate violence in order to keep her family together.	1	2	3	4
h	To be a man, you need to be tough	1	2	3	4
i	Changing nappies, giving kids a bath and feeding the kids are the mother's responsibility	1	2	3	4
j	Women should accept teasing even of a sexual nature because it is harmless	1	2	3	4
k	Teasing becomes harmful to women only when there is physical contact	1	2	3	4
l	To be a man means providing for your family and your extended family	1	2	3	4
n	It is manly to defend the honour of your family even by violent means	1	2	3	4
p	A real man produces a male child	1	2	3	4

COMMUNITY IDEAS ABOUT GENDER RELATIONS

The next statements are about your opinion on what you think about relations between men and women.

		STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
303b	I think that a woman should obey her husband	1	2	3	4
304b	I think that a man should have the final say in all family matters	1	2	3	4
305b	I think that men should share the work around the house with women such as doing dishes, cleaning and cooking	1	2	3	4
307b	I think that a woman cannot refuse to have sex with her husband.	1	2	3	4
309b	I think that when a woman is raped, she is usually to blame for putting herself in that situation	1	2	3	4
310b	I think that if a woman doesn't physically fight back, it's not rape	1	2	3	4
311b	I think that it would be shameful to have a homosexual son	1	2	3	4
312b	I think that in any rape case, one would have to question whether the victim is promiscuous or has a bad reputation	1	2	3	4
313b	I think that some women ask to be raped by the way they dress and behave	1	2	3	4

		STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
315	I think that women are as competent as men and should be paid equally for their labour	1	2	3	4

SECTION 4 INTIMATE RELATIONSHIPS

IF EVER MARRIED OR LIVING WITH A WOMAN (M103=1 or 2) or M104=1 or M105=1, SKIP TO M402

401	Have you ever had sexual intercourse with a woman?	YES……..……..……. 1 NO……. **2**	**⇒CK2**
402	How old were you the first time you had sexual intercourse with a woman?	LESS THAN 12 YRS ..... 1 12 – 15 YRS ..... 2 16 – 17 YRS ..... 3 18 – 19 YRS ..... 4 20 – 29 YRS ..... 5 MORE THAN 30 YRS 6	

CK 2 IF NEVER PARTNERED (104=2 & 105=2 & 106=2) SKIP TO 430

IF ONLY EVER HAD GIRLFRIEND, BUT NEVER MARRIED OR LIVED WITH A WOMAN (103=3 & 104=2 & 105=2) OR (103=4 & 104=2 & 105=2 & 106=1), SKIP TO 411

Now we have some questions about your relationship with your current or most recent wife/partner. If you have had more than one partner/wife, please report only about the current/most recent one.

403	How old is your current/ most recent wife/ partner/girlfriend?	Under 12 years .....1 12-14 years .....2 15-17 years .....3 18-19 years .....4 20-24 years .....5 25-29 years .....6 30-34 years .....7 35-39 years .....8 40-49 years .....9 50 years and above 10
404	Do/did you and she both have the same level of education?	SAME…….....….....…..... 1 I AM MORE EDUCATED…….…..... 2 SHE IS MORE EDUCATED…….……..... 3
405	Do/did you and she both earn the same amount of money?	SAME…….....…..... 1 I EARN MORE ……..... 2 SHE EARNS MORE……..……..... 3
406	Who in your household usually has the final say regarding the health of women in the family?	YOURSELF……...……..……. ……..1 WIFE/PARTNER…….……..… 2 BOTH EQUALLY…….…….…… 3 O T H E R M E M B E R O F HOUSEHOLD……..4

407	Who in your household usually has the final say about decisions involving your children (their schooling, their activities)?	YOURSELF……...…….……. …...1 WIFE/PARTNER…….…….…. 2 BOTH EQUALLY…….……. ……3 OTHER MEMBER OF HOUSEHOLD……..4 NA – NO CHILDREN……5	
408	Who has the final say about decisions involving how your family spends money on food and clothing?	YOURSELF……..…….…. ……..1 WIFE/PARTNER…….…. …….2 BOTH EQUALLY…….……. ……3 OTHER MEMBER OF HOUSEHOLD……..4	
409	Who has the final say about decisions involving how your family spends money on large investments such as buying a vehicle, a house or a household appliance?	YOURSELF……..……..…… ……...1 WIFE/PARTNER…….…….……...…. 2 BOTH EQUALLY…….……. …3 OTHER MEMBER OF HOUSEHOLD……..4	

410	Not including any help you receive from others, how do you and your partner divide the following tasks: READ OPTIONS	I DO EVERYTHING	USUALLY ME	SHARED EQUALLY OR DONE TOGETHER	USUALLY PARTNER	PARTNER DOES EVERYTHING	NEITHER OF US DO/NOT LIVING TOGETHER
a	Preparing food	1	2	3	4	5	6
b	Cleaning the house	1	2	3	4	5	6
c	Washing clothes	1	2	3	4	5	6
d	Taking care of the children	1	2	3	4	5	6

411	In your relationship with your (current or most recent) wife / partner, how often would you say that you quarrelled?	RARELY ..... 1 SOMETIMES..... 2 OFTEN..... 3	
411a	If you quarrel, how often is it ended through ..... (MULTIPLE RESPONSES)	VIOLENCE……..……. 1 DISCUSSION WITH PARTNER ....…….. 2 THIRD PARTY INTERVENTION ……. 3	

The next statements are about your relationship with your current or most recent wife or partner.

412	RELATIONSHIP CONTROL SCALE	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
a	When I want sex I expect my partner to agree	1	2	3	4
b	If my partner asked me to use a condom, I would get angry.	1	2	3	4
c	I won't let my partner wear certain things.	1	2	3	4
d	I have more to say than she does about important decisions that affect us.	1	2	3	4

e	I tell my partner who she can spend time with.	1	2	3	4
g	I want to know where my partner is all of the time.	1	2	3	4
h	I like to let her know she isn't the only partner I could have.	1	2	3	4
i	I get angry if she speaks with another man	1	2	3	4
j	I don't like my partner being active in women's societies	1	2	3	4

There are now a few more questions about your relationships with women. Some men find these questions hard to talk about, others find it easy. Remember that everything you share here will only be used for research purposes and will be kept strictly secret. We have not written down your name anywhere and what you say in this interview cannot be linked to you in any way, but it WILL help us a lot in understanding the lives of men in Sri Lanka. We are interested now in your relationship with your current wife or girlfriend or ANY other previous wife or girlfriend.

413 Have you ever insulted a partner or deliberately made her feel bad about herself?
NEVER.....1
ONCE.....2
FEW.....3
MANY.....4

414 Have you ever belittled or humiliated a partner in front of other people?
NEVER.....1
ONCE.....2
FEW.....3
MANY.....4

415 Have you ever done things to scare or intimidate a partner on purpose for example by the way you looked at her, by yelling and smashing things?
NEVER.....1
ONCE.....2
FEW.....3
MANY.....4

416 Have you ever threatened to hurt a partner?
NEVER.....1
ONCE.....2
FEW.....3
MANY.....4

417 Have you ever hurt people your partner cares about as a way of hurting her, or damaged things of importance to her?
NEVER.....1
ONCE.....2
FEW.....3
MANY.....4

CK 3 IF HAS NEVER EMOTIONALLY ABUSED PARTNER (413, 414, 415, 416 & 417=1) SKIP TO 419

418 Have you done any of these things in the past 12 months?
YES.....1
NO.....2

419	Have you ever prohibited a partner from getting a job, going to work, trading or earning money?	NEVER.....1 ONCE.....2 FEW.....3 MANY.....4
420	Have you ever taken a partner's earnings against her will?	NEVER.....1 ONCE.....2 FEW.....3 MANY.....4 NA – PARTNER DOESN'T EARN INCOME.....5
421	Have you ever thrown a partner out of the house?	NEVER.....1 ONCE.....2 FEW.....3 MANY.....4
422	Have you ever kept money from your earnings for alcohol, tobacco or other things for yourself when you knew your partner was finding it hard to afford the household expenses?	NEVER.....1 ONCE.....2 FEW.....3 MANY.....4

CK4 IF HAS NEVER ECONOMICALLY ABUSED PARTNER (419, 420, 421 & 422=1or 5) SKIP TO 424

423	Have you done any of these things in the past 12 months?	YES……1 NO……2
424	Have you ever slapped a partner or thrown something at her that could hurt her?	NEVER.....1 ONCE.....2 FEW.....3 MANY.....4
425	Have you ever pushed or shoved a partner?	NEVER.....1 ONCE.....2 FEW.....3 MANY.....4
426	Have you ever hit a partner with a fist or with something else that could hurt her?	NEVER.....1 ONCE.....2 FEW.....3 MANY.....4

427	Have you ever kicked, dragged, beaten, choked or burned a partner?	NEVER.....1 ONCE.....2 FEW.....3 MANY.....4
428	Have you ever threatened to use or actually used a gun, against a partner?	NEVER.....1 ONCE.....2 FEW.....3 MANY.....4
428A	Have you ever threatened to use or actually used a knife or other weapon against a partner?	NEVER.....1 ONCE.....2 FEW.....3 MANY.....4
CK 5	**IF HAS NEVER PHYSICALLY ABUSED PARTNER (424, 425, 426, 427 & 428=1) SKIP TO 430**	
429	Have you done any of these things in the past 12 months?	YES……1 NO……2
430	What would you do if you saw a male friend use physical or sexual violence against a woman?	INTERVENE DURING THE EPISODE.…1 SPEAK TO HIM AFTER THE EPISODE...2 AVOID/SHUN HIM……3 CALL THE POLICE……...4 DO NOTHING, IT IS THEIR PROBLEM...5 MOBILISE, NEIGHBORS/FRIENDS...……6 CONTACT VILLAGE ELDERS……7 OTHER……8
431	What would you do if you saw physical or sexual violence being carried out by a stranger (man) against a woman?	INTERVENE DURING THE EPISODE…..1 SPEAK TO HIM AFTER THE EPISODE...2 AVOID/SHUN HIM……3 CALL THE POLICE……...4 DO NOTHING, IT IS THEIR PROBLE.....5 MOBILISE NEIGHBORS/ FRIENDS…....6 CONTACT VILLAGE ELDERS……7 OTHER……8

SECTION 5 FATHERHOOD			
CK 6	**IF HAS NEVER HAD SEX WITH A WOMAN (401 = 2), SKIP TO 601**		
We know some of those were difficult questions to answer. Thank you for doing so, your answers are really important. The next questions are about you and the children you may have fathered or adopted, or children who may live with you even if they are not legally or biologically yours.			
501	How many <u>biological</u> children do you have?	ONE CHILD .....1 TWO CHILDREN .....2 THREE CHILDREN .....3 FOUR CHILDREN .....4 5 - 7 CHILDREN .....5 8 – 10 CHILDREN .....6 MORE THAN 10 CHILDREN .....7 DO NOT HAVE CHILDREN .....8 EXPECTING A CHILD AT THE MOMENT 9	⇒**511**
504	Do you have any biological children under 18 who do not live with you?	YES.....1 NO.....**2**	⇒**506**
505	How often do you give money for their upkeep?	EVERY MONTH.....1 MORE THAN 3 TIMES A YEAR.....2 1-2 TIMES A YEAR.....3 LESS THAN ONCE A YEAR.....4	
506	Were you present at the birth of your last child?	YES.....**1** NO 2	⇒**508**
508	Did you take leave/time off the last time you had a child?	NO LEAVE.....1 LESS THAN ONE WEEK.....**2** 1-2 WEEKS.....**3** 3-4 WEEKS.....**4** 1 - 3 MONTHS.....**5** MORE THAN 3 MONTHS.....**6** NA, NOT EMPLOYED OR SELF EMPLOYED….**7**	⇒**510** ⇒**510** ⇒**510** ⇒**510** ⇒**510**
509	Why did you not take leave/time off?	WORK DID NOT PERMIT.....1 DID NOT WANT TO.....2 COULD NOT AFFORD TO.....3 OTHER.....4	

510	Did you accompany the mother(s) of your child (ren) to any prenatal visits/ or were you with her when the midwife visited during the last or the present pregnancy?	YES……..…..1 NO ……..…….....2 N/A SHE DIDN'T HAVE PRENATAL CARE.....3	
510b	If a woman should be allowed to have an abortion, how best should the male partner support the woman in the decision to have an abortion?	Taking a joint decision…… 1 Accompanying her to the clinic …….. 2 Leaving it to her and or her relatives/friends to support her …… 3 Don't know …… 4 Do not support her decision to have an abortion……..…..5	
511	Do you have any children (biological or otherwise) under age 18 living with you?	YES……..….1 NO ……..**2**	**⇒601**

512	We'd like now to ask some questions about how often you do certain things with the children under 18 years old who live in your home.	NEVER	SOMETIMES	OFTEN	VERY OFTEN
a	Play or do activities with the children?	1	2	3	4
b	Talk about personal matters with the children, such as their relationships, worries or feelings?	1	2	3	4
f	Talk to your children about sex/sex education?	1	2	3	4
c	Help any of the children with their homework?	1	2	3	4
d	Punish your children by smacking or beating them	1	2	3	4
e	How often does your partner punish your children by smacking or beating them?	NEVER..... ...1 SOMETIMES..... ..2 OFTEN..... ..3 VERY OFTEN.....4 N/A, NO PARTNER..... 5			
513	If you have a daughter/s, is the eldest daughter over 18 years?	YES…….....….....1 NO…….....**2**			**⇒514**
513a	If you have a sister/s, is the eldest sister over 18 years?	YES…….....….....1 NO…….....**2**			**⇒601**

These statements are regarding your daughter or sister. If you have more than one daughter or sister above the age of 18, please answer about the eldest one.

514		STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
a	I get angry if she speaks with another *(not a family member or a relative)* man	1	2	3	4
b	I never tell her who she can see or spend time with	1	2	3	4
c	I like to know where she is all of the time	1	2	3	4
d	I don't like her being active in women's societies	1	2	3	4
e	I don't like it when she wears clothing which attracts attention	1	2	3	4
f	A son should be educated more than a daughter	1	2	3	4

g	I would support my daughter or sister being employed in the; (MULTIPLE RESPONSES)	Private sector .....1 Media .....2 Politics .....3 Engineering .....4 Military .....5 Hotel Industry.....6 Apparel Industry.....7	

SECTION 6 HEALTH AND WELL BEING

CHILDHOOD TRAUMA SCALE

Now we have questions about your childhood and teenage years, specifically from the time you were born until you were 18 years old. We would like to know how often each of the things described in the statements has happened to you.

601		NEVER	SOMETIMES	OFTEN	VERY OFTEN
a	Before I reached 18 I did not have enough to eat	1	2	3	4
b	Before I reached 18 I lived in different households at different times	1	2	3	4
c	Before I reached 18 I saw or heard my mother being beaten by her husband or boyfriend	1	2	3	4
d	Before I reached 18 I was told I was lazy or stupid or weak by someone in my family	1	2	3	4
e	Before I reached 18 someone touched my buttocks or genitals or made me touch them when I did not want to	1	2	3	4
f	Before I reached 18 I was insulted or humiliated by someone in my family in front of other people	1	2	3	4
g	Before I reached 18 I was beaten at home with a belt or stick or whip or something else which was hard	1	2	3	4
h	Before I reached 18 I had sex with a woman who was more than 5 years older to me	1	2	3	4
i	Before I reached 18 one or both of my parents were too drunk or drugged to take care of me	1	2	3	4
j	Before I reached 18 I was beaten so hard at home that it left a mark or bruise	1	2	3	4
k	Before I reached 18 I spent time outside the home and none of the adults at home knew where I was	1	2	3	4
l	Before I reached 18 I had sex with someone because I was threatened or frightened or forced	1	2	3	4
m	Before I reached 18 I was beaten or physically punished at school by a teacher or headmaster	1	2	3	4
n	Before I reached 18, I was forced to have sex or physical relations with a community leader/ older schoolboy	1	2	3	4
o	Before I reached 18, I was exposed to unwanted incidents of a sexual nature	1	2	3	4
p	Before I reached 18, I was exposed to pornographic material against my will	1	2	3	4
602	Were you yourself bullied, teased or harassed in school or in the neighbourhood in which you grew up?	NEVER**.....1** SOMETIMES.....2 OFTEN.....3 VERY OFTEN.....4			**⇒603**

612	What do you think was the main reason you were bullied/teased/harassed:	YOU WERE SMALLER THAN OTHERS.....1 OF A DIFFERENT CASTE OR VILLAGE...2 OF A DIFFERENT ETHNICITY.....3 BECAUSE YOU DID NOT LIKE VIOLENCE.....4 BECAUSE YOU DID NOT PLAY OR WERE NOT GOOD IN SPORTS……...5			
603	Did you bully, tease or harass others?	1	2	3	4
The next set of questions are about your current health.					
604	In general, how would you describe your overall health?	EXCELLENT ……1 GOOD……...2 FAIR……3 POOR……..4 VERY POOR…….....5			
605	When was the last time you sought out health services at a clinic or hospital for <u>yourself</u>, including a traditional healer?	IN LAST 4 WEEKS……1 IN LAST 3 MONTHS…….....2 WITHIN LAST YEAR……....3 BETWEEN 1-2 YEARS AGO …..……4 BETWEEN 3-5 YEARS AGO…….…...5 BEFORE 5 YEARS OR NEVER . ……..6			

SECTION 7 POLICIES

This section will ask you about your knowledge of some laws and policies.

705	According to the law, is a husband who forces his wife to have sex against her will committing a criminal act (that is, the husband can be fined or put in jail)?	YES……....1 NO……..……..…2 DON'T KNOW…….....3	
706	Are there any laws in your country about violence against women?	YES……....1 NO……..……..…..**2** DON'T KNOW…….....**3**	⇒**708** ⇒**708**

		STRONGLY AGREE	AGREE	NO OPINION	DISAGREE	STRONGLY DISAGREE
707	With regards to these laws about violence against women, do you strongly agree, agree, disagree or strongly disagree with the following statements:					
a	They make it too easy for a woman to bring a violence charge against a man	1	2	3	4	5
b	They are too harsh	1	2	3	4	5
c	They are not harsh enough	1	2	3	4	5
d	They do not provide enough protection for the victim of violence	1	2	3	4	5

712	Have you ever participated in an activity (group session, rally, etc.) in your community or workplace on violence against women?	YES……..... ....1 NO……..… …2	

		STRONGLY AGREE	AGREE	NO OPINION	DISAGREE	STRONGLY DISAGREE
725	I support greater participation of women in coming forward for elections	1	2	3	4	5

726	I think there should be separate community / rural societies for women	1	2	3	4	5
727	I think more women should be in public decision making roles	1	2	3	4	5

728	How do you best support the women in your family? **(Single answer)**	Financially ……1 Allowing them to make decisions ……2 Allowing them mobility for employment/ education .3 Emotional support ……4	
729	How do others in your community see you when you support the women in your family?	They support it ……..1 They ridicule it ……..2 They have no opinion on it ……3 Don't know ……4	

SECTION 8 FINAL QUESTIONS (SELF ADMINISTERED)

These next questions ask about things you may have done over the course of your whole life from your childhood up to the present day. The questions ask you how often you have done a range of different things. You might find these more difficult to answer but we really hope you feel free to answer them openly. The research is very important in trying to understand the lives of men in Sri Lanka.

You will fill in the rest of the questionnaire yourself using this hand-held computer device with an audio track that reads the questions and response options to you. I am available to help you if you have any difficulties in completing the questionnaire or if there is anything you do not understand.

I will not look at how you answer the questions unless you ask me to, and will not look at the survey once it is complete so nobody will ever know that it is you who told us particular things. We have organised it this way to protect your privacy because we want you to feel free in answering the questions.

CK7	IF NEVER HAD SEX WITH A WOMAN (401 = 2), SKIP TO 812		
803	The last time you had sex, who was it with?	WIFE / MAIN PARTNER..…….. ……1 OTHER PARTNER……..…..2 SOMEONE I WENT WITH ONCE……...3 FRIEND……. ….....……4 EX-PARTNER…….. ……....…5 SEX WORKER OR SOMEONE I PAID TO HAVE SEX……. …..….6	
805	Including stable partners and occasional partners, how many people have you had sex with in the last year?	1PERSON..... .....1 2 or 3 PEOPLE..... ....2 4-10 PEOPLE..... .....3 11-20 PEOPLE..... ....4 MORE THAN 20 PEOPLE.....5 NONE 6	
806	How many different people have you had sex with in your WHOLE LIFE?	1 PERSON..... .....1 2 or 3 PEOPLE..... ...2 4-10 PEOPLE..... .....3 11-20 PEOPLE..... ...4 21-50 PEOPLE..... ...5 MORE THAN 50 PEOPLE.....6	
Men often give presents to their wife or girlfriends or give money to a woman they have had sex with. Sometimes this is a present and sometimes we know that these women stay in a relationship with us or agree to have sex with us because they know we will be giving money or a gift.			

811	Please think about any women or girl you had sex with, including just once. Do you think any of them may have become involved with you because they expected you to do, or because you did do any of the following: a) Provided her with drugs, food, cosmetics, clothes, a cell phone, transportation or anything else she couldn't afford by herself b) Provided her with somewhere to stay c) Gave items or did something for her children or family d) Gave her cash or money to pay her bills or school fees e) To secure a job or promotion	YES 1 1 1 1 1	NO 2 2 2 2 2	
812	Have you ever had sex with a sex worker? (MULTIPLE RESPONSES)	YES, WITH A FEMALE SEX WORKER…...….1 YES, WITH A MALE SEX WORKER …..……..2 YES, WITH A TRANSVESTITE SEX WORKER.3 NO…….. ……..…...**4**		**⇒815**
812a	Did you have sex with a sex worker because: (MULTIPLE RESPONSES)	I have an unfulfilling sex life ……1 To experiment with sex ……2 To prove my manhood ……..3 Because I have an unhappy marriage 4		
813	Have you ever had sex with a sex worker you know or suspected was under **16** years of age?	YES..... .....…….. ……..……1 NO..... ……...……2 DON'T KNOW..... ..3		
814	Have you ever had sex with a sex worker you think was forced or sold into prostitution?	YES..... .....…….. …….……..…1 NO.....……... …..……2 DON'T KNOW..... ..3		

There are now a few more questions about things you may have done with <u>your current or previous partners or girlfriends</u>. Please feel free in answering these questions, we really want to learn more about things men do. Remember that what you answer here cannot be linked to you in any way.

815		**NEVER**	**ONCE**	**FEW**	**MANY**
a	Have you ever forced your current or previous <u>wife or girlfriend</u> to have sex with you when she did not want to?	1	2	3	4
b	Have you ever had sex with your current or previous <u>wife or girlfriend</u> when you knew she didn't want it but you believed she should agree because she was your wife/partner?	1	2	3	4
c	Have you ever forced your current or previous <u>wife or girlfriend</u> to watch pornography when she didn't want to?	1	2	3	4
d	Have you ever forced your current or previous <u>wife or girlfriend</u> to do something sexual that she did not want to do?	1	2	3	4

CK 8	**IF HAS NEVER FORCED A WIFE OR GIRLFRIEND TO HAVE SEX OR DO SOMETHING SEXUAL WITHOUT CONSENT (815a&b=1) SKIP TO 815f**				
e	Have you done any of these things in the past 12 months?	YES.....1 NO.....2			
These next questions are about things you may have done with women who were not your wife or girlfriend. The questions are asking about the whole of your life, including when you were a boy.					
		NEVER	**ONCE**	**MORE THAN ONCE**	
f	Have you ever forced a woman who was not your wife or girlfriend at the time to have sex with you?	1	2	3	
g	Have you ever had sex with a woman or girl when she was too drunk or drugged to say whether she wanted it or not?	1	2	3	
h	Have you and other men ever had sex with a woman at the same time when she didn't consent to sex or you forced her?	1	2	3	
i	Have you and other men ever had sex with a woman at the same time when she was too drunk or drugged to stop you?	1	2	3	
CK 9	**IF HAS NEVER FORCED A WOMAN OR GIRL WHO WAS NOT HIS WIFE OR GIRLFRIEND TO HAVE SEX WITHOUT CONSENT (815f-i=1) SKIP TO CK 10**				
816	Have you done any of these things (forced a woman or girl into sex) in the past 12 months?	YES.....1 NO.....2			
CK 10	**IF HAS NEVER FORCED ANY WOMAN OR GIRL TO HAVE SEX WITHOUT CONSENT (815a&b=1 &815f-i=1) SKIP TO 819a**				
817	Thinking now about your whole life, how many different women or girls have you forced into sex or had sex with when they did not consent?	1 WOMAN……..……1 2 – 3 WOMEN…….....2 4 – 5 WOMEN…….....3 6 – 10 WOMEN……....…...4 MORE THAN 10 WOMEN……5			
818	How old were you the first time you forced a woman or girl to have sex or had sex with her when she did not consent?	UNDER 15 YEARS OLD……..…..1 15 -19 YEARS OLD. …….....2 20-29 YEARS OLD……... ……...3 30-39 YEARS OLD……...4 40 YEARS AND OVER…….....5			
819		**NEVER**	**ONCE**	**MORE THAN ONCE**	
a	Have you ever done anything sexual with a boy or man when he didn't consent or you forced him?	1	2	3	

b	Have you ever done anything sexual with a boy or man when you put your penis in his mouth or anus when he didn't consent or you forced him?	1	2	3	
c	Have you and other men ever had sex with a man at the same time when he didn't consent to sex or you forced him?	1	2	3	
CK 11	**IF HAS NEVER FORCED A BOY OR MAN TO HAVE SEX WITHOUT CONSENT (819a- c=1) SKIP TO CK 12**				
820	Have you done any of these things (forced a man or boy into sex) in the past 12 months	YES.....1 NO.....2			
821	Thinking now about your whole life, how many different men or boys have you forced into sexual activity?	1 MAN……..…1 2 – 3 MEN…….....2 4 – 5 MEN…….....3 6 – 10 MEN……....4 MORE THAN 10 MEN…….5			
822	How old were you the first time you forced a man or boy to do something sexual?	UNDER 15 YEARS OLD……...1 15 -19 YEARS OLD. …….....2 20-29 YEARS OLD……...…3 30-39 YEARS OLD……....4 40 YEARS AND OVER…….....5			
CK 12	**IF HAS NEVER FORCED ANYONE TO HAVE SEX WITHOUT CONSENT (815a-d & 815f-i & 819a-c = 1) SKIP TO 867**				
823	We would like you to think about the <u>last time you forced</u> a woman or man to have sex against her/his will. We would like to learn about the reasons why you did it. Please tell us for each of the following statements whether you strongly agree, agree, disagree or strongly disagree that this was an explanation.				

		STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
a	I was angry with her/him	1	2	3	4
b	I wanted to punish her/ him	1	2	3	4
c	I wanted her/him sexually	1	2	3	4
d	I was bored	1	2	3	4
e	I wanted to have sex	1	2	3	4
f	I wanted to show I could do it	1	2	3	4
g	I wanted to have fun	1	2	3	4
h	I had been drinking	1	2	3	4
j	I felt powerful	1	2	3	4
k	I felt under pressure to join in	1	2	3	4

824	Which of the following consequences did you experience after forcing a woman or man to have sex when they did not consent?	YES	NO	
a	Worried a lot that I would be found out	1	2	
b	Felt guilty	1	2	
c	Punishment from my family/friends	1	2	
d	Threats from someone supporting her/ him	1	2	
e	Violence from someone getting revenge for her/him	1	2	
f	Arrested and charges dropped	1	2	
g	Arrested with a court case	1	2	
g	Jail	1	2	
i	No consequences	1	2	
867	Have you ever ragged a person that involved sexual ragging?	Yes …… …… 1 No …… …… 2		**⇒825**
866x	We would like you to think about the <u>last time you forcefully sexually ragged</u> a woman or man against her/his will. We would like to learn about the reasons why you did it. Please select the responses you agree with.			
a	I was angry with her/him			
b	I wanted to punish her/him			
c	I wanted her/him sexually			
d	I was bored			
e	I wanted to have sex			
f	I wanted to show I could do it			
g	I wanted to have fun			
h	I had been drinking			
i	I was experimenting with sex			
j	I felt powerful			
k	I felt under pressure to join in			
825	How often have you been involved in a fight with a knife or other weapon?	NEVER ..... ……..…….. …….1 ONCE..... ……..……2 2-3 TIMES..... ……..…..3 MORE THAN 3 TIMES.....….4		
826	How often have you participated in a gang?	NEVER ..... ……..…….. …….1 ONCE..... ……..……2 2-3 TIMES..... ……..…..3 MORE THAN 3 TIMES.....….4		
827	Do you own a weapon?	YES,..……..... ……..…1 NO..... ...….2		
828	Have you ever been arrested?	YES..... ..... ……..…1 NO..... ……..……**2**		**⇒831**

829	How many times have you been arrested?	ONCE……..1 TWICE……..2 3-5 TIMES…….....3 6-10 TIMES……....4 MORE THAN 10 TIMES……...……5	
830	Have you ever been sent to prison?	YES..... .....……..……1 NO.....……..…….2	
831	How often do you drink alcohol?	EVERY DAY OR NEARLY EVERY DAY .....1 ONCE OR TWICE A WEEK .....2 1 – 3 TIMES IN A MONTH .....3 LESS THAN ONCE A MONTH .....4 NEVER **5**	**⇒836**
832	How many drinks containing alcohol do you have on a typical day when you are drinking?	1 OR 2…….....…1 3 OR 4…….....2 5 OR 6…….....3 7 OR 9…….....4 10 OR MORE…….....5	
833	How often do you have six or more drinks on one occasion?	NEVER …….....1 LESS THAN MONTHLY …….....2 MONTHLY……. …….....3 WEEKLY……..... .....4 DAILY OR ALMOST DAILY…….. ….....5	
834	In the past year have you ever failed to do what was normally expected from you because of drinking?	NEVER …….....1 ONCE OR MORE OFTEN …….....2	
835	In the past year have you ever had a feeling of guilt or remorse after drinking?	NEVER …….....1 ONCE OR MORE OFTEN …….....2	

836	How many times have you used drugs in the last 12 months?	EVERY DAY OR NEARLY EVERY DAY .....1 WEEKLY….. .....2 ONCE A MONTH….....3 LESS THAN ONCE A MONTH .....4 NEVER 5			
837	In the past 12 months, have you experienced any of the following forms of violence outside the home?		YES	NO	
a	Been punched or hit		1	2	
b	Been threatened with a knife or other weapon (excluding firearms)		1	2	
c	Been threatened with a gun		1	2	
These next questions ask you about your sexual experiences with other men.					
838	What gender attracts you sexually	MEN…….. ……..…..1 WOMEN……...…….. …….2 BOTH……..... …….3 NOT SURE…….... ……4			
839	Do you have a boyfriend or male lover?	YES.....…….. ……1 NO……..... …….....2			
840	Have you ever had sex or done something sexual with a boy or man? By sex we mean: **Anal sex**: where a man sticks his penis in another man's anus **Oral sex** is when a man sticks his penis in another man's mouth. **Masturbation** is when one or both men play with each other's sex organs **Thigh sex,** when a man has sex by putting his penis between another man's closed thighs	YES….....…….…… ……1 NO…….……... ….....**2**			**⇒843**
841	Which of the following acts have you done with a man because you wanted to? a) Masturbation b) Oral sex c) Thigh sex d) Anal sex	YES 1 1 1 1	NO 2 2 2 2		

842	How old were you the first time you had sex with a boy or man?	UNDER 15 YEARS OLD…….....….1 15 -19 YEARS OLD. …….....2 20-29 YEARS OLD…….....…3 30-39 YEARS OLD…….....4 40 YEARS AND OVER…….....5	
843	Did a man ever persuade or force you to have sex or do something sexual when you did not want to?	YES…… …….1 NO…….... …….....**2**	⇒**845**
844	How many times has this happened?	ONCE…..…….. ……..1 2-3 TIMES…..……. ……2 MORE THAN 3 TIMES…..……. ……..3	
845	Have you ever been called by names or faced derogatory remarks because you were thought to be effeminate or 'sissy'?	NEVER…… ……..1 ONCE…..……. ……..2 2-3 TIMES…..……. ……3 MORE THAN 3 TIMES…..……. ……..4	
846	Have you ever been subjected to threats of violence or actual violence because you were thought to be effeminate, gay, attracted to men and/or have sex with men?	NEVER…… ……..1 ONCE…..... ……..2 2-3 TIMES…..... ……3 MORE THAN 3 TIMES…..... ……..4	
810	When did you last have an HIV test?	WITHIN LAST 12 MONTHS…….....1 1-5 YEARS AGO…….2 MORE THAN 5 YEARS AGO……...3 NEVER TESTED……. ……4	

We would like to ask you some questions about how you have been feeling in the past week. These statements ask you to tell us how many days you have had particular feelings or ideas or whether you have not had them at all. There are four options: rarely or never, some or a little of the time, a moderate amount of time, or most or all of the time.

606	CES-D SCALE	RARELY OR NONE OF THE TIME	SOME OR A LITTLE OF THE TIME (1-2 DAYS)	MODERATE AMOUNT OF TIME (3-4 DAYS)	MOST OR ALL OF THE TIME (5-7 DAYS)
a	During the past week I was bothered by things that usually don't bother me	1	2	3	4
b	During the past week I did not feel like eating, my appetite was poor	1	2	3	4
c	During the past week I felt I could not cheer myself up even with the help of family and friends	1	2	3	4
e	During the past week I had trouble keeping my mind on what I was doing	1	2	3	4
f	During the past week I felt depressed	1	2	3	4

i	During the past week I thought my life had been a failure	1	2	3	4
j	During the past week I felt fearful	1	2	3	4
k	During the past week my sleep was restless	1	2	3	4
m	During the past week I talked less than usual	1	2	3	4
n	During the past week I felt lonely	1	2	3	4

607	Thank you for answering those questions. We now want you to think about your whole life experience. Have you ever thought about ending your life?	YES……1 NO……2

610	These statements are about how you see your life.	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
a	In most ways my life is close to my ideal	1	2	3	4
b	The conditions in my life are excellent	1	2	3	4
c	I am satisfied with my life	1	2	3	4
d	So far I have gotten the important things I want in life	1	2	3	4
e	I have a good job and my income is enough	1	2	3	4
f	I participate in important community services	1	2	3	4
g	I have a good relationship with my parents	1	2	3	4

611	How well do the following statements describe you?	DOESN'T DESCRIBE YOU AT ALL		EITHER WAY	DESCRIBES YOU QUITE WELL	DESCRIBES YOU VERY WELL
a	I often have tender, concerned feelings for people less fortunate than me.	1	2	3	4	5
b	When I see someone being taken advantage of, I feel protective toward them.	1	2	3	4	5
c	I am often touched by things that I see happen	1	2	3	4	5
d	I would describe myself as a pretty soft-hearted person	1	2	3	4	5

INDICATORS OF SOCIO-ECONOMIC STATUS - *LOCALLY SPECIFIC CODING*			
847	These are the last few questions. Does your home have a television?	YES.....1 NO.....2	
848	Do you own your own home?	YES, SOLE OWNER……1 YES, SHARED WITH PARTNER……2 YES, SHARED WITH ANOTHER PERSON…..3 NO…..4	**⇒849**
848A	If yes, do you have a title deed for this house?	Yes, had it from the beginning …….. 1 Yes, but lost it due to tsunami …… 2 Yes, but lost it due to war ……3 Yes, but lost it due to other accident or reason……4 No, never had it from the beginning …… 5	
848B	Is your house on private or state land?	PRIVATE LAND ……1 STATE LAND ……2	

849	How often would you say that people in your home go without food because of lack of money?	EVERY WEEK…….. 1 EVERY MONTH BUT NOT EVERY WEEK.…2 IT HAPPENS BUT NOT EVERY MONTH……. 3 NEVER……..…. 4	
850	If a person became ill in your home and Rs. 5,000 was needed for treatment or medicine, how easy would you say it would be to find the money?	VERY DIFFICULT……..….. 1 SOMEWHAT DIFFICULT……..….. 2 SOMEWHAT EASY……..…… 3 VERY EASY……..…… 4	
851	We have now come to the end of the survey. I have asked you some easy and SOME difficult questions. How has talking about these things made you feel?	GOOD…… .1 BAD…… …2 NEITHER GOOD NOR BAD……3	
	NOW PLEASE HAND BACK THE PDA TO THE INTERVIEWER. THANK YOU.		

Interviewer: We appreciate the time you have spent answering these questions. Your response and those of approximately 2000 other men will give us an understanding of men's roles in society today, information that could be useful in making Sri Lanka a healthier and better place.

If there are any of these issues discussed that you would like more information, such as where to go for health services in your community, we have prepared a list of such services

1. HAND RESPONDENT THE BROCHURE WITH LIST OF RELEVANT SERVICES IN THE COMMUNITY
2. ASK RESPONDENT IF THEY HAVE ANY COMMENTS OR QUESTIONS
3. THANK THEM FOR THEIR TIME

WHERE SERVICES ARE LACKING COUNTRIES NEED TO PLAN THEIR RESPONSE.

A Study on Knowledge, Practices and Social Attitudes towards Gender and Gender Based Violence in Colombo, Nuwara Eliya, Hambantota and Batticaloa Districts

FEMALE SURVEY

Care International, 7A Gregory's Road, Col 7

For Information please contact Ramaaya Salgado or Kamani Jinadasa
rsalgado@co.care.org or kjinadasa@co.care.org

Annex 2 –Female Questionnaire

IDENTIFICATION – PRINTED COPIES TO BE COMPLETED BY HAND, NOT ON PDAS				
COUNTRY CODE DISTRICT ..... POLLING BOOTH NUMBER ..... HOUSEHOLD NUMBER				____ [ ][ ] [ ][ ] [ ][ ]
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE INTERVIEWER'S NAME RESULT***	_____ _____ _____	_____ _____ _____	_____ _____ _____	DAY [ ][ ] MONTH [ ][ ] YEAR [ ][ ][ ][ ] INTERVIEWER [ ][ ] RESULT [ ][ ]
QUALITY CONTROL PROCEDURE CONDUCTED (1 = yes, 2 = no)			[ ]	TOTAL NUMBER OF VISITS [ ]
Q U E S T I O N N A I R E S COMPLETED? [ ] 1. None completed ⇒	*** RESULT CODES Refused (specify): _____ _____.....1 Dwelling vacant or address not a dwelling .2 Dwelling destroyed .....3 Dwelling not found, not accessible .....4 Entire hh absent for extended period.....5 No hh member at home at time of visit .....**6** Hh respondent postponed interview .....**7** Entire hh speaking only incomprehensible language…… 8		 ⇒**Need to return** ⇒**Need to return**	
	Selected woman refused (specify): ____ _____.....9 No eligible woman in household.....10 Selected woman not at home .....**11** Selected woman postponed interview .....**12** Selected woman incapacitated.....13		 ⇒**Need to return** ⇒**Need to return**	
[ ] 2. Female questionnaire partly completed⇒	Does not want to continue (specify) : ___ _____...14 Rest of interview postponed to next visit .**15**		 ⇒**Need to return**	
[ ] 3. Female questionnaire completed ⇒	**.....**16			

This questionnaire is the culmination of a number of years of work by many people, not all of whom can be named here. We gratefully acknowledge that this questionnaire incorporates many items and scales from other key survey instruments that have been tried, tested and validated in a number of settings, specifically:

a) IMAGES: International Men and Gender Equality Survey carried out by Instituto Promundo, the International Centre for Research on Women and local partner organizations
b) WHO Multi-country Study on Women's Health and Domestic Violence against Women, Version 10
c) South Africa Study of Men, Masculinities, Violence and HIV, carried out by the Medical Research Council, South Africa

d) South Africa Relationships Household Survey developed by The Medical Research Council, South Africa
e) Norway Study on Gender Equality and Quality of Life, carried out by the Nordic Gender Institute and the Work Research Institute

This particular questionnaire was developed by Dr Emma Fulu (Partners for Prevention) and Professor Rachel Jewkes (Medical Research Council, South Africa), with input from other members of the Technical Advisory Group for the Gender-based Violence and Masculinities Regional Research Project:Dr Gary Barker (Instituto Promundo), Dr Claudia Garcia-Moreno (WHO), James Lang (Partners for Prevention) and Dr Ravi Verma (ICRW).

This version of the questionnaire has also incorporated comments coming out of pretesting by the following country research teams involved in the Study:
Bangladesh: UNFPA and ICCDR,B, Dhaka
China: UNFPA, Beijing and Tianjin Normal University, Tianjin
Cambodia: UN Women and Domrei Research and Consulting, Phnom Penh

Annex 2 –Female Questionnaire

HOUSEHOLD SELECTION FORM – PRINTED COPIES TO BE COMPLETED BY HAND, NOT ON PDAS				
	Hello, my name is _____ . I am calling on behalf of CENTRE FOR SURVEY RESEARCH. We are conducting a survey in STUDY LOCATION to learn about women's life experiences.			
1.	Please can you tell me how many people live here, and share food? PROBE: Does this include children (including infants) living here? Does it include any other people who may be extended family members or those who are not members of your immediate familysuch as domestic servants, lodgers or friends who live here and share food? MAKE SURE THESE PEOPLE ARE INCLUDED IN THE TOTAL	TOTAL NUMBER OF PEOPLE IN HOUSEHOLD [ ][ ]		
	FEMALE HOUSEHOLD MEMBERS			
3. LINE NUM.	Today we would like to talk to one woman from your household. To enable me to identify whom I should talk to, would you please give me how many women between the ages of 18 and 49 live here? Among them, who celebrated their birthday last?	TOTAL NUMBER OF ELIGIBLE WOMEN IN HH [ ][ ]		

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

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

(B) ELIGIBLE: ANY WOMAN BETWEEN 18 AND 49 LIVING IN HOUSEHOLD.

MORE THAN ONE ELIGIBLE WOMAN IN HH:

- **SELECT THE PERSON WHO CELEBRATED THEIR BIRTHDAY LAST**
- ASK IF YOU CAN TALK WITH THE SELECTED WOMAN. IF SHE IS NOT AT HOME, AGREE ON DATE FOR RETURN VISIT.
- **START THE WOMEN'S QUESTIONNAIRE**

NO ELIGIBLE WOMAN IN HH:

- **SAY "I cannot continue because I can only interview women 18 – 49 years old- Thank you for your assistance."**
- **FINISH HERE.**

A Study on Knowledge, Practices and Social Attitudes towards Gender and Gender Based Violence in Colombo, Nuwara Eliya, Hambantota and Batticaloa districts

FEMALE QUESTIONNAIRE[1]

STUDY CONDUCTED
BY SOCIAL INDICATOR

[1] The female questionnaire will be administered by a female interviewer in a face-to-face interview using a Personal Digital Assistant (PDA), without audio enhancement. The survey does not ask women about perpetration of crimes, therefore does not need to be self-administered. Experiences from other studies indicate that women often benefit from sharing their experiences of violence in face-to-face interviews with well-trained, compassionate interviewers.

Confidential

PARTICIPANT'S INFORMATION LEAFLET
(Each participant must receive, read or have it read to her before the interview)

A Study on Knowledge, Practices and Social Attitudes towards Gender and Gender Based Violence in Colombo, Nuwara Eliya, Hambantota and Batticaloa districts

Introduction
Good day. My name is _____. I am working with the organisation Social Indicator on a project to better understand women's health and relationships.

You are invited to volunteer to participate in a research study that is conducted in Sri Lanka. Before you agree to participate in this study you need to fully understand what is asked of you and to be sure you are completely happy with what is involved. If you do not understand the information or have any other questions, feel free to ask.

Purpose of this interview
The purpose of this study is to collect information so we can understand women's health, families and relationships. We want to understand more about the lives of women in Sri Lanka: how women think, how they have grown up, how healthy they are, their intimate relationships and how they relate to their families and children.

Many people are concerned that women have many health problems and some have very difficult lives. Our aim in doing this research is to learn more about women's health and lives so that the information can be used to develop ways of making them better. In order to really understand women we have to speak to a large number of women living in all different circumstances, including those who are healthy and those who are sick, those who have easier lives and those who have great difficulties. Because every woman is different, we are choosing women to interview for the research using chance – rather like throwing a dice. We do not know anything about the lives of the women we are asking for interview before we start to talk to them. You have been invited to participate because your household was one of the houses randomly picked (by chance) from all the houses in this area.

We very much hope you will help us in our work as it is only by understanding all women that we can begin to develop ways of making the lives better for those who need help. We ask to have an interview with you; in this interview we will ask some information about you, things that have happened in your life that may affect your health and about your relationships. The interview will take approximately an hour.

What procedures are involved?
You are being asked to complete a questionnaire. There are no right or wrong answers; we want to know about you, your opinions or experiences. All your answers will be saved in the computer. This computer will not record your name. The interviewer will ask you the questions and record your answers on the little computer. She will be able to answer any questions you have during the interview. We will save the responses that you give to the questionnaire using a unique identification number. This means that your name will not be linked to the answers that you give. Information that is collected from you will be put together with information from 1000s of other women.

Are there any risks or discomforts from participating in this study?
We will conduct the interview in a private and safe place for both you and the researcher. The only potential risk from participating in this study is that you may feel uncomfortable answering some of the questions that may deal with some sensitive issues. The questions ask about your home, your family, your childhood, your ideas about relations between men and women, aspects of your health, your relationships with men and your views on laws and policies in your country.

Possible Benefits of this study
There are no direct benefits that you may get from participating in this study. However the information collected from this study may be helpful in improving the health and lives of women and men in Sri Lanka. Your answers will help us make sure that the views and experiences of women like you are taken into account in designing future health and community programs.

What are your rights as a participant?
Your participation in this study is entirely voluntary. You can refuse to participate or stop at any time without giving any reason. Some of the questions are very personal. Please remember that you are free to skip over any question you do not want to answer and you are free to stop answering questions at any time.

Confidentiality
All the information that you give in this study will be kept strictly confidential. The consent forms that you will be asked to sign will be securely stored and access will be limited to the research team and study sponsors. The consent forms cannot be linked to the answers you give to the questionnaire. The results of the study will be presented in a respectful manner and no information which could enable anyone to identify you personally will be reported. If you would like to be kept informed of the progress of our project, we will be happy to share any reports or publication we produce with you.

Costs
There is no cost to you for participating in this study.

Has this study received ethical approval?
Yes, the Ethics Review Committee of the Sri Lanka Medical Association has granted written approval for this study. You may contact them using the following details should you have any concerns or queries:

Prof. Anoja Fernando, Sri Lanka Medical Association, 6, Wijerama Mawatha, Colombo 7

Information and contact person
If you have any questions about the research you may contact

Iromi Perera, Social Indicators, Tel No : 0771611785

CARE SRI LANKA INFO
Ramaaya Salgado - rsalgado@co.care.org : Tel No: 11-5399299
Kamani Jinadasa - kjinadasa@co.care.org, Tel No: 11-5399299

INFORMED CONSENT FORM [To be completed on paper, not on PDAs]

I hereby confirm that I have received verbal informed consent from the respondent to participate in this study after having provided sufficient information to the respondent. I have explained to the respondent, the purpose, procedures involved, risk and benefits and the rights of the respondent as a participant in the study. I have provided/read out the information leaflet for the study and have given enough time to the respondent to read it on her own or have read it to her and have answered her questions. I have told the respondent that the information she gives to the study will together with other information gathered from other people, be anonymously processed into a research report and scientific publications.

The respondent is aware of her rights to withdraw her consent in this study without any consequences for her. The respondent freely and voluntary gave her consent to participate in the study.

Researcher's name…….(Please print)

Researcher's signature……..Date……

Witness' signature ……..Date……

PDA USE STARTS FROM HERE **PDAS AUTOMATICALLY RECORD START AND FINISH TIMES**			
SECTION 1 SOCIO-DEMOGRAPHIC CHARACTERISTICS AND EMPLOYMENT			
NO.	**QUESTIONS & FILTERS**	**CODING CATEGORIES**	**SKIP TO**
101	How old are you?	18 – 19 YRS .....1 20 – 24 YRS .....2 25 – 29 YRS .....3 30 – 34 YRS .....4 35 – 39 YRS .....5 40 - 44 YRS .....6 45 – 49 YRS 7	
102	What is your level of education?	NO SCHOOLING.....1 PRIMARY SCHOOL / GRADE 1-3 INCOMPLETE.....2 PRIMARY SCHOOL / GRADE 1-3 COMPLETE.....3 SECONDARY SCHOOL / GRADE 4-12 INCOMPLETE.....4 SECONDARY SCHOOL / GRADE 4-12 COMPLETE.....5 TERTIARY EDUCATION / UNIVERSITY OR TECHNICAL COLLEGE INCOMPLETE.....6 TERTIARY EDUCATION / UNIVERSITY OR TECHNICAL COLLEGE COMPLETE.....7	
103	What is your current relationship status?	CURRENTLY MARRIED TO A MAN.....**1** LIVING WITH MAN, NOT MARRIED.....3 BOYFRIEND, NOT LIVING TOGETHER……4 NOT MARRIED/ NO RELATIONSHIP…….. …...5	**⇒106a**
104	Have you ever been married?	YES.....**1** NO ……..2	**⇒107**
105	Have you ever lived with a man?	YES.....**1** NO . . 2	**⇒113**

106	Have you ever had a boyfriend?	Y E S..... **1** N O . . **2**	⇒**113** ⇒**113**
106a	Have you been married more than once?	YES..... .....**1** **N O** **.....** **.....2**	⇒**108**
107	Did your last marriage end in divorce, your being widowed or separation?	DIVORCE……..... …...1 WIDOWED……..... ….2 SEPARATION……..….. …...3	⇒**108** ⇒**108**
107a	Did you lose your husband due to the Tsunami?	YES..... .....1 NO ……..... 2	
107b	Have you been re-married?	YES..... .....1 NO……..... 2	
108	How old were you the first time you got married?	A G E (Y E A R S) [ ][ ]	

109	Which of the following best describes how you came to marry your current or most recent husband?	W E C H O S E E A C H OTHER.....1 M A R R I A G E W A S ARRANGED.....2	
110a	Do you feel a dowry is important?	YES ..... **1** NO ..... **2** DON'T KNOW ……... …….3	
111	Did your marriage involve dowry?	Y E S 1 N / A 2 N O **3**	⇒ **113**
111a	If you got a dowry house, is it in your name?	YES ..... **1** NO **2**	
111b	If money was given as dowry, is it in a joint account or in your name or your husband's name?	IN MY NAME ONLY..... 1 IN HIS NAME ONLY ..... 2 IN A JOINT ACCOUNT 3	

111c	Do/did you have complete control of how the dowry is spent or does he or is/was it decided equally between you and your husband?	I HAVE/HAD COMPLETE CONTROL …..... 1 HE HAS/HAD COMPLETE CONTROL ….…2 DECIDED BY BOTH EQUALLY .....……..3	
113	Who provides the main source of income in your home?	SELF…….. ……..1 PARTNER…….…..…2 BOTH EQUALLY……..3 PARENTS……..……...…..…4 OTHER ……..5	
120	Is the head of your household male or female?	MALE ……..…….. 1 FEMALE ……..…….. 2 SHARED ……..……. 3	
121	Do you think the following are deciding factors for whether the head of your household is male or female: (MULTIPLE RESPONSES)	Income generation ……....1 Decision making …….…….2 Looking after the children …….…….3 Culture …….……4 Owns land/house……..……5 Other ……6	

SECTION 3 ATTITUDES ABOUT RELATIONS BETWEEN MEN AND WOMEN

PDA NO.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO

I will now ask you about your views on life and particularly on relations between men and women in society. There are no right or wrong answers – we are just interested in what you think. Please tell me whether you strongly agree, agree, disagree or strongly disagree with the following statements:

301	GEM SCALE	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
a	A woman's most important role is to take care of her home and cook for her family.	1	2	3	4
c	There are times when a woman deserves to be beaten.	1	2	3	4
d	It is a woman's responsibility to avoid getting pregnant.	1	2	3	4
e	A woman should tolerate violence in order to keep her family together.	1	2	3	4
h	To be a man, you need to be tough	1	2	3	4
i	Changing nappies, giving kids a bath and feeding the kids are the mother's responsibility	1	2	3	4
j	Women should accept teasing even of a sexual nature because it is harmless	1	2	3	4
k	Teasing becomes harmful to women only when there is physical contact	1	2	3	4
l	To be a man means providing for your family and your extended family	1	2	3	4
n	It is manly to defend the honour of your family even by violent means	1	2	3	4
o	I would never have a gay friend	1	2	3	4
p	A real man produces a male child	1	2	3	4

INDIVIDUAL AND COMMUNITY IDEAS ABOUT GENDER RELATIONS

Now I would like to ask your opinion on some statements on what the community thinks about relations between men and women. Can you tell me if your community strongly agrees, agrees, disagrees or strongly disagrees with the following statements.

		STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
303b	I thinkthat a woman should obey her husband	1	2	3	4
304b	I think that a man should have the final say in all family matters	1	2	3	4
305b	I think that men should share the work around the house with women such as doing dishes, cleaning and cooking	1	2	3	4
307b	I think that a woman cannot refuse to have sex with her husband.	1	2	3	4
309b	I think that when a woman is raped, she is usually to blame for putting herself in that situation	1	2	3	4
310b	I think that if a woman doesn't physically fight back, it's not rape	1	2	3	4
311b	I think that it would be shameful to have a homosexual son	1	2	3	4
312b	I think that in any rape case, one would have to question whether the victim is promiscuous or has a bad reputation	1	2	3	4
313b	I think that some women ask to be raped by the way they dress and behave	1	2	3	4
315	I think that women are as competent as men and should be paid equally for their labour	1	2	3	4

SECTION 2 CHILDHOOD EXPERIENCES			
PDA NO.	**QUESTIONS & FILTERS**	**CODING CATEGORIES**	**SKIP TO**
201	When you were growing up, would you say that your biological mother was -	NEVER AT HOME……1 RARELY AT HOME……..2 OFTEN AT HOME…….3	
202	When you were growing up, would you say that your biological father was -	NEVER AT HOME……1 RARELY AT HOME……..2 OFTEN AT HOME…….3	

SECTION 4 REPRODUCTIVE HEALTH			
PDA NO.	**QUESTIONS & FILTERS**	**CODING CATEGORIES**	**SKIP TO**
	The next set of questions are about different aspects of your reproductive health and any children you may have.		
401	Have you ever had sexual intercourse?	YES……..….. …….....1 N O … … … … … . . … … … . . … . . ….....**2**	**⇒810**
402	How old were you when you first had sexual intercourse?	L E S S T H A N 1 2 YRS .....1 1 2 – 1 5 YRS .....2 1 6 – 1 7 YRS .....3 1 8 – 1 9 YRS .....4 2 0 – 2 9 YRS .....5 M O R E T H A N 3 0 YRS 6	
1201	Which of the following statements most closely describes your experience the first time you had sexual intercourse?	I WAS WILLING……..……..... 1 I W A S PERSUADED……2 I WAS FORCED ……. …….3 I WAS RAPED ….……..…….. ….4	
1202	Who was the first person you had sexual intercourse with?	BOYFRIEND……..... ..1 HUSBAND……. …..2 FATHER OR FAMILY MEMBER……..…… 3 TEACHER……. ….4 FRIEND/ BOY FROM SCHOOL/AREA…… 5 MAN FROM AREA…… ……6 STRANGER/UNKNOWN PERSON…..….... 7 F R I E N D O F T H E FAMILY……..8 AQUAINTENCE..... 9 OTHER…….…..….. 10	
1203	Have you <u>ever</u> used anything, or tried in any way, to delay or avoid getting pregnant?	YES……..….. …….....1 N O … … … … … . . … … … . . … . . ….....**2**	**⇒1206**
1204	Are you <u>currently</u> doing something, or using any method, to delay or avoid getting pregnant?	YES……..….. …….....1 N O … … … … … . . … … … . . … . . ….....**2**	**⇒1206**

1205	Which method are you using?	INJECTION/IMPLANT……..….1 P I L L … … … … … … … … … … … . . ……..2 CONDOM……..…3 IUD……..……4 H E R B / O T H E R T R A D I T I O N A L METHOD....5 CONDOM &ANOTHER METHOD……..…...6 STERILISATION……..…7	
1206	Has / did your <u>current</u> / <u>most recent</u> husband/partner ever refused to use a method or tried to stop you from using a method to avoid getting pregnant?	Y E S 1 N O …2	
1207	Have you <u>ever</u> been pregnant?	Y E S 1 N O **2** M A Y B E / N O T S U R E **3**	**⇒801** **⇒801**
501	How many children have you given birth to?	NUMBER [ ] [ ] IF **00**	**⇒1209**
1208	How old were you when you had your first child?	A G E (Y E A R S) [ ][ ]	
1209	The last time you became pregnant, did you want to become pregnant then, did you want to wait until later, or did you not want to have children at all?	WANTED TO BECOME PREGNANT..... 1 WANTED TO WAIT UNTIL LATER……. 2 DIDN’T WANT ANY (MORE) CHILDREN...3	
1210	Have you ever had a pregnancy that miscarried?	YES……..….. …….....1 N O … … … … … . . … … … . . … . . ….....2	
1211	Have you ever had a pregnancy that ended in a still birth?	YES……..….. …….....1 NO……..……..….. ….....2	
1212	Have you ever had an abortion?	YES……..….. …….....1 NO……..……..….. ….....2	
810	When did you last have an HIV test?	WITHIN LAST 12 MONTHS…….....1 1-5 YEARS AGO…….……..… 2 MORE THAN 5 YEARS AGO……. 3 NEVER TESTED…….……. …**4**	
511	Do you have any children (biological or otherwise) under age 18 living with you?	YES……1 NO ……..**2⇒403**	

512	We'd like now to ask some questions about how often you do certain things with your children who are under the age of 18 and live with you. Please say if you do the following never, sometimes, often or very often:	NEVER	SOMETIMES	OFTEN	VERY OFTEN	
a	How often do you play or do activities with the children?	1	2	3	4	
b	How often do you talk about personal matters with the children, such as their relationships, worries or feelings?	1	2	3	4	
f	How often do you talk to your children about sex/ sex education?	1	2	3	4	
c	How often do you help any of the children with their homework?	1	2	3	4	
d	How often do you punish your children by smacking or beating them	1	2	3	4	
e	How often does your partner punish your children by smacking or beating them?	NEVER.....1 SOMETIMES.....2 OFTEN.....3 VERY OFTEN.....4 N/A, NO PARTNER.....5				
513	If you have a daughter/s, is the eldest daughter over 18 years?	YES…….....1 NO…….....**2**				**⇒403**

I will read some statements to you regarding your eldest daughter, please tell me for each if you strongly agree, agree, disagree or strongly disagree:

514		STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
a	I get angry if she speaks with another*(not a family member or a relative)*man	1	2	3	4
b	I never tell herwho she can see or spend time with	1	2	3	4
c	I like to know where she isall of the time	1	2	3	4
d	I don't like her my daughter being active in women's societies	1	2	3	4
e	I don't like it when she wears clothing which attracts attention	1	2	3	4
f	A son should be educated more than a daughter	1	2	3	4
g	I would support my daughter being employed in the; (MULTIPLE RESPONSES)	Private sector .....1 Media .....2 Politics .....3 Engineering .....4 Military .....5 Hotel Industry.....6 Apparel Industry.....7			

SECTION 5RESPONDENT AND HER PARTNER

CK 1 **IF NEVER PARTNERED(103=4&104=2&105=2&106=2) SKIP TO 901**

You are progressing very well, thank you. Now we have some questions about your current or most recent husband/ partner. If you have had more than one partner/husband, please report only about the current/most recent one.

403	How old is your current/ most recent husband/ partner?	AGE (YEARS) .....[ ][ ]	
404	Do/did you and he both have the same level of education or do you have more schooling or does he have more schooling?	SAME..... ……1 I AM MORE EDUCATED ……2 HE IS MORE EDUCATED ……3	
1213	What is/was the employment status of your current/most recent partner?	UNEMPLOYED…… ….1 FORMALLY EMPLOYED…… ……2 INFORMALLY EMPLOYED…… ……3 STUDENT……..... ....4 RETIRED…… ……5	
CK 1A	**IF ONLY EVER HAD BOYFRIEND. BUT NEVER MARRIED AND NEVER LIVED WITH A MAN (103=3 & 104=2 & 105=2) OR (103=4 & 104=2 & 105=2 & 106=1), SKIP TO 1214**		
405	Do/did you and he both earn the same amount of money or does/did he earn more money or do you earn more money?	SAME……. ……..... 1 I EARN MORE ……. ……..... 2 HE EARNS MORE…….. ……..... 3	
406	Who in your household usually has the final say regarding the health of women in the family?	YOURSELF……..……. ……..1 HUSBAND/PARTNER…….……..…….. …2 BOTH EQUALLY…… …….3 OTHER MEMBER OF HOUSEHOLD……4	
407	Who in your household usually has the final say about decisions involving yourchildren (their schooling, their activities)?	YOURSELF……..……..…….. …...1 HUSBAND/PARTNER…….…….……. …2 BOTH EQUALLY…….…….…….. ……3 OTHER MEMBER OF HOUSEHOLD……4 NA – NO CHILDREN…….. ……5	
408	Who has the final say about decisions involving how your family spends money on food and clothing?	YOURSELF……..…….……..…….. ……..1 HUSBAND/PARTNER…….…….....…. …2 BOTH EQUALLY…….…….…….. ……3 OTHER MEMBER OF HOUSEHOLD……4	

409	Who has the final say about decisions involving how your family spends money on large investments such as buying a vehicle, or a house or a household appliance?	YOURSELF……..……..……..…….. ……..1 HUSBAND/PARTNER……..……. …2 BOTH EQUALLY…….……..….. …3 OTHER MEMBER OF HOUSEHOLD…….. …..4	
1214	How often does/did your husband/partner drink alcohol?	EVERY DAY OR NEARLY EVERY DAY ..... 1 ONCE OR TWICE A WEEK .....⇒**1216** 2 1 – 3 TIMES IN A MONTH ..... 3 LESS THAN ONCE A MONTH ..... 4 NEVER ..... **5** DON'T KNOW/DON'T REMEMBER 6	
1215	In the <u>past 12 months</u> (<u>In the last 12 months of your last relationship</u>), how often have you seen (did you see) your husband / partner drunk?	EVERY DAY OR NEARLY EVERY DAY ..... 1 W E E K L Y 2 O N C E A M O N T H 3 L E S S T H A N O N C E A M O N T H 4 N E V E R 5	
1216	Does/did your husband/partner ever use drugs?	EVERY DAY OR NEARLY EVERY DAY ..... 1 W E E K L Y 2 O N C E A M O N T H 3 L E S S T H A N O N C E A M O N T H 4 NEVER ..... 5 IN THE PAST, NOT NOW 6	

1217	How likely do you think it is that your current/most recent husband/partner is/was having sex with someone else?	DEFINITELY ……..... 1 PROBABLY ……..…..... ……...2 PROBABLY NOT …….....3 DEFINITELY NOT… … … … …. ……..... 4	

SECTION 6INTIMATE RELATIONSHIPS

PDA NO.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO
When two people marry or live together, they usually share both good and bad moments. Now there are some questions about your current and past relationships and how your husband / partner treats (treated) you. All of your answers will be kept secret, and you do not have to answer any questions that you do not want to.			
411	In your relationship with your (current or most recent) husband / partner, how often would you say that you quarrelled?	RARELY .....1 SOMETIMES.....2 OFTEN.....3	
411a	If you quarrel, how often is it ended through ..... (MULTIPLE RESPONSES)	VIOLENCE … … … … … … … … … … . . ……. 1 DISCUSSION WITH PARTNER ....…….. 2 THIRD PARTY INTERVENTION ……. 3	

Thinking about your relationship with your current/most recent husband or partner mark whether you strongly agree, agree, disagree or strongly disagree with the following statements:

412	RELATIONSHIP CONTROL SCALE	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
a	When my partner wants sex he expects me to agree	1	2	3	4
b	If I asked my partner to use a condom, he would get angry.	1	2	3	4
c	My partner won't let me wear certain things.	1	2	3	4
d	My partner has more to say than I do about important decisions that affect us.	1	2	3	4
e	My partner tells me who I can spend time with.	1	2	3	4
g	My partner wants to know where I am all of the time.	1	2	3	4
h	My partner lets me know I am not the only partner he could have.	1	2	3	4
i	My partner gets angry if I speak with another man	1	2	3	4
j	My partner doesn't like me being active in women's societies	1	2	3	4

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

413	Has a current or previous husband or boyfriend ever insulted you or made you feel bad about yourself?	NEVER .....1 ONCE.....2 FEW.....3 MANY.....4

414 Has a current or previous husband or boyfriend ever belittled or humiliated you in front of other people?
NEVER.....1
ONCE.....2
FEW.....3
MANY.....4

415 Has a current or previous husband or boyfriend ever done things to scare or intimidate you on purpose for example, by the way he looked at you, by yelling or smashing things?
NEVER.....1
ONCE.....2
FEW.....3
MANY.....4

416 Has a current or previous husband or boyfriend ever threatened to hurt you?
NEVER.....1
ONCE.....2
FEW.....3
MANY.....4

417 Has a current or previous husband or boyfriend ever hurt people you care about as a way of hurting you, or damaged things of importance to you?
NEVER.....1
ONCE.....2
FEW.....3
MANY.....4

C2 KIF HAS NEVER BEEN EMOTIONALLY ABUSED BY A HUSBAND OR BOYFRIEND(413, 414, 415, 416& 417=1) SKIP TO 419

1218 Were any of these things done by your current or most recent partner/husband?
YES……1
NO……2

418 Have any of these things happened in the past 12 months?
YES……1
NO……2

419 Has a current or previous husband or boyfriend ever prohibited you from getting a job, going to work, trading, earning money or participating in income generation projects?
NEVER.....1
ONCE.....2
FEW.....3
MANY.....4

420 Has a current or previous husband or boyfriend ever taken your earnings from you?
NEVER.....1
ONCE.....2
FEW.....3
MANY.....4
NA- NEVER EARNED AN INCOME.....5

421 Has a current or previous husband or boyfriend ever thrown you or your children out of the house where you were living?
NEVER.....1
ONCE.....2
FEW.....3
MANY.....4

422 Has a current or previous husband or boyfriend ever refused to give you money you needed for household expenses even when he has money for other things?
NEVER.....1
ONCE.....2
FEW.....3
MANY.....4

CK3 IF HAS NEVER BEEN ECONOMICALLY ABUSED BY A HUSBAND OR BOYFRIEND (419, 421 & 422=1&420=1 or 5) SKIP TO 424

1219 Were any of these things done by your current or most recent partner/husband?
YES.....1
NO.....2

423 Have any of these things happened in the past 12 months?
YES.....1
NO.....2

424 Has a current or previous husband or boyfriend ever slapped you or thrown something at you which could hurt you?
NEVER.....1
ONCE.....2
FEW.....3
MANY.....4

425 Has a current or previous husband or boyfriend ever pushed or shoved you?
NEVER.....1
ONCE.....2
FEW.....3
MANY.....4

426 Has a current or previous husband or boyfriend ever hit you with a fist or with something else which could hurt you?
NEVER.....1
ONCE.....2
FEW.....3
MANY.....4

427 Has a current or previous husband or boyfriend ever kicked, dragged, beaten, choked or burnt you?
NEVER.....1
ONCE.....2
FEW.....3
MANY.....4

428 Has a current or previous husband or boyfriend ever threatened to use or actually used a gun against you?
NEVER..... 1
ONCE..... 2
FEW..... 3
MANY..... 4

4 2 8 A Has a current or previous husband or boyfriend ever threatened to use or actually used a knife or other weapon against a partner?
NEVER.....1
ONCE.....2
FEW.....3
MANY.....4

C 4 KIF HAS NEVER BEEN PHYSICALLY ABUSED BY A HUSBAND OR BOYFRIEND (424, 425, 426, 427, 428 =1) SKIP TO 852

1220 Were any of these things done by your current or most recent partner/husband?
YES……..……. 1
NO…….... 2

429 Have any of these things happened in the past 12 months?
YES……..……. 1
NO…….... 2

SECTION 7 INJURIES AND HELP SEEKING

PDA NO.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO
The next questions are about the injuries that you experienced from <u>any</u> of your partner's acts that we have talked about. Injury means any form of physical harm, including cuts, sprains, burns, broken bones or broken teeth, or other things like this.			
713	<u>In your life</u>, how many times were you injured by (any of) your husband/partner(s)?	NEVER.....1 ONCE/TWICE.....2 SEVERAL (3-5) TIMES.....3 MANY (MORE THAN 5) TIMES.....4	⇒720
714	Did you ever stay in bed because of these injuries?	YES.....1 NO.....2	
715	Did you ever take days off from income generating work because of these injuries?	YES.....1 NO.....2 NO PAID WORK.....3	
716	Did you seek medical attention for these injuries?	YES.....⇒720 1 NO..... 2	
717	What form of treatment did you receive?	SURGERY.....1 ADMITTED TO HOSPITAL.....2 BROKEN BONES TREATED.....3 STITCHES.....4 DENTAL CARE.....5 PAINKILLERS.....6 BANDAGING/ OINTMENT.....7 TRADITIONAL HEALING.....8 OTHER.....9	

718 Did you tell the health care worker about the cause of your injury?
YES ..... **1** ⇒**720**
NO 2

719 What was the main reason why you didn't tell them the cause of your injury?
I T ' S A P R I V A T E ISSUE.....1
S C A R E D O F PARTNER.....2
T H E Y W E R E N O T FRIENDLY.....3
A S H A M E D / EMBARASSED.....4
T H E Y D I D N O T ASK.....5
OTHER.....6

720 Have you ever reported any abuse or threats to the police?
YES ..... 1 ⇒**722**
NO **2**

721 How did the police respond?
THEY OPENED A CASE……..... ……..1
THEY SENT ME AWAY ……..……...……..2
THEY TRIED TO MAKE PEACE BETWEEN MY HUSBAND/BOYFRIEND AND ME ….. 3
OTHER ……. ….. 4

722 Have you ever told anyone in your family about these things you have experienced from your husband/ partner?
YES ..... 1 ⇒**852**
NO **2**

723 Did you tell: (Multiple Response)

	YES	NO
a) Female member of your family of birth	1	2
b) Male member of your family of birth	1	2
c) Female member of your in-laws	1	2
d) Male member of your in-laws	1	2
e) Your child/children	1	2

724 How did they respond? Did they do the following: (Multiple Response)

	YES	NO
a) Blamed you for it	1	2
b) Supported you	1	2
c) Were indifferent	1	2
d) Told you to keep it quiet	1	2
e) Advised you to report to police	1	2

SECTION 8 SEXUAL EXPERIENCES

PDA NO.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO

Thank you for your answers. There are also other things which women experience that they sometimes do not talk about. Please answer freely and remember that everything you say will be confidential.

852 Has a current or previous husband or boyfriend ever physically forced you to have sex when you did not want to?
NEVER 1
ONCE 2
FEW 3
MANY 4

853 Have you ever had sex with a current or previous husband or boyfriend when you did not want to because you were afraid of what he might do?
NEVER 1
ONCE 2
FEW 3
MANY 4

854 Has your current or previous husband or boyfriend ever forced you to watch pornography when you didn't want to?
NEVER 1
ONCE 2
FEW 3
MANY 4

855 Has a current or previous husband or boyfriend ever forced you to do something else sexual that did not want to do?
NEVER 1
ONCE 2
FEW 3
MANY 4

CK 5 IF HAS NEVER BEEN FORCED BY A BOYFRIEND OR HUSBAND TO HAVE SEX OR DO SOMETHING SEXUAL AGAINST HER WILL (852& 853=1) SKIP TO 858

856 Were any of these things done by your current or most recent partner/husband? YES……1
NO……2

857 Have any of these things happened in the past 12 months? YES.....1
NO.....2

		YES	NO
858	Have you ever had sex with a man because he:		
	a) Provided you with drugs, food, cosmetics, clothes, cell phone, transportation or anything else you could not afford by yourself	1	2
	b) Provided you with somewhere to stay	1	2
	c) Gave items or did something for your children or family	1	2
	d) Gave you cash or money to pay your bills or school fees	1	2
	e) To secure a job/promotion	1	2

CK 6 IF HAS NEVER BEEN PREGNANT(1207 = 2 OR 1207=3), SKIP TO 901

Although pregnancy is highly valued in Sri Lankan culture, in some cases, a woman's difficulties do not stop whilst she is pregnant.

859	During any of your pregnancies, did your husband/boyfriend ever refuse to buy clothes to prepare for the baby?	Y E S 1 N O 2	
860	During any of your pregnancies, did your husband/boyfriend ever prevent you from going to the clinic for check-ups?	Y E S 1 N O 2	
861	During any of your pregnancies, did your husband/boyfriend ever kick, bite, slap, hit you, or throw something at you?	N E V E R⇒**865** **1** O N C E 2 F E W 3 M A N Y 4	
862	Were you ever hurt on the stomach or abdomen?	Y E S 1 N O 2	
863	Have you ever had a miscarriage which you think was because of being beaten?	Y E S 1 N O 2	
864	Have you ever gone into premature labour which you think was because of being beaten?	Y E S 1 N O 2	

865	Have you ever been physically forced to have sex when you did not want to while you were pregnant?	1	NEVER
		2	ONCE
		3	FEW
		4	MANY

SECTION 9NON-PARTNER EXPERIENCES

PDA NO.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO
	ALL WOMEN, EVEN THOSE WHO HAVE NEVER HAD A BOYFRIEND, SHOULD BE ASKED THE FOLLOWING QUESTIONS		
901	How many times have you been forced or persuaded to have sex against your will by a man who wasn't your husband or boyfriend?	NEVER.....**1** ONCE.....2 MORE THAN 1 TIME.....3	**⇒905**
902	Can you tell me who did this (if more than once, the first time)?	FATHER OR FAMILY MEMBER……..1 TEACHER…….....2 FRIEND/ BOY FROM NEIGHBOURHOOD (UNDER 18 YRS).....….....3 MAN FROM NEIGHBOURHOOD…....4 STRANGER/UNKNOWN PERSON…...5 FRIEND OF THE FAMILY…….....6 EX-HUSBAND/EX-BOYFRIEND….....7 OTHER…….....…..8	
903	How old were you (if more than once, the first time this happened)?	AGE (YEARS) ..... [ ][ ]	
904	Did this happen in the last 12 months?	YES…….....……..1 NO…….....2	
905	How many times has a man who was not your husband or boyfriend tried to force or persuade you to have sex against your will but did not succeed?	NEVER.....**1** ONCE.....2 MORE THAN 1 TIME.....3	**⇒909**
906	Can you tell me who did this the first time?	FATHER OR FAMILY MEMBER……1 TEACHER…….....…..2 FRIEND/ BOY FROM NEIGHBOURHOOD (UNDER 18 YRS) ……...3 MAN FROM NEIGHBOURHOOD.....4 STRANGER/UNKNOWN PERSON…....5 FRIEND OF THE FAMILY……...6 EX-HUSBAND/EX-BOYFRIEND….....7 OTHER …….....8	
907	How old were you?	AGE (YEARS) .....[ ][ ]	
908	Did this happen in the last 12 months?	YES…….....……1 NO…….....2	
909	How many times were you forced to have sex with a man who was not a husband or boyfriend when you were too drunk or drugged to refuse?	NEVER.....1 ONCE.....2 MORE THAN 1 TIME.....3	
910	How many times have you been forced or persuaded to have sex against your will with more than one man at the same time?	NEVER.....1 ONCE.....2 MORE THAN 1 TIME.....3	

CK7 IF NEVER FORCED TO HAVE SEX BY SOMEONE OTHER THAN A HUSBAND OR BOYFRIEND (901, 905, 909 & 910=1), SKIP TO 922

911 These questions are about your experience of forced sex. Please respond about the most recent incident.

What was your main concern after this experience of forced sex?

SOMEONE WOULD FIND OUT ……..... 1
IT WOULD HAPPEN AGAIN ……..... 2
HIV/AIDS ……..... 3
PREGNANCY ……..... 4
STI/STD……..... 5
OTHER ……..... 6

912 Did you report the incident to the police?

YES……..... 1 ⇒**915**
NO……..... **2**

913 How did the police respond?

THEY OPENED A CASE..... ……..... 1
THEY SENT ME AWAY ……..... 2
OTHER ……..... 3

914 Was the perpetrator arrested and convicted?

NOT ARRESTED……..... 1
ARRESTED BUT NOT CONVICTED..... 2
CONVICTED…… 3

915 Did you report it to a health service (Dr or nurse)?

YES……..... 1 ⇒**918**
NO……..... **2**

916 Did you receive any medication/treatment for preventing pregnancy?

YES……..... 1
NO……..... 2
DON'T KNOW..... 3

917 Did you receive any medication/treatment for preventing transmission of HIV (PEP)?

YES……..... 1
NO……..... 2
DON'T KNOW..... 3

918 Did you receive (formal) counselling with regards to the incident that you experienced?

YES……..... 1
NO……..... 2

919 Did you tell someone in your family about the incident?

YES……..... 1 ⇒**922**
NO……..... **2**

920 Did you tell a: (Multiple Response)

a) Female member of your family of birth?
b) Male member of your family of birth?
c) Female member of your in-laws?
d) Male member of your in-laws?
e) Your child/children:

921 How did they respond? Did they do the following:
(Multiple Response)

a) Blamed you for it
b) Supported you
c) Were indifferent
d) Told you to keep it quiet
e) Advised you to report to police

922 Have you ever been asked to perform sexual acts in order to get a job or keep your job?
YES..... 1 ⇒**924**
NO..... **2** ⇒**925**
NA NEVER WORKED..... **3**

923 Did you agree?
YES..... 1
NO..... 2

924 Has any employer/colleague in the workplace ever touched you sexually?
YES..... 1
NO..... 2

925 Have you ever been asked to perform sexual acts in order to pass an exam or get good grades at school?
YES..... 1 ⇒**927**
NO..... **2** ⇒**601**
NEVER WENT TO SCHOOL..... **3**

926 Did you agree?
YES..... 1
NO..... 2

927 Has any teacher/principal/lecturer ever touched you sexually or made you touch them sexually?
YES..... 1
NO..... 2

SECTION 10HEALTH AND WELL-BEING					
PDA NO.	**QUESTIONS & FILTERS**	**CODING CATEGORIES**			**SKIP TO**
CHILDHOOD TRAUMA SCALE Now we have questions about your childhood and teenage years, specifically from the time you were born until you were 18 years old. We would like to know how often each of the things described in the statements happened to you.					
601		NEVER	SOMETIMES	OFTEN	VERY OFTEN
a	Before I reached 18 I did not have enough to eat	1	2	3	4
b	Before I reached 18 I lived in different households at different times	1	2	3	4
c	Before I reached 18 I saw or heard my mother being beaten by her husband or boyfriend	1	2	3	4
d	Before I reached 18 I was told I was lazy or stupid or weak by someone in my family	1	2	3	4
e	Before I reached 18 someone touched my buttocks or genitals or made me touch them when I did not want to	1	2	3	4
f	Before I reached 18 I was insulted or humiliated by someone in my family in front of other people	1	2	3	4
g	Before I reached 18 I was beaten at home with a belt or stick or whip or something else which was hard	1	2	3	4
h	Before I reached 18 I had sex with a man who was more than 5 years older than me	1	2	3	4
i	Before I reached 18 one or both of my parents were too drunk or drugged to take care of me	1	2	3	4
j	Before I reached 18 I was beaten so hard at home that it left a mark or bruise	1	2	3	4
k	Before I reached 18 I spent time outside the home and none of the adults at home knew where I was	1	2	3	4
l	Before I reached 18 I had sex with someone because I was threatened or frightened or forced	1	2	3	4
m	Before I reached 18 I was beaten or physically punished at school by a teacher or headmaster	1	2	3	4
n	Before I reached 18, I was forced to have sex or physical relations with a community leader/ older schoolboy/schoolgirl	1	2	3	4
o	Before I reached 18, I was exposed to unwanted incidents of a sexual nature	1	2	3	4
p	Before I reached 18, I was exposed to pornographic material against my will	1	2	3	4

604	I would now like to ask a few questions about your current health. In general, would you describe your overall health as excellent, good, fair, poor or very poor?	EXCELLENT .....1 GOOD .....2 F A I R 3 P O O R 4 V E R Y P O O R 5	
605	When was the last time you sought out health services at a clinic or hospital for <u>yourself</u>, including a traditional healer?	IN LAST 4 WEEKS……..…1 IN LAST 3 MONTHS…….....2 WITHIN LAST YEAR…….. …...3 BETWEEN 1-2 YEARS AGO ….. ……4 BETWEEN 3-5 YEARS AGO……... ……...5 BEFORE 5 YEARS OR NEVER ……... ……..6	
607	Thank you for answering those questions. I now want you to think about your whole life experience. Have you ever thought about ending your life?	YES…….....…1 N O … … … … … … . …….....**2**	**⇒831**
831	How often do you drink alcohol?	EVERY DAY OR NEARLY EVERY DAY.....1 O N C E O R T W I C E A WEEK.....2 1 – 3 T I M E S I N A MONTH.....3 L E S S T H A N O N C E A MONTH.....4 N E V E R 5	⇒836
832	How many drinks containing alcohol do you have on a typical day when you are drinking?	1 OR 2…….....…1 3 O R 4…….....2 5 O R 6…….....3 7 O R 9…….....4 1 0 O R MORE…….....5	
833	How often do you have six or more drinks on one occasion?	NEVER …….....…1 L E S S T H A N M O N T H L Y …….....2 MONTHLY…… ……3 WEEKLY…… ……4 DAILY OR ALMOST DAILY…….....….5	
834	In the past year have you ever failed to do what was normally expected from you because of drinking?	NEVER …….....….1 ONCE OR MORE OFTEN …….....…2	

835	In the past year have you ever had a feeling of guilt or remorse after drinking?	NEVER …….....….1 ONCE OR MORE OFTEN …….....2	
836	How many times have you used drugs in the last 12 months?	EVERY DAY OR NEARLY EVERY DAY 1 WEEKLY 2 ONCE A MONTH 3 LESS THAN ONCE A MONTH 4 NEVER 5	

SECTION 11 POLICIES AND SOCIO-ECONOMIC STATUS

PDA NO.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO
	Thank you for answering those questions. We are almost finished now. This section will ask you about your knowledge of some laws and policies.		
705	According to the law, is a husband who forces his wife to have sex against her will committing a criminal act (that is, the husband can be fined or put in jail)?	YES……..1 NO……2 DON'T KNOW…….....3	
706	Are there any laws in your country about violence against women?	YES……..1 NO……**2** DON'T KNOW…….....**3**	**⇒710** **⇒710**

		STRONGLY AGREE	AGREE	NO OPINION	DISAGREE	STRONGLY DISAGREE
707	With regards to these laws about violence against women, do you strongly agree, agree, disagree or strongly disagree with the following statements:					
a	The make it too easy for a woman to bring a violence charge against a man	1	2	3	4	5
b	They are too harsh	1	2	3	4	5
c	They are not harsh enough	1	2	3	4	5
d	They do not provide enough protection for the victim of violence	1	2	3	4	5

712	Have you ever participated in an activity (group session, rally, etc.) in your community or workplace on violence against women?	YES…….....1 NO……..…2	

		STRONGLY AGREE	AGREE	NO OPINION	DISAGREE	STRONGLY DISAGREE
725	I support greater participation of women in coming forward for elections	1	2	3	4	5
726	I think there should be separate community / rural societies for women	1	2	3	4	5
727	I think more women should be in public decision making roles	1	2	3	4	5

114	Have you worked or earned money in the last 12 months?	YES……..……..…....1 NO…….....**2**	**⇒116**
115	What is your **overall individual** income per month? *LOCALLY SPECIFIC CODING*	Less than Rs. 3,000 …….. 1 Rs. 3,001 – 6,000 ……..... 2 Rs. 6,001 – 10,000 …….. 3 Rs. 10,001 – 20,000 …… 4 Rs. 20,001 – 50,000 …… 5 Rs. 50,001 – 100,000 …… 6 Rs. 100,001 – 200,000 ……..7 Rs. 200,001 – 300,000 ……..8 Rs. 300,001 or more …….. 9	
115 A	What is your **overall household** income per month?	Less than Rs. 3,000 …….. 1 Rs. 3,001 – 6,000 ……..... 2 Rs. 6,001 – 10,000 …….. 3 Rs. 10,001 – 20,000 …… 4 Rs. 20,001 – 50,000 …… 5 Rs. 50,001 – 100,000 …… 6 Rs. 100,001 – 200,000 ……..7 Rs. 200,001 – 300,000 ……..8 Rs. 300,001 or more …….. 9	
115 B	What is your overall household expenditure per month?	Less than Rs. 3,000 …….. 1 Rs. 3,001 – 6,000 ……..... 2 Rs. 6,001 – 10,000 …….. 3 Rs. 10,001 – 20,000 …… 4 Rs. 20,001 – 50,000 …… 5 Rs. 50,001 – 100,000 …… 6 Rs. 100,001 – 200,000 ……..7 Rs. 200,001 – 300,000 ……..8 Rs. 300,001 or more …….. 9	
116	What kind of work do/did you normally do?	PROFESSIONAL: DR, NURSE, TEACHER..1 WHITE COLLAR: SECRETARY, OFFICE WORK.....2 BLUE COLLAR: FACTORY WORK,	

FINISH ONE – IF RESPONDENT HAS DISCLOSED PROBLEMS / VIOLENCE

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

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

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

FINISH TWO - IF RESPONDENT HAS NOT DISCLOSED PROBLEMS / VIOLENCE

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

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

THANK YOU FOR YOUR TIME.