The relationship between awareness of violence against women prevention campaigns and gender attitudes and talking about violence among women in Gauteng

Rumbidzayi B. Mataba

Student Number: 679337

Supervisors:

Dr Nicola Christofides

Ms Mercilene T. Machisa

A research report submitted to the School of Public Health, University of the Witwatersrand in partial fulfilment of the requirements for the degree of Master of Public Health.

Date: 17 March 2016

Declaration

I, Rumbidzayi Blessmore Mataba, declare that this research report is my original work. It is submitted in partial fulfilment of the requirements for the degree of Master of Public Health, in the field of Social and Behaviour Change Communication, in the University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination to this or any other university.

Reitaba.

Date: 17 March 2016

Abstract

Introduction: Gender based violence (GBV) is a public health problem with as many as 35% of women having been subjected to either physical and or sexual violence globally. Gender attitudes and silence around gender based violence, are factors that exacerbate GBV. Global and local awareness campaigns are means for preventing violence against women. Campaigns have the potential to challenge women and men's underlying gender beliefs and attitudes that contribute to unequal power relations between women and men. The overall objective of this study was to examine the association between awareness campaigns and gender attitudes or talking about domestic violence among women in Gauteng, South Africa.

Materials and Methods: This study is a secondary analysis of data from a cross-sectional study conducted in Gauteng, South Africa from April to July 2010. The study aimed to describe the prevalence and patterns of experiences of GBV, HIV risk, gender attitude and awareness of GBV prevention campaigns in Gauteng. The main exposure variable in this study is having heard about 16 Days of Activism for No Violence Against Women and Children campaign and the 365 Days National Action Plan to End Gender Based Violence. The two primary outcomes are gender attitudes and discussing about domestic violence. Gender attitudes were measured using three scales: the Gender Equitable Women's Scale, the Ideas about Gender Relations Scale and the Ideas about Rape Scale. Univariate analysis was conducted to describe the socio-demographic characteristics, awareness of campaigns, gender attitudes and talking about domestic violence among the participants. Multivariate analysis was conducted to examine the associations between awareness of campaigns and the outcomes while adjusting for age, education, employment, nationality, race and relationship status.

Results: The results show that only a minority of the participants had heard of the 16 Days of Activism for No Violence Against Women and Children campaign (32.6%) and the 365 Days National Action Plan to End Gender Based Violence (9.2%) campaigns. Most of the participants had progressive gender attitudes; GEWS (71.7%), IGRS (82.1%) and the IRS (88.1%) while less than half (48.7%) had spoken about domestic violence to someone else. Women who were exposed to the 16 Days of Activism for No Violence

Against Women and Children campaign were twice as likely to have progressive gender attitudes measured by the Gender Equitable Women's Scale (aOR 2.2, 95% CI 1.2-3.8) compared to those who had not been exposed. Education, relationship status and nationality were found to be significantly associated with gender attitudes on the same scale. No association was found between awareness of 16 Days of Activism for No Violence Against Women and Children campaign and gender attitudes measured through the Ideas about Gender Relations Scale and the Ideas about Rape Scale. Awareness of 16 Days of Activism for No Violence Against Women and Children campaign was also associated with talking about domestic violence (aOR 1.9, 95% CI 1.2 - 3.0). Age and education were also significantly associated with talking about domestic violence. Gender attitudes were also significantly associated with talking about domestic violence (aOR 1.2 95% CI 1.1 - 3.6). No association was found between exposure to the 365 Days National Action Plan to End Gender Based Violence and gender attitudes or talking about domestic violence.

Conclusions: From this study, the majority of the women interviewed had progressive gender attitudes. However, the majority of the women had never spoken about domestic violence to someone else. Women exposed to GBV campaigns had more progressive gender attitudes and spoke about domestic violence more than those who were not exposed. These findings are evidence to the need for wider coverage and different messaging approaches in the implementation of GBV campaigns in South Africa. Wider coverage of campaigns is only possible with more funding for national, provincial and local GBV programmes. Key messages in GBV campaigns need to include a priority focus on addressing the underlying social and cultural norms that contribute to the imbalances of power due to gender difference.

Acknowledgements

First and foremost I would like to thank God the Almighty, for taking me through this. I would not have done it alone and I am truly humbled.

I would like to express my gratitude to my two supervisors, Dr Nicola Christofides and Ms Mercilene Machisa for their continued support throughout this journey. Thank you for the encouragement, guidance and I do know that even in your strictness, you meant well.

I would also like to thank Gender Links and the Medical Research Council for giving the opportunity to use their datasets without which, this report would not have materialised.

To my supportive husband, Masimba, I am truly grateful for your support and encouragement throughout this journey. To Ethan, Tadiwanashe and Chikomborero my lovely children, thank you for allowing mommy to have some quiet time to work even though it was very hard. I hope you are inspired to even do greater things in life knowing that mommy loves you very much. Thank you, Chiko, for being a lovely baby.

Table of Contents

Declaration	i
Abstract	ii
Acknowledgements	iv
Table of Contents	v
List of Tables	vii
LIST OF ABBREVIATIONS	ix
CHAPTER 1. INTRODUCTION	1
1.2 Risk Factors for VAW	1
1.3 South African Context	3
1.3.1 Legal Response to VAW	3
1.3.2 The 16 Days and the 365 Days Campaigns against GBV	3
1.4 Literature Review	5
1.4.1 Patterns of violence against women in SA	5
1.4.2 Gender attitudes and interpersonal communication about domestic violence in South Africa	
1.4.3 Prevention campaigns	6
1.4.4 How campaigns influence gender norms and communication about VAW	
1.5.5 Other approaches to campaigns on VAW	7
1.5 Problem Statement	9
1.6 Justification for the Study	9
1.7 Study Aims and Objectives	9
2.1 Study Design	11
2.2 Study Site	11
2.3 Study Population and Sample	11
2.4 Data Collection	12
2.5 Measurement	12
2.5.1 Gender Attitude Scales	13
2.6 Data Management and Analysis	15
2.7 Ethics	17
CHAPTER 3: RESULTS	19

3.1 Demographic Characteristics	19
3.2 Awareness of campaigns	20
3.3 Description of the Gender Attitudes	21
3.4 Description of talking about Domestic Violence	22
3.5 Socio-demographic Characteristics and Gender Attitudes	23
3.6 Relationship between awareness of campaigns and gender attitudes	28
3.7 Relationship between awareness of campaigns and talking about domestic violence to someone	29
3.8 Multivariate Logistic Regression Models	30
CHAPTER 4: DISCUSSION	36
4.1 Gender attitudes	36
4.1.1 Socio-demographic characteristics and gender attitudes	36
4.2 Talking about domestic violence	37
4.2.1 Socio-demographic characteristics and talking about domestic violence	38
4.3 Awareness of GBV awareness campaigns	38
4.4 Awareness of the 16 Days and 365 Days Campaigns and gender attitudes	39
4.5 Awareness of campaigns and talking about domestic violence	39
4.6 Gender attitudes and talking about domestic violence	40
4.7 Limitations	41
5 CONCLUSIONS AND RECCOMMENDATIONS	43
5.1 Conclusions	43
5.2 Recommendations	43
5 References	47
Appendix 1: Plagiarism Declaration	52
Appendix 2: Questionnaire	53
Appendix 3: Letter of Permission	93
Appendix 4: Ethics Approval	94
Appendix 5: Ethics Approval M131051	95

List of Tables

Table 1.Gender Attitude Scales12
Table 2.Transformation of variables for analysis14
Table 3.Socio-demographic characteristics of the participants19
Table 4.Description of Awareness of GBV campaigns20
Table 5.Description of the gender attitudes
Table 6.Description of talking about domestic violence
Table 7.Gender Equitable Women's Scale and socio demographic characteristics22
Table 8.Ideas about Gender Relations Scale and the socio demographic characteristics
Table 9.Ideas about Rape Scale and the socio demographic characteristics25
Table 10.Relationship between talking about domestic violence and the socio- demographic characteristics
Table 11.Relationship between awareness of campaigns and gender attitudes
28
Table 12.Relationship between awareness of campaigns and talking about GBV to someone29
Table 13.Multivariate Logistic Regression Results for gender attitudes on the Gender Equitable Women's Scale29
Table 14.Multivariate Logistic Regression Results for the gender attitudes on the Ideas about Gender Relations Scale
Table 15.Multivariate Logistic Regression Results for gender attitudes on the Ideas about Rape

Table 16.Multivariate Logistic Regression Results for talking about domestic violence
32

LIST OF ABBREVIATIONS

AIDS: Acquired Immunodeficiency Syndrome

CI: Confidence Interval

GBV: Gender Based Violence

GEWS: Gender Equitable Women's Scale

GCIS: Government Communication and Information System

HIV: Human Immunodeficiency Virus

IGRS: Ideas about Gender Relations Scale

IRS: Ideas about Rape Scale

IPV: Intimate Partner Violence

ISS: Institute for Security Studies

PSU: Primary Sampling Units

OR: Odds Ratio

SAP: South African Police

TPB: Theory of Planned Behaviour

UN: United Nations

UNICEF: United Nations Children's Fund

UNFPA: United Nations Population Fund

UNWOMEN: United Nations Women

VAW: Violence against Women

WHO: World Health Organization

CHAPTER 1. INTRODUCTION

The United Nations (UN) defines violence against women (VAW) as 'any act of gender-based violence (GBV), that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life' (UN, 1993, Rutter, 2000). GBV occurs mainly as a result of social gender norms and inequity within the context of a specific society (Bloom, 2008). According to the World Health Organization (WHO) the most common forms of VAW are sexual, physical, psychological or economic abuse which are perpetrated by a husband or male intimate partner (WHO, 2012). The terms (GBV) and (VAW) often are used interchangeably in the literature.

Globally, it is estimated that 35% of women were physically and or sexually abused by either intimate partners or non-partners in their lifetime. Almost 40% of all murders of women have been committed by their intimate partners (WHO, 2013). VAW was reported among the leading causes of death and was responsible for over 450 000 deaths and worldwide (WHO, 2013). VAW has also negatively impacted economically on countries because of the high costs in treating and supporting victims (Morrison et al., 2007). These findings have been the basis of the growing recognition of VAW as a global public health and social problem. This has warranted its inclusion in the World Health Assembly's strategy to improve health systems' response to VAW globally (WHO, 2014).

1.2 Risk Factors for VAW

VAW cannot be attributed to a single factor as its causes are complex and multifaceted (Krug et al., 2002). However, social norms and attitudes related to gender and family privacy are key contributing factors to physical and sexual violence (Heise, 2011). Social and cultural norms are rules or expectations of behaviour within a particular social or cultural group of people (WHO, 2009a). Norms that are shared across populations are significant and powerful motivating factors for individual attitudes and behaviours because of consequences that may be attached to deviations (Heise, 2011). The consequences could include social disapproval or punishment or even feelings of guilt as a result of internalization of norms (WHO, 2009a). Because cultural and social norms

vary across populations, behaviour that is acceptable in one social group or culture may not be tolerable in the other (WHO, 2009a).

Social and cultural norms play a significant role in justifying violence against women and normalizing such acts (Krug et al., 2002). Women are at higher risk of abuse if they live in a society that promotes male dominance and where women have liberal ideas about their position in society or relationships (Hindin, 2003). In some societies, people believe that it is a man's right to control or discipline a woman physically thus when a men is violent towards a women it is justified (Mitra and Singh, 2007, Jewkes and Rose-Junius, 2005). In other contexts norms promote silence around violence between a couple referring to such issues as 'taboo' (Fox et al., 2007). Norms in societies that believe in male supremacy are mostly learned within the social group and passed on from one generation to the next (Uthman et al., 2009). Cultural acceptance of violence as a means of resolving conflicts or disputes from as early as childhood has also been identified as a risk factor for all forms of interpersonal violence (Lewis and Fremouw, 2001).

In addition to gender norms and silence around VAW, other factors have been identified to increase the risk of violence against women. A link has been established between alcohol consumption and VAW (Farrington, 1998). Drinking alcohol has been significantly associated with domestic violence (Jewkes et al., 2002, Pronyk et al., 2006). Possible explanations have been provided to explain the association between alcohol abuse and VAW. Some believe that alcohol consumption leads to reduced inhibitions, clouded judgements and the failure to interpret social cues (Abby et al., 1995, Room et al., 2005). There is also a view that beliefs that alcohol leads to aggression can encourage violent behaviour after drinking and the use of alcohol as an excuse for violent behaviour (Field and Caetano, 2004).

Socio-economic status is another contributing factor towards VAW. Lower levels of education have been found to be negatively associated with intimate partner violence (Chen and White, 2004). On the other hand, an inverted U-shape relationship between education and VAW has also been found with protection at the lowest and highest levels of education (Jewkes, 2002). Similarly, the relationship between women's empowerment and VAW is somewhat complex. While empowerment of women is

capable of reducing women's vulnerability to violence (Kim et al., 2007), it may also lead to women questioning traditional gender roles resulting in conflict with their male partners (Bott et al., 2005).

1.3 South African Context

South Africa is a country experiencing high prevalence of VAW were it is estimated that one in every four South African women is physically or sexually assaulted by an intimate partner in their lifetime (Jewkes, 2002). The South African Police Service (SAPS) Annual Crime Report showed that between March 2010 to March 2011, the police recorded 89 956 cases of common assault against women in a population with approximately about 27 million women (ISS, 2012). Between 2010 and 2011, 132.4 per 100 000 rape cases were reported to the police (SAPS, 2011). However, the numbers of rape cases reported to the police are estimated to be a fraction of the actual cases due to under reporting of cases of sexual coercion in South Africa (Jewkes and Abrahams, 2002).

Physical violence perpetrated by a partner can result in injury or even death. The rate of female homicide in South Africa was estimated to be at almost 13 per 100,000 females and one woman was killed every eight hours by an intimate partner in 2009 (Abrahams et al., 2013). This rate is among the highest in the world.

1.3.1 Legal Response to VAW

According to the United Nations Children's Fund, (UNICEF, 2013) South Africa is among the countries in the world with most progressive constitutions that guarantee gender equality. Legislative frameworks in South Africa for example The Domestic Violence Act of 1998 and Criminal Law (Sexual Offense and Related Matters) Amendment Act 32 of 2007 have been framed to protect women against all forms of violence (Criminal Law (Sexual Offense and Related Matters) Amendment) Act 32 of 2007., 2007). Government and civil society have implemented several interventions and campaigns to stop VAW in South Africa.

1.3.2 The 16 Days and the 365 Days Campaigns against GBV

The period from the 25th of November to the 10th of December is internationally recognized as the 16 Days of Activism against Gender Based Violence and it is a time to impel action to end violence against women and girls around the world (UN, 2014). In 1998, South Africa adopted the 16 Days of Activism¹ for No Violence Against Women and Children campaign as one of its strategies towards ending violence against women. The campaign is commemorated annually to raise awareness about the negative impact of VAW in the country (SAG, 2014). In 2008, the 16 Days of Activism for No Violence Against Women and Children campaign was acknowledged as one of the most recognised government campaigns in the country (Machisa et al., 2011). The increased media coverage on VAW during the 16 Days of Activism for No Violence Against Women and Children is a global phenomenon that is not unique to South Africa (Harries and Bird, 2005). Similarly the United Nations, activist organizations and the media have organized events ranging from marches, marathons and panel discussions to radio and television programmes, concerts and film festivals (UN WOMEN., 2014). Various social media platforms have also been created to raise awareness and public engagement during the campaigns (UN WOMEN., 2014). One example is the United Nations UNITE to End Violence against Women campaign which utilises social media platforms like Facebook and Twitter to organize events around the 16 Days of Activism against Gender Based Violence (UN WOMEN., 2014).

In May 2006, South Africa extended the 16 Days of Activism for No Violence Against Women and Children to the 365 Days National Action Plan to End GBV² (Machisa et al., 2011). The shift from a campaign to an action plan that runs throughout the year is the result of the realization that there is need to strengthen the momentum generated by the 16 Days of Activism for No Violence Against Women and Children campaign and the need to address the root causes of VAW (Machisa et al., 2011). However, there has been no published evidence to show any success of either the 16 Days of Activism for No Violence Against Women and Children campaign or the 365 Days National Action Plan to date.

-

¹ Referred to in shorter version as the '16 Days Campaign' for the remainder of the report

² This campaign will be referred to in shorter version as the '365 Days Campaign'

1.4 Literature Review

1.4.1 Patterns of violence against women in SA

Physical violence is a prominent and often a normal feature of intimate relationships in South Africa (Jewkes, 2002). The problem of VAW is exacerbated by a patriarchal system, high rates of poverty and the violent history of apartheid in South Africa (Usdin et al., 2005, Jewkes, 2002). The context in which VAW occurs includes cultural constructions of love, sex and entitlement in which women are expected to be submissive (Mosavel et al., 2012). Women are often viewed as possessions that require to be led and controlled by men (Jewkes, 2002). Some women even rationalise men's behaviour legitimising their violence (Strebel et al., 2006) while others consider it to be a normal part of relationships (Kim et al., 2007).

1.4.2 Gender attitudes and interpersonal communication about domestic violence in South Africa

Gender norms which influence how men and women behave are considered significant contributing factors to GBV in South Africa (Jewkes, 2002). Community attitudes that often view intimate partner violence (IPV) as a "private" family matter, or a normal part of life make it difficult for women to seek help and speak out when they are abused in any way (Jewkes, 2002). Women's acceptance of IPV has also been identified as a contributor to becoming a victim of abuse (Abramsky et al., 2011, Heise, 2011). In some instances, violence is viewed by both women and men as an acceptable way to settle disputes within relationships (Hindin, 2003).

A culture of silence towards and tolerance of VAW also exists in South Africa which makes it challenging for women to talk about it (Gracia, 2004). It also limits help seeking leading to the perpetuation of violence. Interpersonal communication about GBV is key to prevention as it encourages health seeking behaviour among women (Guedes, 2004). A study by Kim et al, (2007) found that there was resistance to discussing domestic violence among the participants of a women's empowerment intervention that aimed to reduce experience of intimate partner violence as it was viewed as a sensitive issue. They highlighted that in their culture it is not done that way (Kim et al., 2007) showing that cultural norms play a large role in shaping societal gender attitudes and behaviour. However, the study also found that awareness of the

women empowerment programme led to the dissipation of this resistance to talk about VAW in public (Kim et al., 2007).

1.4.3 Prevention campaigns

Awareness campaigns are a common approach to the primary prevention of VAW, often using strategies that target the entire population and address the underlying causes (Campbell and Manganello, 2006). Primary prevention of VAW is defined as prevention of violence before it ever occurs. The main aims of GBV awareness campaigns include sensitising people about the forms of VAW and the action that can be taken with the aim to reduce the internalisation of VAW as a way of life (Damba et al., 2013). Mass media campaigns aimed at challenging attitudes which contribute to VAW are an example of public education attempts to change the social norms that promote and sustain men's violent behaviour towards women (Gracia, 2004).

GBV awareness campaigns are capable of addressing the root causes of GBV by creating an environment that promotes prevention while also challenging women's underlying beliefs and attitudes that justify women's subordination (Morrison et al., 2007). Women's awareness of public awareness campaigns has the potential to foster in new ideas and attitudes about gender equity (Westoff and Bankole, 1999) and condemnation of VAW is seen as an important element in VAW prevention (Uthman et al., 2009). Evidence has shown that well-designed campaigns are effective in changing attitudes and behavior (Campbell and Manganello, 2006) thus they are a crucial component of VAW prevention. Most governments commonly use public awareness campaigns in an attempt to alter public attitudes, values, or behaviour in the hope of reaching desirable social outcomes such as stopping VAW (Campbell and Manganello, 2006). They also have the ability to reach a wide range of people over a short space of time through television, radio, newspapers and other mass media to thus they are cost effective (WHO, 2009b).

Campaign efforts related to transforming gender roles and norms have resulted in changes in attitudes and beliefs in some instances (Usdin et al., 2005, Jewkes et al., 2008). There has also been documented evidence on the success of public awareness campaigns in changing attitudes, social norms and even behaviour in other health interventions. For example, campaigns have been shown to effectively change HIV/AIDS

related attitudes and behaviour like using condoms and being tested in other studies (Noar et al., 2009, Zimmerman et al., 2007). Nutrition related awareness campaigns have also been shown to successfully increase knowledge, change attitudes and also result in change of behaviour (Pollard et al., 2008, Orr et al., 2010, Wakefield et al., 2010).

1.4.4 How campaigns influence gender norms and communication about VAW Campaigns are thought to influence gender norms and communication about VAW by increasing awareness about the issue of VAW. They may promote reflection on VAW, engage the community to recognize violent practices as violence, and reflect on the root causes of VAW. Campaigns are believed to contribute to "breaking the silence" about VAW (Heise, 2011). According to the social norms theory, unhealthy behaviours like violence can be a result of individual misconceptions of how peers and the community around think and act towards that behaviour (Berkowitz, 2004). In the case of domestic violence for example, a woman might believe that it is normal to be physically assaulted by her partner as punishment after a disagreement and that it is acceptable behaviour that everyone else around her is also experiencing. Because she believes that it is the norm, she might not seek help. Therefore based on these assumptions, campaigns aim to correct misperceptions that exacerbate VAW by exposing the actual norms which might lead to the reduction of problem behaviours (Berkowitz, 2004).

1.5.5 Other approaches to campaigns on VAW

Peer education/training and community workshops are approaches used in middle and low income countries to change norms and behaviour around VAW (Heise, 2011). They work towards empowering women, improving their economic and social position and changing gender norms (Morrison et al., 2007). The success of these approaches depends on substantive formative research placed in a broader programme of sustained intervention (Heise, 2011). For example the Intervention with Microfinance for AIDS and Gender Equity (IMAGE) which was implemented in South Africa resulted in a significant reduction in experiences of violence among the participants (Kim et al., 2007). The intervention combined microfinance initiative with gender education targeted at the poorest women in a rural community. It was aimed at improving

women's employment opportunities to increase their household decision making autonomy, strengthen social and networks and reduce HIV transmission (Kim et al., 2007).

Gender transformative approaches have also been used in efforts to shift norms, attitudes and behaviours (Heise, 2011). They encourage critical awareness of gender roles and norms among men and women, promote women's position, challenge the distribution of resources and duties based on gender and address power relations in the community (Rottach et al., 2009). The Stepping Stones Programme which has been implemented in Asia and Africa, is an example of gender transformative approaches. It is a participatory HIV and intimate partner violence prevention programme that uses a variety of methods including reflection on one's attitudes and behaviour, role-play and drama aimed at improving sexual health through building stronger and more equitable gender relationships (Jewkes et al., 2008).

The use of media and entertainment coupled with strategies to increase dialogue and reinforce social change messages to shift norms and behaviour "edutainment", is also increasingly gaining popularity as a means to combat VAW (Heise, 2011). Evaluated and published examples of such efforts include the Soul City fourth series in South Africa (Usdin et al., 2005) and Puntos de Encuentro in Nicaragua (Solorzano and Bank, 2008). The Soul City Institute for Health and Development Communication (SC: IHDC), a nongovernmental organisation in South Africa, has used mass media to achieve social change (Usdin et al., 2005). Soul City uses edutainment to deliver its message and this has been done through television dramas, radio programs and print materials (Usdin et al., 2005). The Soul City Fourth Series was aimed at encouraging community dialogue, shifting social norms, facilitating collective action and creating an enabling legal environment (Usdin et al., 2005). Its evaluation found a positive shift in knowledge, attitudes and social norms related to domestic violence after awareness of the intervention (Usdin et al., 2005).

1.5 Problem Statement

It is well established that VAW has become an issue of public health concern in South Africa and it has been described as endemic to the country (Usdin et al., 2005). Previous research has reported that at least 25% of all women in South Africa have been physically assaulted by their intimate partners at some point in their lifetime (Jewkes et al., 2001, Mathews et al., 2004). Norms promote a culture of silence when both witnessing and experiencing VAW. Norms are considered to influence or be influenced by individual attitudes and behaviours (Heise, 2011).

The South African government has also proceeded to implement the 365 Days National Action Plan to End GBV in an attempt to curb the high rates of GBV. However, there is a still alarmingly high rate of GBV taking place in the country. Therefore, there is need to know if there are positive changes in women's gender attitudes following their exposure to GBV awareness campaigns. It is also important to evaluate whether exposure to GBV campaigns is encouraging interpersonal dialogue among women on issues relating to domestic violence.

1.6 Justification for the Study

This study will add to the body of knowledge into the effectiveness of GBV awareness to achieve their intended goals. The study has focused on the relationship between awareness of VAW campaigns and gender attitudes and talking about domestic violence with others. The study has implications for public health policymaking and project implementation in GBV prevention programs and campaigns.

1.7 Study Aims and Objectives

The main aim of this study was to determine the relationship between awareness of GBV campaigns, gender attitudes and talking about domestic violence among adult women in Gauteng from April to July 2010.

Specific Objectives

 To describe the awareness of the 16 Days and 365 Days campaigns among adult women in Gauteng during the study period.

- To describe the prevailing gender attitudes among adult women in Gauteng.
- To describe the extent to which women talk about domestic violence in Gauteng.
- To determine the relationship between awareness of the 16 Days and 365 Days Campaigns and gender attitudes among adult women in Gauteng from April to July 2010.
- To determine the relationship between awareness of the 16 Days and 365 Days Campaigns and talking about domestic violence among adult women in Gauteng from April to July 2010.

CHAPTER 2. METHODS

This chapter presents the methodology used in this study. The methodology of the primary study is discussed briefly to provide a background to the current study. There will also be a discussion of the variables generated and used in this study. An outline of how the data analysis was conducted is also presented.

2.1 Study Design

The study is a secondary analysis of data from a household survey that was conducted by Gender Links and the South African Medical Research Council from April to July 2010 in Gauteng province. The aim of the survey was to describe the prevalence and patterns of women's experience and men's use of, gender based violence, HIV risk, gender attitudes and prevention campaigns in Gauteng (Machisa et al, 2011). The survey was a cross sectional household survey based on a two stage cluster sampling and is presented in detail elsewhere (Machisa et al, 2011). The analysis conducted for this report focused on selected variables from the women and entailed the transformation of some variables from the primary study.

2.2 Study Site

Gauteng province is one of the nine provinces in South Africa. It is the smallest province in the country occupying approximately 1.4% of the land area of the entire South Africa yet it is home to almost 20% of the total South African population (StatsSA, 2011). It is inhabited by people of diverse cultural backgrounds from all the provinces of South Africa and also immigrants (StatsSA, 2011). About three quarters of Gauteng's population is of African origin with the majority being male, followed by whites who constitute 15.6% of the population (StatsSA, 2011).

2.3 Study Population and Sample

The study population for the primary study was all men and women aged 18 years and older living in Gauteng. The study employed a two stage proportionate stratified design to identify a representative sample of the men and women who were to be part of the study population (Machisa et al., 2011). Stage 1 involved the random selection of 75 Primary Sampling Units (PSUs) from the 2001 census. Selected PSUs were then either

assigned for data collection from women or men living in households to ensure the safety of survivor participants (Machisa et al., 2011). In each PSU researchers randomly selected 20 households and in each household an eligible, male or female, was randomly selected (Machisa et al., 2011). This resulted in a sample of 511 women and 487 men being interviewed (Machisa et al, 2011). There was a 7.7% refusal rate and the overall response rate was 75%, with 73% being women and 77.2% being men (Machisa et al, 2011).

For this analysis, the study population was limited to only the women who participated in the primary study. The study sample for this report was 511 females.

2.4 Data Collection

In the primary study, data was collected using a standardised questionnaire with close-ended questions that was developed in English and translated into Zulu, Sesotho and Afrikaans (Machisa et al., 2011). The questionnaire was either self-administered using a Personal Digital Assistant (PDA) or interview-administered (Machisa et al., 2011). Same sex fieldworkers conducted the interviews in complete privacy (Machisa et al., 2011). Training of the fieldworkers was conducted for a full week prior to the pilot study (Machisa et al., 2011). All participants in the study were given an honorarium of R25 for the time they spent completing the study questionnaire (Machisa et al., 2011).

2.5 Measurement

The questionnaire contained 348 close-ended questions. Questions were specifically designed to collect information on socio-demographic characteristics experiences of GBV, attitudes towards GBV, sexual behaviours, knowledge of GBV policies and awareness of GBV campaigns (Machisa, 2011). The questionnaire has been included as Appendix 2.

For this study, the following variables were used:

- *Socio demographic characteristics* such as the age, education, race, employment, relationship status, nationality and income of the participants.
- Awareness of campaigns on VAW in Gauteng- This measured the awareness of the participants to the VAW campaigns namely the 16 Days and the 365 Days

of Activism Against Gender Based Violence. The participants were asked if they had any knowledge of campaigns on VAW and if they had heard or seen anything on the two VAW campaigns mentioned above. The response categories were either Yes or No.

- Talking about Domestic Violence- This was measured by a single item that
 asked how often the participants had talked to someone about domestic
 violence. The response categories were never, Once or Twice, Sometimes
 and Often.
- Attitudes about Gender The Gender Equitable Women Scale (GEWS), Ideas
 about Rape Scale (IRS) and Ideas about Gender relations Scale (IGRS) were
 used to determine the study participants' gender attitudes. The responses
 categories used a Likert scale ranging from Strongly Agree to Strongly
 Disagree to statements.

2.5.1 Gender Attitude Scales

The GEWS (eight items, Cronbach's alpha 0.72) is adapted from the Gender Equitable Men Scale, **GEM**, by (Pulerwitz and Barker, 2008). The GEM scale was developed and validated in Brazil and the scale measures attitudes presumed to reflect norms associated with male or female gender roles (Pulerwitz and Barker, 2008). The GEM Scale is derived from a social constructionist view of gender identity which suggests that every society has certain appropriate behaviours for men and women although individuals will vary on how much they will adhere to these norms (Pulerwitz and Barker, 2008).

The IRS (five items, Cronbach's alpha 0.68) and the IGRS (thirteen items, Cronbach's alpha 0.84) were developed for the 1998 Medical Research Council Three Province Study (Jewkes et al., 1999) and adapted for the Gauteng study.

Table 1 presents the items in the three scales that were used to measure gender attitudes in the study.

Table 1. Gender attitudes scales

Scale for Gender Attitudes	Number of items + Cronbach's Alpha	Scale Items
1.Gender Equitable women Scale	• 8 items, Cronbach's alpha= 0.72	 You don't talk about sex, you just do it. There are times when a woman deserves to be beaten Changing nappies, giving kids a bath, and feeding the kids are the mother's responsibility. It is a woman's responsibility to avoid getting pregnant Men are always ready to have sex My husband or boyfriend would be outraged if I asked him to use a condom A man needs to be tough Men should be embarrassed if they are unable to get an erection during sex
2. Ideas about Rape Scale	• 5 items, Cronbach's alpha= 0.68	 I think that when a woman is raped, she is usually to blame for putting herself in that situation. I think that in some rape cases women actually want it to happen. I think that if a woman doesn't physically fight back, it's not rape. I think that it is possible for a woman to be raped by her husband I think that in any rape case one would have to question whether the victim is promiscuous
3. Ideas about Gender Relations Scale	• 13 items, Cronbach's alpha= 0.84	 I think that a woman should obey her husband I think that if a woman works she should give her money to her husband. I think that a man should have the final say in all family matters. I think that men should share the work around the house with women such as doing dishes, cleaning and cooking. I think that a woman needs her husband's permission to do paid work. I think that a woman cannot refuse to have sex with her husband. I think that children belong to a man and his family. I think that there is nothing a woman can do if her husband wants to have girlfriends. I think that if a wife does something wrong her husband has the right to punish her I think that if a man has paid Lobola for his wife, he owns her. I think that if a man has paid Lobola for his wife, she must have sex when he wants it I think that if a man beats you it shows that he loves you. I think that people should be treated the same whether they are male or female

2.6 Data Management and Analysis

For this secondary data analysis, we used a de-identified and cleaned data set that was provided by the Medical Research Council. Individuals with missing data on awareness of campaigns were excluded from analysis. The cluster sampling was addressed by using the (svy:) command in Stata. The data were analysed using Stata software version 12.0 (version 12.0, STATA Corp., College Station, Texas, USA). Most of the variables were transformed into categorical variables. Table 2. shows how the variables were transformed for analysis and also describes how these variables were generated.

Table 2. Transformation of variables for analysis

Study Objective	Variable	Transformation of variable
	Age	Nine age groups were recoded into five levels '18-24years' '25-34years' '35-44years' '45-49years' and '>=50years.
To describe the socio	Education	Eight categories were recoded into five levels ' Tertiary complete', 'High school', 'Tertiary incomplete', 'Primary school' and 'No schooling' to account for the small numbers in some of the original categories
demographic	Employment	Dichotomised into 'yes' and 'no'
characteristics of a sample of adult women	Nationality	Four categories recoded into 'South African' and ' Non- South African'
in Gauteng from April to July 2010	Race	Five race categories recoded into three levels 'White', 'Black/African' and 'Indian, Coloured and Other'
	Have Husband/boyfriend	Retained as a dichotomous variable with options 'yes' and 'no'
	Income/month	Seven categories recoded into six levels 'R1-R500' 'R501-R2000' 'R2001-R5000''R5001-R10 000' 'R10 001-R20 000' and '>R20 000'
	Knowledge of GBV events or campaigns	Retained as a dichotomous variable with options 'yes' and 'no'
To describe the awareness of the 16	Source of information about 16 days	Six level categorical variable on source of information about GBV campaigns for example radio, newspaper, television
Days and 365 Days Campaigns among adult women in Gauteng from April to July 2010.	Heard about the 16 Days of activism against GBV	Retained as a dichotomous variable with options 'yes' and 'no'
April to July 2010.	Heard about the 365 Days of activism against GBV	Retained as a dichotomous variable with options 'yes' and 'no'

Study Objective	Variable	Transformation of variable
	Gender Equitable Women's Scale	8 items, originally with a 4 point likert scale. Range: 8 (Strongly agree) to 32 (Strongly Disagree). The scores where summed and dichotomised into <i>'Less Progressive'</i> and <i>'More Progressive'</i> based on the median score.
To describe the gender attitudes among adult women in Gauteng from April to July 2010	Ideas about Rape Scale	5 items, originally a 4 point Likert scale to measure ideas about rape. Range: 5 (Strongly agree) to 20 (Strongly Disagree). The scores where summed up and dichotomised into 'Less Progressive' and 'More Progressive'
	Ideas about Gender Relations Scale	13 items, originally a 4 point Likert scale to measure ideas about gender relations. Range: 13 (Strongly agree) to 52 (Strongly Disagree). Scores were summed up and dichotomised into 'Less Progressive' and 'More Progressive'.
To describe the extent that women talk about domestic violence in Gauteng from April to July 2010	Talked about Domestic violence to someone else	Four level variable, dichotomised into 'never' and 'once or more'

In order to address the research objectives of the study, the secondary data was analysed as follows:

For Objectives one, two, three and four frequencies and proportions of categorical variables were calculated. For Objective five and six, Chi square tests and Multivariate Logistic Regression adjusted for age, education, employment, relationship status and nationality were conducted.

The GEWS had a normal distribution of scores. However, for easier interpretation, the GEWS was transformed into a categorical variable. The new variable had two categories that were split from the median of the score distribution with the lower half being categorised as the proportion who were less equitable while the upper half were categorised as those who were more equitable.

The IRS had a distribution that was skewed to the left. Data from the IRS was transformed into a categorical variable for easier interpretation. The new variable had two categories that where split from the middle point of the score distribution with the lower half being categorised as the proportion with less progressive gender attitudes

while the upper half were categorised as having more progressive gender attitudes on the IRS.

Data from the IGRS was transformed into a categorical variable for easier interpretation. The new variable had two categories that where split from the middle point of the score distribution with the lower half being categorised as the proportion with less progressive gender attitudes while the upper half were categorised as having more progressive gender attitudes on the IGRS.

For the tests for associations, data from broader categories were collapsed into narrower categorical variables to ensure results that are more robust, see Table 2. For example, age was collapsed into three categories as some of the categories had fewer participants than others, which risked having cells with zero observations for some tests. Similarly, education levels were also collapsed into three categories.

Pearson's chi-squared tests were conducted to detect associations between the categorical independent variables and the outcome variables, for example, the relationship between the socio-demographic characteristics such as the age of the women in the study and their gender attitudes. When one or more of the cells had a frequency of five or less, the Fisher's exact test was used instead.

Multivariate logistic regression models were used to test the hypothesized relationships between key independent variables and the outcome variables of interest. For all the logistic regression models, the analyses controlled for age, education, employment, nationality, race and relationship status and these independent variables were selected on a basis of either having p-values that were less than the alpha value (i.e., α = 0.05) or because the covariate had theoretical relevance. The most parsimonious models were sought and variables that were not close to significance in the bivariate analyses were not included in the multivariate models. The likelihood ratio and confidence intervals were also examined for significant changes. The results of the logistic regression models are reported using adjusted odds ratios (aORs) and 95% Confidence Intervals (CIs).

2.7 Ethics

Ethical approval for the primary study was obtained from the Medical Research Council Ethics Review Committee in December 2009. In the primary study, all participants were

informed about the study, told the participation was voluntary and that the interview would be anonymous with all data being kept confidential. The World Health Organization (WHO) Ethical and Safety Recommendations for Research on Domestic Violence Against Women were followed in the primary study (Machisa et al., 2011). Because of the risk of women interviewees reliving traumatic events in their lives due to participation in the survey, the researchers provided participants with information leaflets with contacts of local organizations providing relevant services (Machisa et al, 2011).

For the secondary data analysis, the researcher obtained permission for use of the data from the principal and co-principal investigators of the primary study. The Human Research Ethics Committee granted ethical clearance (M131051) (See Appendix 4).

De-identified data was used for the secondary data analysis and there was no personal information about any study participants. The data was kept in a password-protected file and was only viewed by the researcher and supervisors for the duration of the study. It will be stored there for two years

CHAPTER 3: RESULTS

This chapter presents the findings of the study. The findings are firstly descriptive, showing the socio demographic characteristics of participants, awareness of the 16 days of Activism against Violence against Women campaigns, gender attitudes and talking about domestic violence among the women. The relationships between sociodemographics, awareness to campaigns, gender attitudes and speaking outcomes are also presented.

3.1 Demographic Characteristics

Table 3 shows the demographic characteristics of the women in Gauteng Province who participated in the study. Sixteen percent of the participants were aged between 18 to 24 years while, 28% were between the ages of 25 to 34 years and 24% of the participants fell into the 35 to 44 years age group. Thirty three percent were aged 45 years and above.

Of the study participants, 5% reported that they had no schooling at all while 17% had gone through primary school only. The majority of the participants, about 65%, reported that they had gone to high school. Five percent had done tertiary education but not completed while almost 10% reported that they had completed tertiary education.

Less than half of the respondents (44.1%) reported that they had worked in the past 12 months. In terms of monthly income, nearly half of the study participants (48.6%) reported a monthly household income of less than R2000 with 6% earning between R1 to R500 and 42.6% earning from R501 to R2000. Nearly 27% of the women reported that they were earning between R2001 and R5000 monthly with almost 8% reporting to earn between R10 001 and R20 000. The findings show that above three quarters (75.5%) of the Gauteng women were earning below R5000. Finally, only 3.2% reported that they earned above R20 000 per month.

Most of the participants (78.7%) reported that they had a husband or boyfriend at the time of the study. The majority of the respondents (91.7%) were South Africans. Most of the non-South African women originated from other African countries. In terms of race, the respondents were mainly black/African (86%). Only 9.5% of the sample population was white while other races constituted about 5% of the total sample.

Table 3. Socio-demographic characteristics of the participants

Characteristics	n	%
Age (years) n=511		
18-24years	80	15.7
25-34years	141	27.6
35-44years	120	23.5
45+ years	170	33.3
Education n=508		
No schooling	23	4.5
Primary	87	17.1
High School	329	64.8
Tertiary incomplete	24	4.7
Tertiary complete	45	8.9
Worked in past 12 months n=507		
Yes	224	44.2
No	283	55.8
Income (Rands) per month n=216		
R1-R500	13	6.0
R501-R2000	92	42.6
R2001-R5000	58	26.9
R5001-R10 000	29	13.4
R10 001-R20 000	17	7.9
>R20 000	7	3.2
Have a husband or boyfriend n=492		
Yes	387	78.7
No	105	21.3
<i>Race n=507</i>		
Black/African	436	86.0
Indian, Coloured and Other	23	4.5
White	48	9.5
Nationality n=507		
South African	465	91.7
Non-South African	42	8.3

3.2 Awareness of campaigns

The results on awareness of 16 Days and 365 Days campaigns are shown in Table 4. Among the study participants, 42.1% (n=216) reported that they heard of events or campaigns on GBV. Of those who reported having heard of events and campaigns on GBV, 64.7% (n=139) reported that the source of having heard about the campaign was

television, 15.3% over the radio while 7.4% (n=16) obtained the information from community meetings and 2.3% reported the source to be a neighbour or a friend.

Nearly a third (32.6%; n=167) reported that they had heard of the annually and globally commemorated 16 Days of Activism against Gender Based Violence Campaign. A much lower proportion of 9.2% had heard of the 365 Days National Action Plan to End Gender Based Violence.

Table 4. Description of Awareness of GBV Campaigns

Characteristics	n	%	
Had heard of events or campaigns on GBV n=511			
Yes	216	42.1	
Source of knowledge <i>n=215</i>			
Radio	33	15.3	
Newspaper	16	7.4	
Television	139	64.7	
Neighbour/friend	6	2.8	
Community Meeting/Imbizo	16	7.4	
Other	5	2.3	
Had heard of the 16 Days Campaign			
n=511	167	32.6	
Yes	20.	02.0	
Had heard of the 365 Days Campaign			
n=511	47	9.2	
Yes			

3.3 Description of the Gender Attitudes

A higher score on the gender attitude scales indicates more progressive gender attitudes whilst a lower score indicates less progressive gender attitudes.

The GEWS had scores ranging from 8 being the lowest to 32 being the highest. The mean score was 20.9 with a standard deviation of 4.4. Findings from the GEWS as illustrated in Table 5, show that 71.7% had more progressive attitudes towards gender equity.

The IRS had scores ranging from 5 being the lowest to 20 being the highest. The median score was 15 with a standard deviation of 3.2. The distribution was skewed to the left.

On the IRS, more than three quarters (82.1%) of the participants had more progressive ideas about rape.

The IGRS had scores ranging from 13 being the lowest to 52 being the highest. The median score was 40 with a standard deviation of 6.9. The distribution was skewed to the left. Over three quarters (88.1%) of the participants, were shown to have more progressive ideas about gender relations.

Table 5. Description of the gender attitudes

Gender Attitude Scale	n	%	
Gender Equitable Women's Scale <i>n=511</i>			
Less progressive	145	28.3	
More Progressive	368	71.7	
Mean (SD)	20.9(4.4)		
Range=8-32			
Ideas about Rape Scale <i>n=511</i>			
Less progressive	92	17.9	
More Progressive	421	82.1	
Median (SD)	15(3.2)		
Range=5-20			
Ideas about Gender Relations n=511			
Less progressive	61	11.9	
More progressive	425	88.1	
Median (SD)	40(6.9)		
Range=13-52	•		

3.4 Description of talking about Domestic Violence

Table 6 shows the extent to which women in Gauteng have spoken about domestic violence to someone else. A higher proportion of women (51.3%) reported that they had never spoken to someone else about domestic violence.

Table 6. Description of talking about domestic violence

Characteristics	n	%	
Had ever talked about domestic violence to someone			
else <i>n</i> =493			
Never	253	51.3	
Once/More	240	48.7	

3.5 Socio-demographic Characteristics and Gender Attitudes

The section below presents the findings from the tests of association that were conducted between the socio-demographic characteristics of the participants and the three gender attitudes scales.

Socio demographic characteristics and the Gender Equitable Women's Scale

The relationship between the socio-demographic characteristics of the study participants and their attitudes towards gender equity using the GEWS is shown in Table 7.

Gender attitudes among the women varied by level of education, employment in the past 12 months, nationality, income and race (p<0.05). The proportion of women with more equitable gender attitudes increased with education: 60% of women who had only primary school; 61.9% of women who had some high school education and 85.2% of those who had completed high school or had tertiary education held more progressive gender attitudes. A higher proportion of women who had worked in the last 12 months (79.5%) had more equitable gender attitudes compared to women who had not worked (65%). A higher proportion of South African women had more progressive gender attitudes (73.6%) compared to non-South Africans only (47.6%). A significantly higher proportion of women who earned over R5000 a month (94.3%) were more progressive compared to women who earned R2001-R5000 (77.6%) and those who earned less than R2000 monthly (71.4%). A higher proportion of White women (91.7%) were progressive compared to Indian/Coloured/Other (87%) and Blacks (68.4%). There was no statistically significant difference in age and the participant's current relationship or marital status and women's gender equitable attitudes.

Table 7. Socio demographic characteristics and Gender Equitable Women's Scale (GEWS)

Characteristic	Less Progressive n(%)	More Progressive n(%)	P-value
Demographic Characteristic Age (Years) n=511			
18-29	42(26.9)	114(73.1)	0.90
30-44	53(28.7)	132(71.3)	
45+	50(29.4)	120(70.6)	

Characteristic	Less Progressive n(%)	More Progressive n(%)	P-value
Education <i>n</i> =508			
Primary and lower	44(40.0)	66(60.0)	< 0.01
High School Incomplete	69(38.1)	112(61.9)	
High school complete or higher	32(14.8)	185(85.2)	
Worked in the last 12 months <i>n</i> =507			
Yes	46(20.5)	178(79.5)	< 0.01
No	99(35.0)	184(65.0)	
Nationality <i>n=507</i>			
South African	123(26.5)	342(73.6)	< 0.01
Non-South African	22(52.4)	20(47.6)	
Income <i>n</i> =216			
<r2000< td=""><td>30(28.6)</td><td>75(71.4)</td><td>0.01^{3}</td></r2000<>	30(28.6)	75(71.4)	0.01^{3}
R2001-R5000	13(22.4)	45(77.6)	
>R5001	3(5.7)	50(94.3)	
Currently has a husband or			
boyfriend n=492			
Yes	118(30.5)	269(69.5)	0.1
No	25(23.8)	80(76.2)	
Race <i>n</i> =507			
Black	138(31.7)	298(68.4)	< 0.014
White	4(8.3)	44(91.7)	
Indian/Coloured/ Other	3(13.0)	20(87.0)	

Socio demographic characteristics and the Ideas about Gender Relations Scale (IGRS)

Table 8 shows the relationship between the socio-demographic characteristics of the women and the IGRS.

Ideas about gender relations among the women varied by age, education and employment status (p<0.05). Women in the 30-44 years age group were the most progressive (93%). Older women aged 45+ years were the least progressive (83.5%) followed by those in the 18-29 year age group (87.2%). A higher proportion of women that had completed high school (94.5%) were progressive compared to women who had

-

³ Fisher's Exact Test

⁴ Fisher's Exact Test

not completed high school (84.5%) or women who did not go to school or had attended primary school only (81%). A higher proportion of women who were employed in the 12 months before the survey were progressive (92.4%) compared to women who had not been employed (84.5%).

There was no significant difference in women's ideas about gender relations by income, race, nationality and relationship status.

Table 8. Socio demographic characteristics and the Ideas about Gender Relations Scale (IGRS)

Characteristic	Less Progressive	More Progressive	P-value
	n (%)	n (%)	
Demographic Characteristic			
Age (Years) <i>n</i> =511			
18-29	20(12.8)	136(87.2)	0.03
30-44	13(7.0)	172(93.0)	
45+	28(16.5)	142(83.5)	
Education <i>n</i> =508			
Primary and lower	21(19.0)	89(81.0)	< 0.01
High School Incomplete	28(15.5)	153(84.5)	
High school complete or higher	12(5.5)	205(94.5)	
Worked in the last 12 months <i>n</i> =507			
Yes	17(7.6)	207(92.4)	< 0.01
No	44(15.6)	239(84.5)	(0.01
	11(13.0)	237(01.3)	
Nationality n=507			
South African	53(11.4)	412(88.6)	0.11
Non-South African	8(19.1)	34(81.0)	
Income <i>n</i> =216			
<r2000< td=""><td>9(8.6)</td><td>96(91.4)</td><td>0.68^{5}</td></r2000<>	9(8.6)	96(91.4)	0.68^{5}
R2001-R5000	3(5.2)	55(94.8)	
>R5001	5(9.4)	48(90.6)	
Currently has a husband or			
boyfriend n=492			
Yes	47(12.1)	340(87.9)	0.85
No	12(11.4)	93(88.6)	
Race <i>n</i> =507			
Black	56(12.8)	380(87.2)	0.21^{16}

⁵ Fisher's Exact Test

⁶ Fisher's Exact Test

Characteristic	Less Progressive n (%)	More Progressive n (%)	P-value
White	2(4.2)	46(95.8)	
Indian/Coloured/ Other	3(13.0)	20(87.0)	

Socio demographic characteristics and the Ideas about Rape Scale (IRS)

None of the socio demographic characteristics was significantly associated with the ideas about rape as shown in Table 9.

Table 9. Socio demographic characteristics and the Ideas about Rape Scale (IRS)

Characteristic	Less Progressive n(%)	More Progressive n(%)	P-value
Demographic Characteristic			
Age (Years) <i>n</i> =511			
18-29	27(17.3)	129(82.7)	0.90
30-44	35(18.9)	150(81.1)	
45+	30(17.7)	140(82.4)	
Education <i>n</i> =508			
Primary and lower	23(20.9)	87(79.1)	0.41
High School Incomplete	35(19.3)	146(80.7)	
High school complete or higher	34(15.7)	183(84.3)	
Worked in the last 12 months <i>n=507</i>			
Yes	34(15.2)	190(84.8)	0.14
No	58(20.5)	225(79.5)	
Nationality <i>n</i> =507			
South African	84(18.1)	381(81.9)	0.89
Non-South African	8(19.0)	34(81.0)	
Income <i>n</i> =216			
<r2000< td=""><td>19(18.1)</td><td>86(81.9)</td><td>0.40^{7}</td></r2000<>	19(18.1)	86(81.9)	0.40^{7}
R2001-R5000	9(15.5)	49(84.5)	
>R5001	5(9.4)	48(90.6)	
Currently has a husband or			
boyfriend n=492			
Yes	65(16.8)	322(83.2)	0.16
No	25(23.8)	80(76.2)	
Race <i>n</i> =507			
Black	85(19.5)	351(80.5)	0.07^{8}

⁷ Fisher's Exact Test

Characteristic	Less Progressive n(%)	More Progressive n(%)	P-value
White	5(10.4)	43(89.6)	
Indian/Coloured/ Other	1(4.4)	22(95.6)	

Relationship between the socio-demographic characteristics and talking about domestic violence

Table 10 shows the relationship between the socio-demographic characteristics of the participants and talking about domestic violence to someone once or more times.

The proportion of women talking about domestic violence increased by age and was higher among working women (p<0.05). A significantly lower proportion of women aged 18-29 years (39.1%) had talked about domestic violence to someone compared to women aged 30-44 years (52.8%) and those aged 45+ years (53%). A higher proportion of women who had worked in the last 12 months (54.9%) had talked about domestic violence to someone compared to women who had not worked only (43.9%).

There was no significant difference in talking about domestic violence by education, income, nationality, race, current relationship status among the women in Gauteng.

Table 10. Relationship between the socio-demographic characteristics and talking about domestic violence

Characteristic	Never talked n (%)	Talked once/more n (%)	P-value
Demographic Characteristic			
Age (Years) <i>n</i> =493			
18-29	92(60.9)	59(39.1)	0.01
30-44	84(47.2)	94(52.8)	
45+	77(47.0)	87(53.0)	
Education <i>n</i> =493			
Primary and lower	63(58.9)	44(41.1)	0.11
High School Incomplete	93(53.1)	82(46.9)	
High school complete or higher	97(46.0)	114(54.0)	
Worked in the last 12 months			

⁸ Fisher's Exact Test

8

Characteristic	Never talked n (%)	Talked once/more n (%)	P-value
n=493		<u> </u>	
Yes	97(45.1)	118(54.9)	0.04
No	156(56.1)	122(43.9)	
Nationality n=493			
South African	228(50.4)	224(49.6)	0.15
Non-South African	25(61.0)	16(39.0)	
Income <i>n</i> =208			
<r2000< td=""><td>54(54.0)</td><td>46(46.0)</td><td>0.07</td></r2000<>	54(54.0)	46(46.0)	0.07
R2001-R5000	24(42.1)	33(57.9)	
>R5001	15(29.4)	36(70.6)	
Currently has a husband or			
boyfriend <i>n</i> =487			
Yes	199(52.0)	184(48.0)	0.60
No	51(49.0)	53(51.0)	2.2.0
Race <i>n</i> =492			
Black	219(51.7)	205(48.3)	0.94
White	24(51.1)	23(48.9)	
Indian/Coloured/ Other	10(47.6)	11(52.4)	

3.6 Relationship between awareness of campaigns and gender attitudes

As shown on Table 11, on the GEWS, there was a significant relationship between awareness of the 16 Days of Activism against GBV Campaigns and attitudes (p<0.01). Overall, a greater proportion of those who had heard of the 16 Days Campaign (82.6%) had attitudes that are more progressive on the GEWS compared to those who had not heard of the campaign (66.5%). Awareness of the 365 Days against GBV Campaign was also significantly associated with the gender attitudes on the GEWS (p<0.01). A significantly higher proportion (87.2%) of participants who had had heard of the 365 Days Campaign had more progressive gender attitudes compared to those who had not heard of the campaign (70.2%).

There was no significant relationship between awareness of the 16 Days Campaign and the ideas about gender relations. On the other hand, awareness of the 365 Days Campaign was significantly associated with ideas about gender relations (p=0.03). A significantly larger proportion of participants, who had heard of the 365 Days Campaign

(97.9%), had progressive ideas about gender relations compared to participants who had not heard of the campaign (87.1%).

On the IRS, there was no significant relationship between awareness of both the 16 Days and the 365 Days Campaigns and the ideas about rape.

Table 11. Relationship between awareness of campaigns and gender attitudes

Characteristic	Less Progressive n(%)	More Progressive n(%)	P-value
Gender Equitable Women's Scale			
Heard of the 16 Days Campaign <i>n</i> =511			
Yes No	29(17.4) 116(33.5)	138(82.6) 230(66.5)	<0.01
Heard of the 365 Days Campaign GBV <i>n=511</i>			
Yes No	6(12.8) 139(29.8)	41(87.2) 327(70.2)	<0.01
Ideas about Gender Relations Scale			
Heard of the 16 Days Campaign n=511 Yes			
No	18(10.9) 43(12.4)	149(89.1) 303(87.6)	0.70
Heard of the 365 Days Campaign n=511	,	,	
Yes No	1(2.1)	46(97.9)	0.03^{9}
Ideas about Rape Scale	60(12.9)	406(87.1)	
Heard of the 16 Days Campaign n=511			
Yes No	28(16.8) 64(18.5)	139(83.2) 282(81.5)	0.60
Heard of the 365 Days Campaign n=511			
Yes No	6(12.8) 86(18.5)	6(12.8) 380(81.5)	0.30
			_

${\bf 3.7}\ Relationship\ between\ awareness\ of\ campaigns\ and\ talking\ about\ domestic\ violence\ to\ someone$

_

⁹ Fishers Exact Test

There was a significant relationship between awareness of both the 16 Days (p<0.01) and 365 Days (p=0.05) of activism campaigns against GBV and talking about domestic violence to someone else among the Gauteng women as shown in Table 12.

A higher proportion of participants who had heard of the 16 Days of Activism Campaign (61.1%) had spoken about domestic violence to someone else compared to those who had not heard of the campaign (42.3%). Similarly, a greater proportion of participants who had heard of the 365 Days Campaign (65.2%), had spoken about domestic violence to someone compared to the participants who had not heard of the campaign (47%).

Table 12. Relationship between awareness of campaigns and talking about GBV to someone

Characteristic	Never Talked n (%)	Talked Once/More n (%)	P-value
Heard of the 16 Days Campaign			
n=493			
Yes	65(38.9)	102(61.1)	0.01
No	188(57.7)	138(42.3)	
Heard of the 365 Days Campaign n=493			
Yes	16(34.8)	30(65.2)	0.05
No	237(53.0)	210(47.0)	

3.8 Multivariate Logistic Regression Models

Table 13 shows the logistic regression model for the gender attitudes on the Gender Equitable Women's Scale (n=492, p<0.01). Hearing of the 16 Days Campaign increased the odds twofold of the participants having more progressive gender attitudes on the GEWS while controlling for education, age, employment, race, relationship status and nationality.

Table 13. Multivariate Logistic Regression Results for gender attitudes on the Gender Equitable Women's Scale (n=492, p<0.01).

Characteristics	aOR	95%CI	P- value
Heard of the 16 Days Campaign			
No (Ref)			
Yes	2.2	1.2 - 3.8	< 0.01

Characteristics	aOR	95%CI	P- value
Heard of the 365 Days Campaign			
No (Ref)	1.1	0.5 - 2.5	0.8
Yes			
Education			
Primary and less(<i>Ref</i>)			
High school incomplete	1.2	0.7 - 2.3	0.5
High school complete or higher	3.3	1.6 – 6.6	< 0.01
Age			
18-29 (<i>Ref</i>)			
30-44	0.9	0.5 – 1.6	0.6
45>	1.1	0.5 - 2.4	8.0
Nationality			
South African			
Non-South African	0.4	0.2 - 1.0	0.05
Employed in past 12 months			
No (Ref)			
Yes	1.6	0.9 - 2.8	0.1
Race			
Black/African(Ref)			
Indian Coloured/Other	2.0	0.7 - 6.1	0.2
White	2.8	0.9 - 8.2	0.06
Currently has a husband or boyfriend			
No (Ref)			
Yes	0.6	0.3 - 0.9	0.04

Women who had heard of the 16 Days Campaign were 2.2 times more likely to have progressive gender attitudes on the GEWS (aOR 2.2, 95% CI 1.2-3.8) than those who had not heard about the campaign. Participants who had completed high school and above were over three times more likely to have more progressive attitudes on the GEWS than those who had only primary school and lower (aOR 3.3, 95% CI 1.6 - 6.6). Non-South Africans were 60% less likely to have more progressive gender attitudes on the GEWS than South African women (aOR 0.40, 95% CI 0.2 - 1.0). Women in relationships or married were 40% less likely to have progressive gender attitudes than those were single(aOR 0.6, 95% CI 0.3-0.9).

Table 14 shows the logistic regression model for the gender attitudes on the IGRS (n=492, p<0.01). Awareness of Campaigns was not significantly related to gender attitudes on the IGRS when controlling for education, age, employment, race, relationship status and nationality.

Table 14. Multivariate Logistic Regression Results for the gender attitudes on the Ideas about Gender Relations Scale (n=492, p<0.01).

Characteristics	aOR	95%CI	P- value
Heard of the 16 Days Campaign			
No (Ref)			
Yes	8.0	0.4 - 1.6	0.5
Heard of the 365 Days Campaign			
No (Ref)		0.4.400	0.4
Yes	5.5	0.6 – 48.9	0.1
Education			
Primary and less(Ref)			
High school incomplete	1.2	0.6 - 2.2	0.7
High school complete or higher	3.0	0.8 - 11.0	0.09
Age			
18-29 (<i>Ref</i>)			
30-44	2.3	1.0 - 5.3	0.06
45>	1.0	0.5 – 1.9	0.9
Nationality			
Nationality			
South African(<i>Ref</i>) Non-South African	0.6	2.4 – 1.6	0.3
Non-South African	0.6	2.4 - 1.0	0.3
Employed in past 12 months			
No (Ref)			
Yes	1.8	0.9 - 3.6	0.1
Race			
Black/African(Ref)			
Indian Coloured/Other	0.4	0.1 - 1.5	0.2
White	1.4	0.3 - 6.9	0.6
Currently has a husband or boyfriend			
No (Ref)			
Yes	0.7	0.3 - 1.7	0.4

Table 15 shows the logistic regression model for the gender attitudes on the Ideas about Rape Scale (n=492, p=0.41). The overall model was not statistically significant. Awareness of the campaigns was not significantly associated with gender attitudes on the IRS while controlling for education, age, employment, race, relationship status and nationality.

Table 15. Multivariate Logistic Regression Results for gender attitudes on the Ideas about Rape (n=492, p=0.41).

Characteristics	aOR	95%CI	P- value
Heard of the 16 Days Campaign			

Characteristics	aOR	95%CI	P- value
No (Ref)			
Yes	1.0	0.6 – 1.7	8.0
Heard of the 365 Days Campaign			
No (Ref)			
Yes	1.4	0.6 – 3.2	0.4
Education			
Primary and less(Ref)			
High school incomplete	1.0	0.5 - 2.0	0.9
High school complete or higher	1.1	0.4 - 2.9	8.0
Age			
18-29 (<i>Ref</i>)			
30-44	0.9	0.5 - 1.5	0.6
45>	1.2	0.6 - 2.6	0.6
Nationality			
South African (<i>Ref</i>)			
Non-South African	1.1	0.4 - 2.8	0.9
Employed in past 12 months			
No (Ref)			
Yes	1.4	0.9 - 2.2	0.2
Race			
Black/African(Ref)			
Indian Coloured/Other	4.2	0.4 - 40.3	0.2
White	1.8	0.7 - 4.6	0.2
Currently has a husband or boyfriend			
No (Ref)			
Yes	1.6	1.0 - 2.7	0.06

Table 16 shows the logistic regression model for talking about domestic violence (n=487). Awareness of campaigns and having more progressive attitudes as measured using the ideas about gender relations scale increased the odds of talking about domestic violence, while controlling for education, age, employment, race, relationship status and nationality.

Table 16. Multivariate Logistic Regression Results for talking about domestic violence (n=487, p=0.05).

Characteristics	aOR	95%CI	P- value
Heard of the 16 Days Campaign			
No (Ref)			
Yes	1.9	1.2 - 3.0	< 0.01

Heard of the 365 Days Campaign

Characteristics	aOR	95%CI	P- value
No (Ref)			
Yes	1.2	0.5 – 2.9	8.0
Ideas About Gender Relations			
Less Progressive (Ref)			
More Progressive	2.0	1.1 – 3.6	0.02
Education			
Primary and less(Ref)			
High school incomplete	1.6	0.9 - 2.8	0.1
High school complete or higher	2.1	1.2 - 3.4	< 0.01
Age			
18-29 (<i>Ref</i>)			
30-44	1.7	1.1 - 2.6	0.02
45>	2.4	1.4 - 4.1	< 0.01
Nationality			
South African (<i>Ref</i>)			
Non-South African	1.0	0.5 – 1.9	0.9
Employed in past 12 months			
No (Ref)			
Yes	1.3	0.9 - 2.0	0.1
Race	2.0	0.5 2.0	V.2
Black/African(Ref)			
Indian Coloured/Other	1.1	0.4 - 3.3	0.9
White	0.7	0.4 - 1.4	0.3
Currently has a husband or boyfriend	· · ·	0.1 2.1	0.0
No (Ref)			
Yes	0.9	0.6 - 1.4	0.6

Participants who had heard of the 16 Days Campaign were almost twice as likely to have talked about domestic violence to someone once or more times compared to those who had not (aOR 1.9, 95% CI 1.2 - 3.0). Women who had more progressive ideas about gender relations 1.2 times likely to have spoken about domestic violence to someone compared to those who had less progressive ideas about gender relations (aOR 1.2 95% CI 1.1 - 3.6). Participants who had attained high school and above were almost twice as likely to have talked to someone about domestic violence than participants who had only attained primary education or less (aOR 2.1, 95% CI 1.2 - 3.4).

Older women were more likely to speak about domestic violence than younger women. Those aged 30-44 years, were almost twice as likely to speak about domestic violence to someone once or more times compared to the women aged 18-29 years, (aOR 1.7,95% CI 1.1-2.6). Women aged above 45 years of age were 2.4 times more likely to speak

about domestic violence to someone else compared to those aged 18-29 years (aOR 2.4, 95% CI 1.4 - 4.1).

CHAPTER 4: DISCUSSION

The overall aim of this study was to test the hypothesis that higher awareness of violence against women prevention campaigns would be associated with more progressive gender attitudes and talking about domestic violence among women in Gauteng. This chapter discusses the study results.

4.1 Gender attitudes

This study found that the majority of the participants had more progressive gender attitudes on all of the three scales that were used to measure gender attitudes. This finding was consistent with the Three Provinces Study conducted in 1998 (Jewkes et al., 1999), which found that the majority of the participants did not believe that violence against women is acceptable. Another study by Usdin et al., (2005) found that most of the participants in an evaluation of the impact of Soul City's fourth series, had attitudes that did not condone VAW and thus were progressive.

The majority of women in this study did not endorse ideas that women victims are to blame for being raped. This shows that most of the women were aware that rape is criminal and unacceptable under any circumstances. This is consistent with other South African findings were the majority of women did not believe that women were to be blamed for sexual assault performed on them (Usdin et al., 2005,). These progressive ideas towards rape could be attributed to the shift in norms of gender equity as women are exposed to programmes and information that transform the underlying norms that result in negative behaviour (Jewkes et al., 2008, Rottach et al., 2009, Usdin et al., 2005). However, it is still concerning that in this study, not all women had progressive gender attitudes with regards to rape as a small proportion believed that women could be to blame for being raped.

4.1.1 Socio-demographic characteristics and gender attitudes

Education was found to be positively associated with gender attitudes on both the GEWS and the IGRS with more educated women being more progressive than their less educated counterparts. This could possibly be because more educated women have been in school for a longer period of time were they have been exposed to new non-conformist ideas that do not agree with the notion of male supremacy (Rani et al.,

2004). As educated women have more access to information, they are more exposed to gender transformative programs that work towards changing norms that sustain VAW in the communities. Educating women and girls is thus key in creating an environment that is well informed and does not condone any acts of violence against women. Similarly in other studies, women who attended tertiary education, or with higher levels of educational attainment were identified to have more progressive attitudes than individuals with lower levels or no education at all (Nagel et al., 2005, Flood and Pease, 2009, Rani et al., 2004, Uthman et al., 2009).

Nationality was also found to be significantly associated with gender attitudes on the GEWS. South African women were more progressive than non-South Africans which could point to that South African women have become more sensitized on GBV compared to other nationalities or this could be a result of having a more progressive constitution which enshrines gender equality. South Africa has commemorated the 16 Days Campaign annually since 1998 (GCIS, 2014) which could possibly explain why South African women are more progressive compared to other nationalities. These findings are consistent with findings from other studies which also found ethnicity related differences in attitudes towards violence against women (Locke and Richman, 1999, Yoshioka et al., 2001).

Women in intimate relationships were less progressive compared to women who were not in relationships. This could be attributed to imbalances of power in relationships that is normally associated with patriarchal societies where men relatively have more power than women (Hindin, 2003). These findings are similar to findings from other African countries which also found that women with partners were more likely to have less progressive gender attitudes that justify wife beating (Hindin 2003, Lawoko, 2006).

4.2 Talking about domestic violence

The majority of participants had never spoken about domestic violence to someone else it is not a common subject of discussion. Similar to this study finding, resistance has been found among women in other South African settings to discuss issues to do with domestic violence (Kim et al., 2007, Usdin et al., 2005). This finding is supported by a culture of silence in which issues like domestic violence are considered as either 'taboo' or too sensitive to be discussed in public. It is normative to avoid the topic of domestic

violence, which is considered private (Kim et al., 2007, Usdin et al., 2005). Such a finding suggests that more needs to be done to address the culture of silence.

4.2.1 Socio-demographic characteristics and talking about domestic violence Women with higher levels of educational were more likely to talk about domestic violence with others. As explained in the previous section, educated women are likely to be more exposed to new views that enable them to question and challenge existing societal norms (Rani et al., 2004). They thus do not conform to norms that prohibit talking about GBV as it is viewed as a private matter. This finding further highlights the need to enable and encourage girls and women to pursue further education. This is consistent with other studies, where women who attained high levels of education were found the least likely to accept any form of VAW (Hindin, 2003).

Older women were more likely to talk about domestic violence to others. This could indicate that older women have become more informed and sensitized on issues to do with GBV due to repeated exposure. This finding is consistent with other studies which have found that older women are more likely to have negative attitudes towards domestic violence as they view it as inacceptable and in turn are able to talk about it to others (Speizer, 2010). In contrast, another South African study by Kim et al., (2007) found older women challenging younger women and expressing views condoning violence within marriage.

4.3 Awareness of GBV awareness campaigns

Almost half the participants in this study were aware of the 16 Days Campaign in Gauteng which is similar to levels of awareness reported elsewhere (GCIS, 2014, Usdin et al., 2005). This is an indication although a large number of people are aware of the campaign; there is still a significant amount of work required in ensuring that more women are exposed to the campaign. According to the South African Government Communication Information System (GCIS), the 16 Days Campaign consistently reached half of its target audience between 2010 and 2012 (GCIS, 2014).

Whilst women were more aware of the 16 Days Campaign, the 365 days approach to ending violence is still relatively unknown in Gauteng. This can be explained by the current emphasis to commemorate the 16 Days of Activism marked by increased media coverage and community events from the 25th of November to the 10th of December.

4.4 Awareness of the 16 Days and 365 Days Campaigns and gender attitudes

Women exposed to the 16 Days Campaign had more progressive gender attitudes than those who had not been exposed. This finding is consistent with the body of knowledge that suggests that exposure to campaigns against VAW can result in positive attitude change among the intended target population (GCIS, 2014, Solórzano and Bank, 2008, Usdin et al., 2005). Awareness of campaigns against VAW has been linked to significant changes in attitudes in various other studies. For example, Usdin et al., (2005) found a positive attitudinal shift from baseline in various aspects relating to gender equity after exposure to the Soul City 4 in South Africa, a multi-media health promotion intervention aimed at addressing domestic violence. Similarly in Nicaragua, exposure to Somos Diferentes, Somos Iguales (SDSI), a mass media campaign, was linked to a shift towards more gender equitable attitudes with women arguing against existing gender norms that justify violence against women (Solórzano and Bank, 2008, Bott et al., 2005). National surveys in Nicaragua have indicated that due to the annual VAW campaigns women are increasingly aware of their rights also raising awareness that violence against women is a crime contrary to beliefs and attitudes that justify VAW (Bott et al., 2005).

Evidence from this study show that campaigns against GBV in addition to other factors such as education can have a positive effect on gender attitudes among women. This evidence is enough to motivate the South African government and other concerned stakeholders to invest in campaigns aimed at reducing VAW.

While an association was found between awareness of campaigns and gender attitudes on the GEWS, there was no association found between awareness of campaigns and ideas about gender relations and rape. The difference in findings could be attributable to the characteristics of the scales as they are measuring different aspects of gender attitudes. The GEWS may also be a more reliable tool for measuring gender attitudes among women compared to the other two scales as it has gone through vigorous validation which has been well documented (Pulerwitz and Barker, 2008).

4.5 Awareness of campaigns and talking about domestic violence

Awareness of campaigns was positively associated with talking about domestic violence among the study participants. Participants who had awareness of the 16 Days Campaign

had spoken about domestic violence to others more often than those who had not been exposed to awareness campaigns. This is evidence that social and cultural norms that prevent women from talking about VAW need to be challenged so that women can speak about domestic violence without fear of negative consequences. In other studies, awareness of awareness campaigns has been noted to create an enabling environment for interpersonal dialogue on issues to do with VAW in the community also making it possible for victims to even seek help which potentially breaks the cycle of violence (Boehm and Itzhaky, 2004, Dunkle et al., 2004, Usdin et al., 2005).

Similarly, a strong association was also found between exposure to campaigns and increased interpersonal communication about VAW (Usdin et al., 2005, Solórzano and Bank, 2008). Issues previously viewed as private and sensitive like domestic violence have been brought out in the open after exposure to an awareness campaign (Guedes, 2004). Exposure to campaigns has resulted in traditional and cultural practises of not discussing GBV being challenged resulting in people openly discussing such issues without fear of not conforming to existing norms (Kim et al., 2007).

4.6 Gender attitudes and talking about domestic violence

The study showed a relationship between gender attitudes and talking about domestic violence. Women who had more progressive gender attitudes were more likely to talk about domestic violence to others. This shows that there is a link between progressive gender attitudes and change in behaviour which, in this instance, is shown by talking to others about domestic violence. Positive attitude change has been noted as a key indicator of behaviour change in others studies (Usdin et al., 2005).

4.7 Limitations

It is important to also consider the limitations of this study in interpreting this study's findings:

This study was cross-sectional and is limited in establishing a temporal sequence therefore limiting the ability to draw casual inferences (Uthman et al., 2009). The association between awareness of GBV campaigns and gender attitudes or talking about domestic violence in the opposite direction, for example, more progressive gender attitudes among some of the women where leading to their sensitivity to GBV campaigns and their recall of the campaign. There is thus need for a more nuanced understanding of the association through longitudinal or cohort studies.

Data was collected through structured face to face interviews. Potential limitations exist in face to face interviews on topics of a sensitive nature like domestic violence given the South African socio-cultural context where some still view violence between a man and a women a private matter (Plummer et al., 2004). Participants may under-report their attitudes and experiences in the presence of the interviewers during face to face interviews when compared to self-administered interviews and this can be referred to as social desirability bias. However, this may have been improved by ethical measures like guarantees of anonymity and the use of well trained personnel.

The data in this study is based on self-reported information and it can be prone to a number of biases for example recall biases were participants may fail to recall exposures accurately (Sica, 2006).

Gender attitudes are influenced by various other factors in the psychosocial context of the participants. Thus, a potential weakness in the study is that some of the factors that could affect the gender attitudes of the participants may not have been measured in this study. For example, there was no question to determine frequency of exposure to GBV campaigns and this could possibly affect the outcome of the analysis.

Finally, to simplify the statistical analysis and allow for easier and better interpretation of the results, most of the variables including the gender attitudes scales were categorised mainly because of their distribution. Categorising previously continuous

variables, however, could also result in loss of valuable information to the extent that the statistical power to detect a relationship between variables is reduced.

5 CONCLUSIONS AND RECCOMMENDATIONS

This chapter summarises the key findings of the study and discusses possible recommendations.

5.1 Conclusions

The aim of this study was to investigate the relationship between awareness of the 16 Days and 365 Days Campaigns against GBV and gender attitudes and talking about domestic violence among women in Gauteng. This was done by analysing secondary data from a household survey that was conducted by Gender Links and the South African Medical Research Council in 2010 to describe the prevalence and patterns of women's experience and men's use of, gender based violence, HIV risk, gender attitudes and prevention campaigns in Gauteng.

There are assumptions in literature that awareness of VAW prevention campaigns influences gender attitudes and behaviour towards GBV. Findings from this study do support this contention. Women who were aware of the 16 Days Campaign had more progressive gender attitudes. They had also spoken about domestic violence to someone else more than those who had no awareness of the campaigns. It can be concluded that awareness to campaigns is indeed associated with both gender attitudes and talking about domestic violence among women in Gauteng.

In light of these findings, it is important to note that the majority of women in the study had no awareness of the 16 Days and the 365 Days Campaigns against GBV. Most women had never spoken about domestic violence to someone else which shows that barriers exist that prevent women from discussing VAW. Although the majority of the women in the study had progressive gender attitudes, they were a few who were conservative. These findings reinforce the need for government to intensify efforts and ensure that more resources are allocated to GBV campaigns to increase coverage.

5.2 Recommendations

Key Messaging: Shifting attitudes and norms

Gender attitudes have been shown to be critical predictors of domestic violence risk or prevalence (Levinson, 1989). The South African government, NGO'S and other

stakeholders working on campaigns against GBV must put more focus on programmes aimed at effectively shifting norms and attitudes as an opportunity for change exists there. Capacity building is recommended for the programmers who design and implement campaigns to equip them with skills to develop complex but effective messages aimed at shifting gender attitudes and changing behaviours

Increase funding for GBV campaigns

One of the criticisms of the 16 Days Campaign and other campaigns aimed at changing norms has been that they appear to be spearheaded by women's organizations that articulate how norms that govern gender roles relate to the abuse of women (Heise, 2011). However these organizations rarely have adequate funding and the technical capacity to deliver effective campaigns that have the ability to transform the norms in a positive manner (Heise, 2011). There is therefore a need for the government to ensure that for these campaigns to be effective more funding is required.

Increase GBV campaigns coverage

Coverage is an important aspect of the campaigns as the success of campaigns has been based on the number of people it reaches as the greater the number of people involved, the further the messages can be spread even at a national level (Marie Stopes South Africa., 2014). The majority of women in South Africa are not aware of the 16 Days and the 365 Days Campaigns. Print media accounts for most of the GBV campaigns exposure in South Africa which could explain why rural areas are still lagging behind in terms of awareness of campaigns (GCIS, 2014). Print has complications in the rural areas unless simple or local languages are used. Wider coverage of awareness campaigns could be achieved therefore by the airing of programmes, for example, through smaller community radio stations and roadshows as they have to potential to reach many people at the same time. Government must therefore invest more resources in programs that could increase the outreach and coverage aspects of campaigns.

Empowerment of women

Although the study objective was to investigate the relationship between awareness of campaigns and gender attitudes and talking about domestic violence while adjusting for the education, age, income, relationship status, race and nationality, it is important to note that education had a profound impact on both gender attitudes and talking about domestic violence. Therefore, the government is encouraged to implement initiatives and incentives that encourage girls and women to access higher education in order to empower them with both better economic opportunities in life and access to information as women's empowerment has the potential to influence gender attitudes (Uthman et al., 2009). Future programming of the GBV campaigns, must also find ways to also appeal and be easily accessible to those who have less or no education in the communities.

Focus on younger women

This study has shown that younger women are less exposed to campaigns, are the least progressive and speak less about domestic violence. Campaigns need to be designed to reach younger women. It has been suggested that it is an easier task to change attitudes and behaviours of younger people than older ones (Morrison et al., 2007) thus another recommendation would be to include school going children as part of the campaign target audience.

Involving men in GBV awareness campaigns

Although this study is vital in informing on how GBV campaigns impacts on women, who are in most cases the victims of GBV, studies looking at how campaigns influences men's attitudes and behaviour is required. According to African Christian Democratic Party South African Member of Parliament Steve Swart, "Violence against women is largely perpetrated because men regard women as possessions and sexual objects and thus their attitudes need to change" (News24, 2012). It is therefore recommended that studies are conducted that also looks at how campaigns impact on men's attitude as they are the key players in the perpetration of GBV and they could play the most active part in prevention(Kalichman et al., 2009).

Integrated approach

Although awareness campaigns have been shown to be effective in changing attitudes, there is need to couple them with community programmes to challenge existing gender norms and attitudes that justify violence against women. For example, the Stepping Stones programme, a life-skills training intervention developed for HIV prevention, which has been implemented in South Africa has been shown to be an effective method of changing attitudes and norms effectively including attitudes towards GBV (WHO, 2012). The programme consists of a more intensive interaction with the community members with activities including role-play and drama, peer group meetings, community meetings aimed at addressing a wide range of issues including GBV over thirteen three-hour sessions empowering community members to make their own solutions to the problems being faced (WHO, 2012).

Development of indicators

This study constitutes a basic evaluation methodology for SA campaigns against the knowledge that little is known on the impact of campaigns. There is need for stakeholders in the prevention arena to develop indicators for effectiveness of interventions that include attitudes and behavioural change. These indicators will be used to monitor and evaluate the impact of programmes thereby continually improving implementation.

Future research

Because the sample was small in this study, issues of generalizability are compromised. Findings from this study must be used with caution. In future however, studies with larger samples and participants from other provinces will be recommended to increase the generalizability of the findings across the entire population. Future studies could also improve on the measurement of gender attitudes by building more comprehensive questionnaires.

5 References

- ABBY, A., ROSS, L. T. & MCDUFFIE, D. 1995. Alcohol's role in sexual assault. . *In:* WATSON, R. R. (ed.) *Drug and alcohol reviews, volume 5: addictive behaviours in women.* Totowa: Humana Press.
- ABRAMSKY, T., WATTS, C., GARCIAL-MORENO, C., DEVRIES, K., KISS, L., ELLSBERG, M., JANSEN, H. & HEISE, L. 2011. What factors are associated with recent intimate partner violence? findings from the WHO multi-country study on women's health and domestic violence. *BMC Public Health* 11, 1-17.
- BERKOWITZ, A. D. 2004. *The Social Norms Approach: Theory, Research and Annotated Bibliography* [Online]. Trumansburg, NY,. Available: http://www.alanberkowitz.com/articles/social norms.pdf [Accessed 15 January 2016 2016].
- BLOOM, S. 2008. Violence against Women and Girls: A Compendium of Monitoring and Evaluation Indicators. *Chapel Hill*.
- BOEHM, A. & ITZHAKY, H. 2004. The social marketing approach: a way to increase reporting and treatment of sexual assault. *Child Abuse Negl.*, 28, 253-65.
- BOTT, S., MORRISON, A. & ELLSBERG, M. 2005. Preventing and responding to gender-based violence in middle and low-income countries: a multi-sectoral literature review and analysis. *The World Bank, Policy Research Working Paper Series* The World Bank.
- CAMPBELL, J. C. & MANGANELLO, J. 2006. Changing Public Attitudes as a Prevention Strategy to Reduce Intimate Partner Violence. *Journal of Aggression, Maltreatment & Trauma,* 13, 13-39.
- CHEN, P. & WHITE, H. R. 2004. Gender differences in adolescent and young adult predictors of later intimate partner violence. *Violence Against Women*, 10, 1283–1301.
- CRIMINAL LAW (SEXUAL OFFENSE AND RELATED MATTERS) AMENDMENT) ACT 32 OF 2007. 2007. Criminal Law (Sexual Offense and Related Matters) Amendment) Act 32 of 2007
- DAMBA, G., LUNGA, W. & MUSARURWA, C. 2013. Awareness campaigns as survival tools in the fight against gender-based violence in peri-urban communities of Bulawayo in Zimbabwe. *AOSIS OpenJournals*, 1-5.
- DUNKLE, K. L., JEWKES, R., BROWN, H., GRAY, G., MCINTRYRE, J. & HARLOW, S. 2004. Gender-based violence, relationship power, and risk of HIV infection in women attending antenatal clinics in South Africa. *The Lancet*, 363, 1415-1421.
- FARRINGTON, D. P. 1998. Predictors, causes and correlates of male youth violence. *In:* TONRY M & MOORE MH (eds.) *Youth violence. Chicago:* University of Chicago Press.
- FIELD, C. A. & CAETANO, R. 2004. Ethnic differences in intimate partner violence in the U.S. general population: the role of alcohol use and socioeconomic status. *Trauma Violence Abuse*, 5, 303-17.
- FLOOD, M. & PEASE, B. 2009. Factors influencing attitudes to violence against women. *Trauma Violence Abuse*, 10, 125-42.
- FOX, A. M., JACKSON, S. S., HANSEN, N. B., GASA, N., CREWE, M. & SIKKEMA, K. J. 2007. In their own voices: a qualitative study of women's risk for intimate partner violence and HIV in South Africa. , *Violence Against Women*, 13, 583-602.

- GCIS, G. C. A. I. S. 2014. Insight: Don't look away, act against abuse. *In:* (GCIS), G. C. A. I. S. (ed.). Pretoria: Government Communications and Information System
- GRACIA, E. 2004. Unreported cases of domestic violence against women: towards an epidemiology of social silence, tolerance, and inhibition. *J Epidemiol Community Health*, 58, 536-7.
- GUEDES, A. 2004. Addressing Gender Based Violence from the Reproductive Health/HIV Sector: A literature review and analysis. *The Population Technical Assistance Project*.
- HARRIES, G. & BIRD, W. 2005. Keeping an eye on the campaign: Monitoring media coverage of the 16 Days of Activism: No violence against women and children campaign. *Gender-Based Violence Trilogy*, 1, 90-96.
- HEISE, L. 2011. What Works to Prevent Partner Violence? An Evidence Overview. [Online]. London: STRIVE Research Consortium. Available: http://researchonline.lshtm.ac.uk/21062/.
- HINDIN, M. J. 2003. Understanding women's attitudes towards wife beating in Zimbabwe. *Bull World Health Organ,* 81, 501-8.
- ISS. 2012. *Institute for Security Studies:Crime and Justice Hub* [Online]. Available: http://www.issafrica.org/crimehub/page.php?page=1000461.
- JEWKES, R. 2002. Intimate partner violence: causes and prevention. *The Lancet,* 359, 1423-1429.
- JEWKES, R. & ABRAHAMS, N. 2002. The epidemiology of rape and sexual coercion in South Africa: an overview. *Soc Sci Med*, 55, 1231-44.
- JEWKES, R., LEVIN, J. & PENN-KEKANA, L. 2002. Risk factors for domestic violence: findings from a South African cross-sectional study. *Soc Sci Med*, 55, 1603-17.
- JEWKES, R., NDUNA, M., LEVIN, J., JAMA, N., DUNKLE, K., PUREN, A. & DUVVURY, N. 2008. Impact of stepping stones on incidence of HIV and HSV-2 and sexual behaviour in rural South Africa: cluster randomised controlled trial. *BMJ*, 337, a506.
- JEWKES, R., PENN-KEKANA, L., ., LEVIN, J., RATSAKA, M. & SCHRIEBER, M. 1999. "He must give me money, he mustn't beat me" Violence against women in three South African Provinces.
- JEWKES, R., PENN-KEKANA, L., LEVIN, J., RATSAKA, M. & SCHRIEBER, M. 2001. Prevalence of emotional, physical and sexual abuse of women in three South African provinces. *S Afr Med J*, 91, 421-8.
- JEWKES, R. P.-K., L., & ROSE-JUNIUS, H. 2005. "If they rape me, I can't blame them": reflections on gender in the social context of child rape in South Africa and Namibia. . *Social Science and Medicine*, 61, 1809–1820.
- KALICHMAN, S. C., SIMBAYI, L. C., CLOETE, A., CLAYFORD, M., ARNOLDS, W., MXOLI, M., SMITH, G., CHERRY, C., SHEFER, T., CRAWFORD, M. & KALICHMAN, M. O. 2009. Integrated gender-based violence and HIV Risk reduction intervention for South African men: results of a quasi-experimental field trial. *Prev Sci*, 10, 260-9.
- KIM, J. C., WATTS, C. H., HARGREAVES, J. R., NDHLOVU, L. X., PHETLA, G., MORISON, L. A., BUSZA, J., PORTER, J. D. & PRONYK, P. 2007. Understanding the impact of a microfinance-based intervention on women's empowerment and the reduction of intimate partner violence in South Africa. *Am J Public Health*, 97, 1794-802.
- KRUG, E. G., MERCY, J. A., DAHLBERG, L. L. & ZWI, A. B. 2002. The world report on violence and health. *Lancet*, 360, 1083-8.
- LEVINSON, D. 1989. Family violence in cross-cultural perspective. Frontiers of Anthropology, 1.

- LEWIS, S. F. & FREMOUW, W. 2001. Dating violence: a critical review of the literature. *Clin Psychol Rev*, 21, 105-27.
- LOCKE, L. M. & RICHMAN, C. L. 1999. Attitudes toward domestic violence: Race and gender issues. . *A Journal of Research*, 40, 227.
- MACHISA, M., JEWKES, R., MORNA, C. L. & RAMA, K. 2011. *The War at Home: Gender Based Violence Indicators Project. Gauteng Research Report,* South Africa, Gender Links and Soth African Medical Resaerch Council.
- MARIE STOPES SOUTH AFRICA. 2014. 11 practical ways you can support the 16 Days of Activism campaign [Online]. South Africa. Available: http://www.mariestopes.org.za/why-how-to-support-16-days-of-activism-against-abuse-in-sa/ [Accessed 16 April 2015 2015].
- MATHEWS, S., ABRAHAMS, N., MARTIN, L., VAN DER MERWE, L. & JEWKES, R. 2004. Every six hours a woman is killed by her intimate partner: A national study of female homicide in South Africa. . Cape Town, : Medical Research Council,.
- MITRA, A. & SINGH, P. 2007. Human capital attainment and gender empowerment: the Kerala paradox. . *Social Science Quarterly*,, 88, 1227-1242.
- MORRISON, A., E. & M., B., S. 2007. Addressing Gender-Based Violence: A Critical Review of Interventions. *The World Bank Research Observer*, 26-51.
- MOSAVEL, M., AHMED, R. & SIMON, C. 2012. Perceptions of gender-based violence among South African youth: implications for health promotion interventions. *Health Promot Int*, 27, 323-30.
- NAGEL, B., MATSUO, H., MCINTYRE, K. P. & MORRISON, N. 2005. Attitudes Toward Victims of Rape: Effects of Gender, Race, Religion, and Social Class. *Journal of Interpersonal Violence*, 20, 725-737.
- NOAR, S. M., PALMGREEN, P., CHABOT, M., DOBRANSKY, N. & ZIMMERMAN, R. S. 2009. A 10-year systematic review of HIV/AIDS mass communication campaigns: Have we made progress? *J Health Commun*, 14, 15-42.
- ORR, N., MILAT, A. J., LIN, M., NEVILLE, L. & DEVELIN, L. 2010. Evaluation of the 2008 NSW water campaign. *Health Promot J Austr*, 21, 114-9.
- PLUMMER, M. L., ROSS, D. A., WIGHT, D., CHANGALUCHA, J., MSHANA, G., WAMOYI, J., TODD, J., ANEMONA, A., MOSHA, F. F., OBASI, A. I. & HAYES, R. J. 2004. "A bit more truthful": the validity of adolescent sexual behaviour data collected in rural northern Tanzania using five methods. *Sex Transm Infect*, 80 Suppl 2, ii49-56.
- POLLARD, C. M., MILLER, M. R., DALY, A. M., CROUCHLEY, K. E., O'DONOGHUE, K. J., LANG, A. J. & BINNS, C. W. 2008. Increasing fruit and vegetable consumption: success of the Western Australian Go for 2&5 campaign. *Public Health Nutr*, 11, 314-20.
- PRONYK, P. M., HARGREAVES, J. R., KIM, J. C., MORISON, L. A., PHETLA, G., WATTS, C., BUSZA, J. & PORTER, J. D. 2006. Effect of a structural intervention for the prevention of intimate-partner violence and HIV in rural South Africa: a cluster randomised trial. *Lancet*, 368, 1973-83.
- PULERWITZ, J. & BARKER, G. 2008. Measuring Attitudes toward Gender Norms among Young Men in Brazil Development and Psychometric Evaluation of the GEM Scale. *Men and Masculinity*, 10, 322-338.
- RANI, M., BONU, S. & DIOP-SIDIBE, N. 2004. An empirical investigation of attitudes towards wife-beating among men and women in seven sub-Saharan African countries. *Afr J Reprod Health*, 8, 116-36.
- ROOM, R., BABOR, T. & REHM, J. 2005. Alcohol and public health. Lancet, 365, 519-30.

- ROTTACH, E., SCHULER, S. R. & HARDEE, K. 2009. Gender Perspectives Improve Reproductive Health Outcomes: New Evidence. Washington D.C.: USAID,IGWG.
- RUTTER, D. 2000. Attendance and reattendance for breast cancer screening: a prospective 3 year test of the Theory of Planned Behaviour. *British Journal of Health Psychology,* 5, 1-13.
- SAG. 2014. *16 Days of Activism for No Violence Against Women and Children 2014* [Online]. Pretoria: South African Government. Available: http://www.gov.za/16-days-activism-no-violence-against-women-and-children-2014 [Accessed 21 October 2015].
- SAPS 2011. National Crime Statistics 2010/2011.
- SICA, T. 2006. Bias in Research Studies. *Radiology*, 238, 780-790.
- SOLORZANO, I. & BANK, A. 2008. Catalyzing Personal and Social Change Around Gender, Sexuality, and HIV: Impact Evaluation of Puntos de Encuentro's Communication Strategy in Nicaragua. Washington D.C: Population Council.
- SOLÓRZANO, I. & BANK, A. 2008. Catalyzing Personal and Social Change Around Gender, Sexuality, and HIV: Impact Evaluation of Puntos de Encuentro's Communication Strategy in Nicaragua.
- SPEIZER, I. S. 2010. Intimate partner violence attitudes and experience among women and men in Uganda. *J Interpers Violence*, 25, 1224-41.
- STATSSA. 2011. *Statistics South Africa: Mid-year population estimates* [Online]. Pretoria. Available: http://www.statssa.gov.za/.
- STREBEL, A., CRAWFORD, M., SHEFER, T., CLOETE, A., HENDA, N., KAUFMAN, M., SIMBAYI, L., MAGOME, K. & KALICHMAN, S. 2006. Social constructions of gender roles, gender-based violence and HIV/AIDS in two communities of the Western Cape, South Africa. *SAHARA J*, 3, 516-28.
- UN. 1993. *Declaration on the Elimination of Violence against Women* [Online]. Available: http://www.un.org/documents/ga/res/48/a48r104.htm January 2014].
- UN. 2014. *International Day for the Elimination of Violence against Women: 25 November* [Online]. United Nations. Available: http://www.un.org/en/events/endviolenceday/ [Accessed 21 October 2015].
- UN WOMEN. 2014. *16 Days of Activism 2014* [Online]. Available: http://www.unwomen.org/en/what-we-do/ending-violence-against-women/take-action/16-days-of-activism#sthash.MH2rVVyM.dpuf [Accessed 18 January 2015].
- USDIN, S., SCHEEPERS, E., GOLDSTEIN, S. & JAPHET, G. 2005. Achieving social change on gender-based violence: a report on the impact evaluation of Soul City's fourth series. *Soc Sci Med*, 61, 2434-45.
- UTHMAN, O. A., MORADI, T. & LAWOKO, S. 2009. The independent contribution of individual, neighbourhood-, and country-level socioeconomic position on attitudes towards intimate partner violence against women in sub-Saharan Africa: a multilevel model of direct and moderating effects. *Soc Sci Med*, 68, 1801-9.
- WAKEFIELD, M. A., LOKEN, B. & HORNIK, R. C. 2010. Use of mass media campaigns to change health behaviour. *Lancet*, 376, 1261–1271.
- WESTOFF, C. F. & BANKOLE, A. 1999. Mass media and reproductive behavior in Pakistan, India, and Bangladesh. . *Demographic and Health Surveys Analytical*, 10.
- WHO 2009a. Changing cultural and social norms that support violence. *In:* WHO PRESS (ed.) *Violence Prevention, The Evidence.* Geneva: World Health Organization.
- WHO 2009b. Promoting gender equality to prevent violence against women. Geneva Switzerland.

- WHO. 2012. *World Health Organization: Gender Based Violence* [Online]. Available: http://www.who.int/gender/violence/gbv/en/ Aug 2015].
- WHO 2013. Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence. *In:* RESEARCH, D. O. R. H. A. (ed.). Geneva Switzerland.
- YOSHIOKA, M. R., DINOIA, J. & ULLAH, K. 2001. Attitudes Toward Marital Violence An Examination of Four Asian Communities. *Violence Against Women*, 7.
- ZIMMERMAN, R. S., PALMGREEN, P. M., NOAR, S. M., LUSTRIA, M. L., LU, H. Y. & LEE HOROSEWSKI, M. 2007. Effects of a televised two-city safer sex mass media campaign targeting high-sensation-seeking and impulsive-decision-making young adults. *Health Educ Behav*, 34, 810-26.

Appendix 1: Plagiarism Declaration

Faculty of Health Sciences, Postgraduate Office

Phillip V Tobias Building, 2nd Floor Cnr York & Princess of Wales Terrace, Parktown 2193 Tel: (011) 717 2745 | Fax: (011) 717 2119

Email: Mathoto.senamela@wits.ac.za



PLAGIARISM DECLARATION TO BE SIGNED BY ALL HIGHER DEGREE STUDENTS

SENATE PLAGIARISM POLICY: APPENDIX ONE

I Rumbidzayi Blessmore Mataba (Student number: 679337) am a student

registered for the degree of Master of Public Health in the academic year 2016.

I hereby declare the following:

- I am aware that plagiarism (the use of someone else's work without their permission and/or without acknowledging the original source) is wrong.
- I confirm that the work submitted for assessment for the above degree is my own unaided work except where I have explicitly indicated otherwise.
- I have followed the required conventions in referencing the thoughts and ideas of others.
- I understand that the University of the Witwatersrand may take disciplinary action against me if there is a belief that this is not my own unaided work or that I have failed to acknowledge the source of the ideas or words in my writing.
- I have included as an appendix a report from "Turnitin" (or other approved plagiarism detection) software indicating the level of plagiarism in my research document.

Signature: Reutuba . Date: 8 February 2016

Appendix 2: Questionnaire

WOMEN'S (ENGLISH) QUESTIONNAIRE

Study identification number	
Visit Number	
Interviewer name	
Date of interview	/ / 200 D D M M Y
Interview Site	Specify:
Cluster number:	[][]
Start Time of Interview	h

Notes and Queries:

SECTION ONE: BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	How old are you?	18-201	
		21-242	
		25-293	
		30-344	
		35-395	
		40-446	
		45 -497	
		50 - 548	
		55 or older9	
.02	What is the highest standard or grade you have	No schooling1	
	completed at school?	Primary school incomplete2	
		Primary school complete (std4)3	
		High school incomplete4	
		High school complete5	
		Further degree/Qualification incomplete6	
		Further degree/Qualification complete7	
		DON'T KNOW8	
03	Are you currently studying?	YES	
	The year carrenary states ring.	NO0	
04	With which race group do you identify?	Black/ African 1	
01	with which race group to you luchery.	Coloured	
		Indian	
		White 4	
		Other: 5	

105	What is your religion, if you have one?	Christian 1	1
105	what is your rengion, if you have one?		
		Islam 2	
		Hindu 3	
		Judaism 4	
		Buddhist 5	
		Other 6	
		None7	
105 b	What nationality are you?	South African1	
		Southern Africa2	
		African country outside Southern region3	
		Other4	
106	Have you worked to earn money in the last 12 months?	YES1	
	monuis:	NO0	→109
107	How much do you earn per month, before tax, and	R1 - R5001	
	including benefits?	R501 – R10002	
		R1 001 – R20003	
		R2001 – R50004	
		R5001 – R10 0005	
		R10 001 – R20 0006	
		R20 000 or more7	
108	What kind of work do you mainly do?	Police, security or armed forces1	
		Professional2	
		Domestic worker/cleaner3	
		Driver/transportation industry 4	
		Other5	
109	Do you usually work	Throughout the year1	
		Seasonally2	
		Once in a while3	
		Never worked4	
110	Would you say that the people in your home often,	OFTEN1	
	sometimes, seldom or never go without food?	SOMETIMES2	
		SELDOM3	
		NEVER4	

111	If you have an emergency and R200 was needed	VERY DIFFICULT1
	immediately, would you say it would be very easy, easy, quite difficult or very difficult to find the money?	QUITE DIFFICULT2
		EASY3
		VERY EASY4
112	How many people, including all the children, live in your home?	11
	your nome.	2-52
		6-103
		10 or more4
113	What level of schooling did your mother complete?	No schooling1
		Primary school incomplete2
		Primary school complete (std4)3
		High school incomplete4
		High school complete5
		Further degree/Qualification incomplete6
		Further degree/Qualification complete7
		DON'T KNOW8
114	What level of schooling did your father complete?	No schooling1
		Primary school incomplete2
		Primary school complete (std4)3
		High school incomplete4
		High school complete5
		Further degree/Qualification incomplete6
		Further degree/Qualification complete7
		DON'T KNOW8

SECTION 2: CHILDHOOD EXPERIENCES (FROM BIRTH TO 18 YEARS)

I want to ask you some questions about your childhood and teenage years. Can you tell me how often the following things happened to you? I will read out some statements and I want to know if each one was never true, sometimes true, often true or very often true.

		Never	Sometimes	Often	Very Often
		1	2	3	4
140	Before I reached 18 I did not have enough to eat	1	2	3	4
141	Before I reached 18 I lived in different households at different	1	2	3	4

	times				
142	Before I reached 18 I saw or heard my mother being beaten by her husband or boyfriend	1	2	3	4
143	Before I reached 18 I was told I was lazy or stupid or weak by someone in my family	1	2	3	4
144	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
145	Before I reached 18 I was insulted or humiliated by someone in my family in front of other people	1	2	3	4
146	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
147	Before I reached 18 I had sex with a man who was more than 5 years older than me	1	2	3	4
148	Before I reached 18 one or both of my parents were too drunk to take care of me	1	2	3	4
149	Before I reached 18 I was beaten so hard at home that it left a mark or bruise	1	2	3	4
150	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
151	Before I reached 18 I had sex with someone because I was threatened or frightened or forced	1	2	3	4
152	Before I reached 18 I was beaten or physically punished at school by a teacher	1	2	3	4
153	Before I reached 18 I was forced to have sex against my will by a boyfriend	1	2	3	4

SECTION 3: COMMUNITY IDEAS ABOUT GENDER RELATIONS (Social norms)

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 agree, agree, disagree or strongly disagree with the following statements:

201	My community thinks that a woman should obey her husband	SA	A	D	SD
		1	2	3	4
202	I think that a woman should obey her husband	1	2	3	4
203		1	2	3	4
	My community thinks that if a woman works she should give her money to her husband.				
204	I think that if a woman works she should give her money to her husband.	1	2	3	4

205		1	2	3	4
	My community thinks that a man should have the final say in all family matters.				
206	I think that a man should have the final say in all family matters.	1	2	3	4
207		1	2	3	4
	My community thinks that men should share the work around the house with women				
	such as doing dishes, cleaning and cooking.				
208	I think that men should share the work around the house with women such as doing dishes, cleaning and cooking.	1	2	3	4
209		1	2	3	4
	My community thinks that a woman needs her husband's permission to do paid work.				
210	I think that a woman needs her husband's permission to do paid work.	1	2	3	4
211		1	2	3	4
	My community thinks that a woman cannot refuse to have sex with her husband.				
212	I think that a woman cannot refuse to have sex with her husband.	1	2	3	4
213		1	2	3	4
	My community thinks that children belong to a man and his family.				
214	I think that children belong to a man and his family.	1	2	3	4
215		1	2	3	4
	My community thinks that there is nothing a woman can do if her husband wants to have girlfriends.				
216	I think that there is nothing a woman can do if her husband wants to have girlfriends.	1	2	3	4
217		1	2	3	4
	My community thinks that if a wife does something wrong her husband has the right to punish her				
218	I think that if a wife does something wrong her husband has the right to punish her	1	2	3	4
219		1	2	3	4
	My community thinks that if a man has paid Lobola for his wife, he owns her.				
220	I think that if a man has paid Lobola for his wife, he owns her.	1	2	3	4
221		1	2	3	4
	My community thinks that if a man has paid Lobola for his wife, she must have sex when he wants it.	1	2	3	4
		1	2	3	4
221	he wants it.				
221	he wants it.	1	2	3	4

225		1	2	3	4
	My community thinks that people should be treated the same whether they are male or female				
226	I think that people should be treated the same whether they are male or female	1	2	3	4
Now I	ON 4: COMMUNITY IDEAS ABOUT RAPE: would like to ask what the community thinks, can you tell me if your community ly disagrees with the following statements:	strongl	y agrees, a	igrees, di	sagrees oi
227		SA	A	D	SD
	My community thinks that when a woman is raped, she is usually to blame for putting herself in that situation.	1	2	3	4
228	I think that when a woman is raped, she is usually to blame for putting herself in that situation.	1	2	3	4
229		1	2	3	4
	My community thinks that in some rape cases women actually want it to happen.				
230	I think that in some rape cases women actually want it to happen.	1	2	3	4
231		1	2	3	4
	My community thinks that if a woman doesn't physically fight back, it's not rape.				
232	I think that if a woman doesn't physically fight back, it's not rape.	1	2	3	4
233		1	2	3	4
	My community thinks that it is possible for a woman to be raped by her husband				
234	I think that it is possible for a woman to be raped by her husband	1	2	3	4
235		1	2	3	4
	My community thinks that in any rape case one would have to question whether the victim is promiscuous.				
236	I think that in any rape case one would have to question whether the victim is promiscuous	1	2	3	4
	you for answering those. We know it was a lot of questions but we hope you found ore that are very similar.	them int	teresting. \	We want	to ask you
	SECTION 5: GENDER EQUITABLE WOMEN SCALE	SA	A	D	SD
		1	2	3	4
250	You don't talk about sex, you just do it.	1	2	3	4
251	There are times when a woman deserves to be beaten.	1	2	3	4

	responsibility.				
253	It is a woman's responsibility to avoid getting pregnant.	1	2	3	4
254	Men are always ready to have sex.	1	2	3	4
255	My husband or boyfriend would be outraged if I asked him to use a condom.	1	2	3	4
256	A man needs to be tough.	1	2	3	4
257	Men should be embarrassed if they are unable to get an erection during sex.	1	2	3	4

We are		domestic violence in your community. This is not about your	personal
350	Do you know of anyone that has been abused by her husband/boyfriend in your community?	YES1 NO0	
351	Do you know of anyone that has been abused by her husband/boyfriend in your family?	YES1 NO0	
352	How often have you talked to someone about domestic violence?	Never	
353	Have you ever personally intervened in violence in a relationship?	YES	→300
354	Has this happened in the past 12 months?	YES	
355	What did you do to intervene?	Called the police	

SECTION 7: SEX AND PREGNANCY

 $The \ next set \ of \ questions \ is \ about \ different \ aspects \ of \ your \ health \ and \ any \ children \ you \ may \ have.$

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
300	Have you ever had sex?	YES1	
		NO0	→350
301	At what age did you first have sexual intercourse?	12 and younger1	
		132	
		143	
		154	
		165	
		176	
		187	
		198	
		20 and over9	
302	Which of the following statements most closely describes your experiences the first time you had sexual intercourse? I was willing; I was persuaded; I was forced; I was raped.	I was willing1	
		I was persuaded2	
		I was forced3	
		I was raped4	
303	Who was this with?	BOYFRIEND1	
		HUSBAND2	
		FATHER OR FAMILY MEMBER3	
		TEACHER4	
		BOY FROM SCHOOL/AREA5	
		MAN FROM AREA6	
		STRANGER/UNKNOWN PERSON7	
		FRIEND OF THE FAMILY8	
		OTHER9	
304	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES1	
		NO0	→306

305	Which method are you using?	INJECTION1	→307
		PILL2	→307
		CONDOM3	→307
		IUD4	→307
		HERB/OTHER TRADITIONAL METHOD5	→307
		CONDOM & PILL/INJECTION6	→307
		OTHER 7	→307
		(specify)	
306	Have you ever used contraception?	YES1	
		NO0	
307	Have you ever been pregnant?	YES1	
		NO0	→401
308	How many children have you given birth to?	11	
		22	
		33	
		44	
		55	
		66	
		77	
		8 or more8	→350
309	At the time you became pregnant did you want to become pregnant then, did you want to wait until	THEN1	
	later, or did you not want to have any children at all?	LATER2	
		NOT WANT ANY CHILDREN3	

24.0	l vy	124 11	1
310	How old were you when you had your first child?	14 or Younger1	
		152	
		163	
		174	
		185	
		196	
		20 and over7	
		Miscarried/aborted8	
311	Do you have any children under 18 who do not live with you?	YES1	
	wat you.	N00 →3	13
312	How often do you give money for their upkeep?	Every month1	
		Not monthly but more than 3 times a year2	
		1-2 times a year3	
		Less often than once a year4	
313	Thinking about the role you have in your		
	child's/children's life/lives, would you like it to be:	The same2	
		Less in some way3	
		I don't have a role4	
314	Thinking about the role you have in your		
	child's/children's life how does it compare with your mother's role in your life, is it:	The same2	
		Less in some way3	
		Didn't have a role4	

SECT	ION 8: PARTNER		
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

401	Do you currently have a boyfriend or are you married or living with a man or are you a widow, separated or	MARRIED TO A MAN1	→403
	divorced or married in a polygamous relationship?	LIVING WITH MAN2	→403
		BOYFRIEND3	→403
		NO BOYFRIEND4	→406
		IN A SAME SEX RELATIONSHIP 5	→406
		WIDOW6	→403
		SEPARATED7	→403
		DIVORCED8	→403
		POLYGAMOUS MARRIAGE9	→ 402
402	If you are in a polygamous marriage, in addition to you	DEFINITELY IS1	
	and his other wives, is your husband having sex with someone else? Would you say he definitely is,	PROBABLY IS2	
	probably is, probably is not or definitely is not?	PROBABLY NOT3	
		DEFINITELY NOT4	
403	How old is your current or most recent	17 or younger1	
	boyfriend/husband?	18-202	
		21-243	
		25-294	
		30-345	
		35-396	
		40-447	
		45 or older8	
	Check if NO	r MARRIED, GO TO q407	
404	How old were you when you got married?	17 or younger1	1
101	now old were you when you got married.	18-202	
		21-243	
		25-294	
		30-345	
		35-396	
		40-447	
		45 or older8	
		Never married9	→407
<u></u>			

405	What were the circumstances around getting married? Was it an arranged marriage, were you	Arranged 1	
	abducted, did you elope or was it for love?	Abducted 2	
		Elopement 3	
		Love4	
406	Have you ever had a boyfriend or husband?	YES1	
		NO0	→ 543
407	Does your current or most recent boyfriend/husband drink alcohol? How often?	EVERY DAY/NEARLY EVERY DAY1	
		ONLY AT WEEKENDS2	
		A FEW TIMES IN A MONTH3	
		LESS THAN ONCE A MONTH4	
		NEVER5	
		NOT NOW6	
		DON'T KNOW7	
408	Does your current or most recent boyfriend/husband use drugs? How often?	EVERY DAY/NEARLY EVERY DAY1	
	use utugs: now often:	ONLY AT WEEKENDS2	
		A FEW TIMES IN A MONTH3	
		LESS THAN ONCE A MONTH4	
		NEVER5	
		NOT NOW6	
		DON'T KNOW7	
409	How likely do you think it is that your husband or	DEFINITELY IS1	
	boyfriend is having sex with someone else? Would you say he definitely is, probably is, probably is not or	PROBABLY IS2	
	definitely is not?	PROBABLY NOT3	
		DEFINITELY NOT4	
410	Is your husband or boyfriend your ONLY partner?	NO0	
		YES1	

I would	ON 9: RELATIONSHIP CONTROL I now like to read out some statements and I would like you to think a ent to tell me if you strongly agree, agree, disagree or strongly disagre	•	elationship	with	ar	nd for each
450	If I ask my partner to use a condom, he would beat or hit me		SA	A	D	SD
			1	2	3	4
451	If I ask my partner to use a condom, he would get angry		1	2	3	4
452	My partner won't let me wear certain things		1	2	3	4
453	My partner has more to say than I do about important decisions that affect	t us.	1	2	3	4
454	My partner tells me who I can spend time with.		1	2	3	4
455	I could leave our relationship any time I wanted to.		1	2	3	4
456	My partner does what he wants, even if I don't want him to.		1	2	3	4
457	If I ask my partner to use a condom, he would think that I'm having sex with other people		1	2	3	4
458	When my partner and I disagree, he gets his way most of the time		1	2	3	4
459	Because my partner buys me things he expects me to please him.		1	2	3	4
460	My partner always wants to know where I am		1	2	3	4
SECTIO	ON 10: EXPERIENCE OF INTIMATE PARTNER VIOLENCE					
NO.	QUESTIONS AND FILTERS	CODING CA	TEGORIES			SKIP
	EMOTIONAL ABUSE					
	In any relationship there are good times and bad times. I now want have in relationships and what has happened. Remember there are you say will be kept confidential.	-				
500	Has a current or previous husband or boyfriend ever insulted you or	NEVER			1	
	made you feel bad about yourself? Did this happen many times, a few times, once or did it not happen?	ONCE			2	
		FEW			3	
		MANY			4	
501	Has a current or previous husband or boyfriend ever belittled or	NEVER			1	
	humiliated you in front of other people? Did this happen many times, a few times, once or did it not happen?	ONCE2				
		FEW3				
		MANY			4	

502	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	NEVER1	
	you, by yelling and smashing things? Did this happen many times, a few times, once or did it not happen?	ONCE2	
	unes, once of the hot happen.	FEW3	
		MANY4	
503	Has a current or previous husband or boyfriend ever threatened to	NEVER1	
	hurt you? Did this happen many times, a few times, once or did it not happen?	ONCE2	
		FEW3	
		MANY4	
504	Has a current or previous husband or boyfriend ever stopped you from	NEVER1	
	seeing any of your friends? Did this happen many times, a few times, once or did it not happen?	ONCE2	
		FEW3	
		MANY4	
505	Has a current or previous husband or any boyfriend ever boasted about	NEVER1	
	or brought home girlfriends? Did this happen many times, a few times, once or did it not happen?	ONCE2	
		FEW3	
		MANY4	
506	Have any of these things happened in the past 12 months?	YES1	
		NO0	
	ECONOMIC ABUSE Sometimes the man controls the finances in relationship. I would l within your relationships. I want you to speak freely and rer confidential.		
	Has a current or previous husband or any boyfriend ever prohibited you	NEVER1	
	from getting a job, going to work, trading, earning money or participating in income generation projects? Did this happen many times, a few times, once or did it not happen?	ONCE2	
	once of that thot happen?	FEW3	
		MANY4	
508	If you have had any income, has a current or previous husband or any	NEVER1	
	boyfriend ever taken your earnings from you? Did this happen many times, a few times, once or did it not happen?	ONCE2	
		FEW3	
		MANY4	
500	Has a support or provious bushand or any boyfriend grow forced you are	NEVER1	
	Has a current or previous husband or any boyfriend ever forced you or your children to leave the house where you were living? Did this happen many times, a few times, once or did it not happen?	ONCE2	

		FEW3	
		MANY4	

510	Has a current or previous husband or any boyfriend ever not provided money to run the house or look after the children, but has money for	NEVER1	
other things? Did this happen many times, a few times, once o happen?	other things? Did this happen many times, a few times, once or did it not happen?	ONCE2	
		FEW3	
		MANY4	
511	Have any of these things happened in the past 12 months?	YES1	
		NO0	
	 AL ABUSE		
	en fight with their girlfriends/wives and often these fights get physic t to learn more about what women experience in their lives. I want yo		
	confidential.		
512	Has a current or previous husband or boyfriend ever slapped you or	NEVER1	
	threw something at you which could hurt you? Did this happen many times, a few times, once or did it not happen?	ONCE2	
		FEW3	
		MANY4	
513	Has a current or previous husband or boyfriend ever pushed or shoved	NEVER1	
	you? Did this happen many times, a few times, once or did it not happen?	ONCE2	
		FEW3	
		MANY4	
514	Has a current or previous husband or boyfriend ever hit you with a fist	NEVER1	
	or with something else which could hurt you? Did this happen many times, a few times, once or did it not happen?	ONCE2	
		FEW3	
		MANY4	
515	Has a current or previous husband or boyfriend ever kicked, dragged,	NEVER1	
	beat, choke or burnt you? Did this happen many times, a few times, once or did it not happen?	ONCE2	
		FEW3	
		MANY4	
516	Has a current or previous husband or boyfriend ever threatened to use	NEVER1	
	or actually use a gun, knife or other weapon against you? Did this happen many times, a few times, once or did it not happen?	ONCE2	
		FEW3	
		MANY4	
517	Have any of these things happened in the past 12 months?	YES1	
		NO0	
СНК	IF ANY PHYSICAL VIOLENCE IS REPORTED PROCEED TO THE NEXT Q	UESTION OTHERWISE SKIP TO Q.254	
3			I

518	Have you ever been injured during any of these physical disputes?	YES0	
			→530
519	How many times?	TIMES	
520	Did you ever stay in bed because of these injuries?	YES0	→ 522
521	How many days?	DAYS	
522	Did you ever take days off from income generating work because of these injuries?	YES0 HAS HAD NO PAID WORK4	→ 524 → 524
523	How many days?	DAYS	
524	Did you ever not leave the house because of these injuries	YES0	→ 526
525			7 320
323	For how many days did you not leave the house?	DAYS	
526	Did you seek medical attention for these injuries?	YES0	
			→ 528
527	What form of treatment did you receive?	SURGERY	
		BANDAGING/ OINTMENT7 OTHER8	
528	Did you tell them about the cause of your injury?	YES	→530

F20			
529	What was the main reason why didn't you tell them the cause of your injury?	IT'S A PRIVATE ISSUE1	
	, , ,	SCARED OF YOUR PARTNER2	
		THEY WERE NOT FRIENDLY3	
		ASHAMED4	
		DID NOT ASK5	
		OTHER6	
530	Have you ever reported any abuse or threats	YES1	
	to the police	NO0	
			→ 532
531	How did the police respond?	They opened a docket 1	
		They sent me away 2	
		They tried to make peace between my husband/boyfriend and me	
		3	
		Other 4	
531 b	Did you ever get a protection order (an	YES1	
	instruction from the court) against your abusive husband/boyfriend?	NO0	
532	Where do these incidents generally occur?	AT HOME1	
		AT HIS HOME2	
		AT WORK3	
		AT SCHOOL4	
		OUTSIDE/NEAR HOUSE5	
		AT FRIENDS /RELATIVES6	
		AT BARS/NIGHTCLUBS7	
		OTHER8	
533	Did you tell anyone in your family?	YES1	
		NO0	→ 536
534	Who did you tell?	Female member of your familyYes=1 No=0	
		Male member of your familyYes=1 No=0	
		Female member of your in-lawsYes=1 No=0	
		Male member of your in-lawsYes=1 No=0	
		Your childYes=1 No=0	

535	How did they respond?	They blamed me for it	Yes=1 No=0	
		They supported me	Yes=1 No=0	
		They were indifferent	Yes=1 No=0	
		They told me to keep it quiet	Yes=1 No=0	
		They were hurt by it	Yes=1 No=0	
		They advised me to report to pol	iceYes=1 No=0	
536	Did you ever go to a shelter?	YES1		
		NO0		
536 b	Did your stay at the shelter do any of	Enable me to get a job	1	
	these?	Enable me to look after my child	ren 2	
		Enable me to make decision to s for me3	tay/leave according to what I thought was best	
		Take control of my abuse	relationship and to end the	
		Did not make a difference to my	life 5	
		Other	6	
537	Did you ever speak out publically	YES1		
	about the abuse?	NO		
538	Where did you speak out?	To the media (TV, radio, newspa	per)Yes=1 No=0	
		To the community/community g	roup Yes=1 No=0	
		To friends	Yes=1 No=0	
		To work colleagues	Yes=1 No=0	
		To my religious community	Yes=1 No=0	
538 b	What happened after you spoke out?	I felt empowered	/es=1 No=0	
		I helped other women	/es=1 No=0	
		I was victimized	/es=1 No=0	
SEXUA	L ABUSE			
	are also other things which women ex member that everything you say will b		lo not talk about. I want you to speak freely	
539	Has a current or previous husband or	hovfriend ever physically forced	NEVER1	
337	you to have sex when you did not want			
	a few times, once or did it not happen?		ONCE2	
			FEW3	
			MANY4	

540	Have you ever have sex with a current or previous husband or	NEVER1	
	boyfriend when you did not want to because you were afraid of what he might do? Did this happen many times, a few times, once or did it	ONCE2	
	not happen?	FEW3	
		MANY4	
541	Has a current or previous husband or boyfriend ever forced you to do	NEVER1	
	something sexual that you found degrading or humiliating? Did this happen many times, a few times, once or did it not happen?	ONCE2	
		FEW3	
		MANY4	
542	Have any of these things happened in the past 12 months?	YES1	
		NO0	
	CHECK if SEXUAL ABUSE is reported	i GO TO q542a	
542 a	Where did this incident take place?	AT HOME1	
		AT HIS HOME2	
		AT WORK3	
		AT SCHOOL4	
		OUTSIDE/NEAR HOUSE5	
		AT FRIENDS /RELATIVES6	
		AT BARS/NIGHTCLUBS7	
		OTHER8	

SECTION	SECTION 11: SEXUAL VIOLENCE PERPETRATED BY A PERSON OTHER THAN A BOYFRIEND					
ALL WOMEN, EVEN THOSE WHO HAVE NEVER HAD A BOYFRIEND, SHOULD BE ASKED THE FOLLOWING QUESTIONS						
RESPOI QUEST	IF INTERVIEWEES HERE MENTION BEING FORCED TO HAVE SEX BY A BOYFRIEND/HUSBAND, CHECK THAT THIS WAS REPORTED IN RESPONSE TO QUESTIONS 539, 540, or 541. IF SHE DID NOT MENTION IT THEN, GO BACK TO QUESTIONS 298, 299 AND 300 AND ASK THE QUESTIONS AGAIN AND RECORD THE RESPONSES. THEN ASK QUESTION 543 AGAIN AND PROBE BY SAYING "DID ANYONE WHO OTHER THEN YOUR BOYFRIEND DO THIS TO YOU"					
543	How many times have you been forced or persuaded to have sex against your will by a man who wasn't your	Never 1	→548			
	husband or boyfriend?	Once				

544	Can you tell me who did this the first time?	FATHER OR FAMILY MEMBER1
		TEACHER2
		BOY FROM NEIGHBOURHOOD3
		MAN FROM NEIGHBOURHOOD4
		STRANGER/UNKNOWN PERSON5
		FRIEND OF THE FAMILY6
		EX-BOYFRIEND7
		OTHER8
		Specify:
545	How old were you?	17 or younger1
		18-202
		21-243
		25-294
		30-345
		35-396
		40-447
		45 OR OVER8
545 a	Where did this incident take place?	AT HOME1
		AT HIS HOME2
		AT WORK3
		AT SCHOOL4
		OUTSIDE/NEAR HOUSE5
		AT FRIENDS / RELATIVES6
		AT BARS/NIGHTCLUBS7
		OTHER8
546	Did this happen in the last 12 months?	YES1
		NO0

547	Can you tell me who did this the last time?	FATHER OR FAMILY MEMBER1	
		TEACHER2	
		BOY FROM NEIGHBOURHOOD3	
		MAN FROM NEIGHBOURHOOD4	
		STRANGER/UNKNOWN PERSON5	
		FRIEND OF THE FAMILY6	
		EX-BOYFRIEND7	
		OTHER8	
		Specify:	
548	How many times has a man who was not your husband or	Never 1	→chk2
	boyfriend tried to force or persuade you to have sex against your will but did not succeed in doing this?	Once2	
		More than 1 time 3	
549	How old were you?	17 or younger1	
		18-202	
		21-243	
		25-294	
		30-345	
		35-396	
		40-447	
		45 OR OVER8	
550	Can you tell me who did this the first time?	FATHER OR FAMILY MEMBER1	
		TEACHER2	
		BOY FROM NEIGHBOURHOOD3	
		MAN FROM NEIGHBOURHOOD4	
		STRANGER/UNKNOWN PERSON5	
		FRIEND OF THE FAMILY6	
		EX-BOYFRIEND7	
		OTHER8	
		Specify:	

550a	Where did this incident take place?	AT HOME	
551	Did this happen in the last 12 months?	YES1 NO0	
552	Can you tell me who did this the last time?	FATHER OR FAMILY MEMBER	
553	How many times were you forced to have sex with one man when you were too drunk or drugged?	Never	
554	How many times have you been forced or persuaded to have sex with more than one man at the same time?	Never	

CHECK 2

PLEASE RESPOND ABOUT THE MOST RECENT INCIDENT. If she answered yes to Q543, OR Q 548 OR Q539, 540, 541 You may have answered some questions about what you did after being physically or emotionally abused. We are now going to ask these questions again about your experience of forced sex.

555	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	
		STI5	
		Other 6	
556	Did you report the incident to anyone?	YES1	
		NO0	→601
557	Did you report the incident to the police?	YES1	
		NO0	→561
558	How did the police respond?	They opened a docket1	
		They sent me away2	
		Other 3	
559	Was the perpetrator arrested?	YES1	
		NO0	
560	Was he convicted?	YES1	
		NO0	
561	Did you report it to a health service (Dr or nurse)	YES1	
		NO0	→568
562	Did you receive any medication/treatment for sexually transmitted infection?	YES1	
	transmitted injection:	NO0	
		Don't know99	
563	Did you receive any medication/treatment for preventing	YES1	
	pregnancy	NO0	
		Don't know99	
564	Did you receive any medication/treatment for preventing	YES1	
	transmission of HIV (PEP)	NO0	
		Don't know99	
565	Did you return to the hospital for a follow up visit?	YES1	
		NO 0	→ 566
		CAN'T REMEMBER2	→ 566
566	How were you treated at the health service?	Kindly 1	
		Blamed 2	
L	<u> </u>	<u> </u>	

	I		Indifference3				
			They didn't go out of their way 4				
			They didn't go out of their way 4				
			Other5				
567	Did you receive counselling with regards	s to the incident that you	YES1				
	experienced?		NO 0				
568	Did you tell someone in your family abou	it the incident?	YES 1				
			NO 0 →0				
569	Who did you tell?	Female member of your	familyYes=1 No=0				
007							
		Male member of your far	milyYes=1 No=0				
		Female member of your	in-lawsYes=1 No=0				
		Male member of your in-	-lawsYes=1 No=0				
		Your child	Yes=1 No=0				
		Tour child					
570	How did they respond?	They blamed me for itYes=1 No=0					
		They supported me	Yes=1 No=0				
		They were indifferentYes=1 No=0					
		They told me to keep it o	it quietYes=1 No=0				
		They were hurt by it	Yes=1 No=0				
		They advised me to repo	e to report to police Yes=1 No=0				
571	Did you ever speak out publically	YES	1				
	about the incident?	NO					
572	Where did you speak out?	To the media (TV, radio,	media (TV, radio, newspaper)Yes=1 No=0				
		To the community/community group Yes=1 No=0					
		To friends	Yes=1 No=0				
		To work colleagues	Yes=1No=0				
		To my religious commun	nityYes=1 No=0				
573	What happened after you spoke out?	I felt empowered	Yes=1 No=0				
		I helped other women	Yes=1 No=0				
		I was victimized	Yes=1 No=0				
		vienniizeu	165-1 140-0				

•	QT.	C	ГI	n	N	1	ο.	Λ	D	TT	CE	IN	T I	DI	Œ	r	N	Λ	N	C	v
c	٦Ľ	и.	ı	u	IN	1.	Z :	A	ы	U.	١Ŀ	H	N	ri	۲Ľ	Лī	IN	А	w	u.	Y

CHECK 3 CHECK QUESTION Q307

Ever pregnant - go to 601. Has never been pregnant - go to 650.

Although pregnancy is highly valued in South African culture, in some cases, a woman's difficulties do not stop whilst she is pregnant. During any of your pregnancies, did anyone ever do any of the following to you?

601	During any of your pregnancies, did your husband/boyfriend ever refuse to buy clothes to prepare for the baby?	YES 1 NO 0	
602		YES 1	
002	During any of your pregnancies, did your husband/boyfriend ever prevent you from going to the clinic for check-ups?	NO 0	
603	During any of your pregnancies, did your husband/boyfriend ever kick, bite, slap, hit you, or throw something at you?	YES 1 NO 0	→650
604	In how many pregnancies has this occurred?		
		PREGNANCIES	
605	Did this happen for the first time after you told your	YES 1	
	husband/boyfriend that you were pregnant?	NO 0	
606	Were you hurt on the stomach?	YES 1	
		NO 0	
607	Have you ever had a miscarriage which you think was because of being	YES1	
	beaten?	NO 0	
608	Have you ever gone into premature labour which you think was	YES1	
	because of being beaten?	NO 0	
609	Have you ever been physically forced to have sex when you did not	NEVER1	
	want to while you were pregnant? Did this happen many times, a few times, once or did it not happen?	ONCE2	
		FEW3	
		MANY4	

SECTION 13.	SEXIIAL.	HARASSMENT	AND ARIISE

In many instances, women are treated badly simply because they are girls or women. I would like to ask you about some of the ways in which some men try to make advances and persuade or force women to have sexual relations with them. Although some of the questions are difficult to answer, I would like you to try to answer them openly. Your answers will be kept secret.

650	Has any man ever hinted or threatened that you could lose your job, or that your work might be hurt	YES1	
	if you did not have sex with him?	NO2	→ 653
		NEVER WORKED3	→ 653
651	What did you do?	I had sex and kept my job1	
		I had sex and lost my job anyway2	
		I rejected the proposal and kept my job3	
		I rejected the proposal and lost my job4	
		Something else5	
652	Did you report it to any authority (senior person at	YES 1	
	work, police)?	NO 0	
653	Has any teacher/principal/lecturer ever hinted or	YES1	
	threatened that you could fail your exams or get bad marks, or that your schooling would be damaged if	NO0	→ 656
	you did not have sex with him?	NEVER WENT TO SCHOOL3	→658
654	What did you do?	I had sex and passed1	
		I had sex and failed anyway2	
		I rejected the proposal and passed	
		I rejected the proposal and failed4	
		Something else5	
655	Did you report it to any authority (another teacher/	YES 1	
	lecturer / admin, police)?	NO 0	
656	Has any teacher/principal/lecturer ever said	YES 1	
	something sexually explicit to you?	NO 0	
657	Has any teacher/principal/lecturer ever touched you	YES 1	
	sexually?	NO 0	
658	Has any man ever insisted that you have sex with	YES1	
	him before he would give you a job?	NO0	→ 661
		NEVER TRIED TO GET WORK3	→663
659	What did you do?	I had sex and kept my job1	
	1		L

	1		
		I had sex and lost my job anyway2	
		I rejected the proposal and kept my job3	
		I rejected the proposal and lost my job4	
		Something else5	
660	Did you report it to any authority (senior person at	YES 1	
	work, police)?	NO 0	
661	Has any employer/ colleague in the workplace ever said something sexually explicit about you?	YES1	
	said something sexually explicit about you?	NO0	
		NEVER WORKED3	
662	Has any employer/colleague in the workplace ever	YES1	
	touched you sexually?	NO0	
		NEVER WORKED3	
663	Has a traditional healer ever said that you should	YES1	
	have sex with him to solve your problem?	NO0	→ 665
		Never been to a traditional healer2	→ 665
664	What did you do?	I had sex 1	
		I rejected the proposal 2	
		I rejected the proposal and reported it to the authorities	
		3	
665	Have you ever been touched sexually by a conductor/taxi driver/taxi rank marshal while	YES 1	
	taking public transport?	NO 0	→365
666	Did you report it to the police?	YES 1	
		NO 0	

SECTION 14: SEXUAL BEHAVIOUR

The next questions are about your sexual relationships. I know that these questions can be embarrassing. Please remember that everything you say will be kept secret and your name will not appear anywhere on the questionnaire. We are asking over 600 women the same questions, and we know that women have a wide range of experiences. Some start having sex in their early teens; some start a bit later. Most of us have more than one partner. Please remember that everything you say will be kept secret and cannot be linked to you.

365	When was the last time you had sex?	1 week ago	→ 1
366	In the past year, would you say you use condoms always, often or	NO USE1	
300	sometimes?		
		ALWAYS2	
		OFTEN3	
		SOMETIMES4	
367	How many sexual partners have you had sex with in the last year?	00	
		11	
		2 -42	
		5-93	
		10-144	
		15-195	
		20-296	
		30-507	
		50 or more8	
	We would like to calculate the second of the	w house had in yours WHOLE LIEP in July 1	
	We would like to ask you about the number of sexual partners you year. We want to know about the number of different partners.	u have had in your whole life including this	

370	How many sexual partners have you had sex with in your whole life?							
		1		1				
		2 -4	·	2				
	5-93							
		10-	14	4				
		15-	19	5				
		20-2	29	6				
		30-4	49	7				
		50 t	o 99	8				
		100	or more	9				
Weas	women often find ourselves in situations where we need someone to h	oln	116					
we as	women often find our serves in situations where we need someone to i	ш	us.					
371	I have stayed with a main partner longer than I wanted to because I v worried about how	vas	True	Somewhat true	Somewhat false	False		
	to pay for things I couldn't afford			2	3			
	by myself		1			4		
070								
372	I have stayed with a main partner longer than I wanted to because I v worried about having a place to live or paying for food, or other bills	vas						
			1	2	3	4		
373	I have stayed with a main partner longer than I wanted to because I v worried about my ability to support my children or someone else w							
	depends on me for financial support	/110	1	2	3	4		
374	I have stayed with a main partner longer than I wanted tobecause I v	vas						
	worried about maintaining the social status or lifestyle that my parti provided for me.		1	2	3	4		
			1	2	3	4		
375	I have had a relationship with a casual partner/khwapheni/nyatsi in p because I	art						
			1	2	3	4		
	hoped he would help me pay for things I couldn't							
	afford by myself.							
376	I have had a relationship with a casual partner/khwapheni/nyatsi in p because I	art						
			1	2	3	4		
	hoped he would help me pay for things like housing, food, other bills.	or						
377	I have had a relationship with a casual partner/khwapheni/nyatsi in p because I hoped he would help me support my children or other peo							
	who depend on me for financial support.	ρι ς	1	2	3	4		
378	I have had a relationship with a casual partner/khwapheni/nyatsi in p	art						
	because he gave me cosmetics, clothes, jewelry, cell phone or other item could not afford on my own.		1	2	3	4		
	could not anot a on my own.		*	_	1	١ .		

379	I've had sex with a once-off partner because I needed help paying for things I couldn't afford by myself	1	2	3	4
380	I have had sex with a once-off partner because I needed help with expenses such housing, food, or other bills	1	2	3	4
381	I have had sex with a once-off partner because I needed help with expenses related to my children or other people who depend on me for financial support.	1	2	3	4

	ON 15: SEXUALLY TRANSMITTED DISEASES AND HIV TES		
Thank	you for answering these questions. Now we just have a f	few more questions about your health	
382	How many times have you ever had an ulcer on vagina or genitals?	Never0 Once1	
		Twice2 Three or more times3	
383	How many times have you had a discoloured, smelly, itchy or uncomfortable discharge from your vagina?	Never	
384	Have you ever been told by a health worker that you had	Three or more times	
	a sexually transmitted disease?	NO0	
385	When did you last have an HIV test?	Last 12 months	
		Never tested4	→ 389
386	Did you take the result?	Yes1 No0	→ 389
387	Was the HIV test positive?	Yes1 No0	→ 389
388	Have you experienced violence because of your HIV status?	Emotional abuse	
1			

389	One should access treatment to reduce the possibility of being infected with HIV after rape or sexual assault? (PEP)	Yes			
390	One should access treatment to reduce the possibility of being	Yes			
	infected with HIV after unprotected sex? (PEP)	No	0		
Section	16: Experiences of trauma	L			
	uld like to ask you about your past experiences. However, you r	nay find some que	estions upsettin	ig. If so, please	feel free not to
answer	. Have you ever experienced any of the following:				
1.	Imprisonment	Yes	1		
		No			
2.	Civil unrest/war	Yes	1		
		No	0		
3.	Serious injury	Yes	1		
		No	0		
4.	Being close to death	Yes	1		
		No	0		
5.	Murder of family or friend	Yes	1		
		No			
6.	Unnatural death of family or friend	Yes	1		
		No	0		
7.	Murder of stranger or strangers	Yes	1		
		No	0		
8.	Torture	Yes	1		
		No	0		
9.	Robbed / carjacked at gunpoint or knifepoint	Yes	1		
		No	0		
10.	Kidnapping	Yes	1		
		No	0		
	 ON 17: MENTAL HEALTH STATUS QUESTION - CES-D Scale s you very much for answering all these questions we are now g	etting towards the	end of the que	stionnaire and I	would like to
ask yo	ou some questions about how you have been feeling in the past w nany days you have had particular feelings or ideas or whether y	eek. I am going to	read out some		
	- -	Rarely or	Some or a	Moderate	Most or all of
		none of the	little of the time (1-2 days)	amount of time (3-4 days)	the time (5-7 days)
			J - J		

701	During the past week I was bothered by things that usually don't bother me	0	1	2	3
702	During the past week I did not feel like eating, my appetite was poor		1	2	3
703	During the past week I felt I could not cheer myself up even with the help of family and friends		1	2	3
704	During the past week I felt I was just as good as other people	0	1	2	3
705	During the past week I had trouble keeping my mind on what I was doing	0	1	2	3
706	During the past week I felt depressed	0	1	2	3
707	During the past week I felt that everything I did was an effort	0	1	2	3
708	During the past week I felt hopeful about the future	0	1	2	3
709	During the past week I thought my life had been a failure	0	1	2	3
710	During the past week I felt fearful	0	1	2	3
711	During the past week my sleep was restless	0	1	2	3
712	During the past week I was happy	0	1	2	3
713	During the past week I talked less than usual	0	1	2	3
714	During the past week I felt lonely	0	1	2	3
715	During the past week people were unfriendly	0	1	2	3
716	During the past week I enjoyed life	0	1	2	3
717	During the past week I had crying spells	0	1	2	3
718	During the past week I felt sick	0	1	2	3
719	During the past week I felt that people dislike me	0	1	2	3
720	During the past week I could not get 'going'	0	1	2	3
721	Have you ever attempted suicide because of violence you've experienced in your life?	YES1 NO0			
722	Now I want to ask you a question about the past four weeks , Has the thought of ending your life been in your mind?	YES1 NO0			

SECTION 18: SUBSTANCE USE ALCOHOL AND DRUG USE

Please remember that whatever you share in this research will be kept confidential and will only be used for the purpose of understanding women's lives and relationships. Now we have some different questions. We are going to ask you about drinking alcohol and some questions about your health.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
723	Have you drunk alcohol in the past 12 months?	YES1	
		NO0	→ 263
724	How often do you have a drink containing alcohol?	Monthly or less1	
		2-4 times a month2	
		2-3 times a week3	
		4 + times a week4	
725	How often do you have 5 or more drinks on one occasion?	Never1	
		Less than monthly2	
		Monthly3	
		Weekly4	
		Daily or almost daily5	
726	When did you first start drinking alcohol? that is having more	Before the age of 21	
	than a few sips?	Between 13 and 16 years old2	
		Between 17 and 20years3	
		At age 21 or hereafter4	
		Never drunk alcohol5	
727	How many times have you used dagga in the last 12 months? Would you say it was once, twice or three or more times?	Never0	
	would you say it was once, twice of timee of infore times:	Once1	
		Twice2	
		Three or more times3	
728	When did you first smoke dagga?	Before the age of 21	
		Between 13 and 16 years old2	
		Between 17 and 20years3	
		At age 21 or hereafter4	
		Never smoked dagga5	

729	Have you ever been an injecting drug user?	Never	Never1				
		Once		2			
		Few T	imes	3			
			Times				
		wany	ı iiies	4			
	<u> </u>						
	ON 19: PTSD ollowing are symptoms that people sometimes have after experi	ioncina l	urtful or tor	rifying ovent	e in thair live	os Dlagsa rag	
	one carefully and decide how much the symptoms bothered you <u>i</u>			inying even	s in their five	s. Tiease rea	
			(0)	(1)	(2)	(3)	
			Not at all	A little	Quite a bit	Extremely	
730	Recurrent thoughts or memories of the most hurtful or terrifying ev	vents	0	1	2	3	
731	Feeling as though the event is happening again		0	1	2	3	
732	Recurrent nightmares		0	1	2	3	
752	recent ingrandres		Ů			J	
733	Feeling detached or withdrawn from people		0	1	2	3	
734	Unable to feel emotions		0	1	2	3	
735	Feeling jumpy, easily startled		0	1	2	3	
736	Difficulty concentrating		0	1	2	3	
737	Trouble sleeping		0	1	2	3	
738	Feeling on guard		0	1	2	3	
720						2	
739	Feeling irritable or having outbursts of anger		0	1	2	3	
740	Avoiding activities that remind you of the traumatic or hurtful even	t	0	1	2	3	
741	Inability to remember parts of the most traumatic or hurtful events	<u> </u>	0	1	2	3	

742	Less interest in daily activities	0	1	2	3
743	Feeling as if you don't have a future	0	1	2	3
744	Avoiding thoughts or feelings associated with the traumatic or hurtful experience	0	1	2	3
745	Sudden emotional or physical reaction when reminded of the most hurtful or traumatic events	0	1	2	3
746	Feeling that people do not understand what happened to you	0	1	2	3
747	Difficulty performing work or daily tasks	0	1	2	3
748	Blaming yourself for things that have happened	0	1	2	3
749	Feeling guilty for having survived	0	1	2	3
750	Hopelessness	0	1	2	3
751	Feeling ashamed of the hurtful or traumatic events that have happened to you	0	1	2	3
752	Spending time thinking about why these events happened to you	0	1	2	3
753	Feeling as if you are going crazy	0	1	2	3
754	Feeling that you are the only one who suffered these events	0	1	2	3
755	Feeling others are hostile toward you	0	1	2	3
756	Feeling that you have no one to rely on	0	1	2	3
757	Finding out or being told by other people that you have done something that you cannot remember	0	1	2	3
758	Feeling as if you are split into two people and one of you is watching what the other is doing	0	1	2	3
759	Feeling someone you trusted betrayed you	0	1	2	3
		<u> </u>		L	

	SECTION 20: CAMPAIGNS AND LAWS AROUND THE PREVEN	TION OF VIOLENCE AGAINST WOMEN	
801	Do you know of events or campaigns on gender based	YES1	
	violence?	NO 0	→ 820
802	Please tell me where you know these campaigns/events on	On the radio 1	
	gender based violence from:	In the newspaper2	
		On TV 3	
		From a neighbour /friend 4	
		Community meeting/Imbizo 5	
		Other6	
803	Have you heard about Protection Orders?	YES1	
		NO 0	
804	Have you heard about People Opposed to Women Abuse (POWA)?	YES 1	
	(FOWA):	NO 0	
805	Have you heard about Gender Links?	YES 1	
		NO 0	
806	Have you heard about Soul City?	YES 1	
		NO 0	
807	Have you heard about the Stop Women Abuse telephone Helpline?	YES 1	
	neipine:	NO 0	→ 810
808	Have you ever made use of the Stop Women Abuse telephone Helpline?	YES1	
	neipine:	NO 0	
809	Which symbol do you most associate with campaigns to engender violence?	d The dove1	
	genter violence:	The drum2	
		The white ribbon3	
		A butterfly being set free 4	
810	Which slogan do you most associate with campaigns to engender violence	d Act against abuse 1	
	gender violence	Peace begins at home 2	
		Don't look away3	
		Real men don't abuse4	
811	In the past 12 months, have you heard of, or seen anything on	YES 1	
	the 16 Days campaign?	NO 0	

812	the 365 Days campaign?		YES 1 NO 0						
813	against violence against women?		S 1 0						
814	violence?		YES 1 NO 0				→ 819		
815	Which statement best describes how you felt about participating in cyber dialogues?		•••••	anonymo	1		ne speak	out	
		The c	chatting	red by this	very lit	tle differ	ence to	me	
816	Which statement best describes your reaction to campaigns to end gender violence?	campaigns to end gender violence? I feel angry		npowered 1 ngry 2 elpless 3					
				alone nt					
				ove					
	Please say whether you strongly agree, agree, disagree or strongly disagree with the following statements:								
				SA	A	D	SD	Do	on't know
817	Campaigns to end violence against women have to make aware that this is a violation of women's rights	e people i	more	0	1	2	3	4	
818	Campaigns to end violence against women have helped attitudes of men.	to chang	e the	0	1	2	3	4	
819	Campaigns to end violence against women have made women more aware of where to go for help		more	0	1	2	3	4	
820	Campaigns to end violence against women have made politicians take action to end gender violence		take	0	1	2	3	4	
821	Campaigns to end violence against women only happen once a year therefore they are of little value		year	0	1	2	3	4	
822	Are there any laws in South Africa that protect women and children against violence or abuse?			1	0				→ 825
		Don't k	now		99				

823	Have you heard about the law again violence in South Africa	st domestic	YES 1 NO 0	→823
	(Domestic Violence Act)?			
824	Where did you hear about it?		On the radio 1	
			In the newspaper2	
			On TV 3	
			From a neighbour /friend 4	
			Community meeting/Imbizo 5	
			Other 6	
825	Have you heard about the new law ag	ainst sexual	YES 1	
	violence and rape in South Africa?		NO 0	→825
	(Sexual Offences Act)?			
826	Where did you hear about it?		On the radio 1	
			In the newspaper2	
			On TV 3	
			From a neighbour /friend 4	
			Community meeting/Imbizo 5	
			Other 6	
827	The news sometimes shows very sexual images of women. When you see something like this in the news how do you respond? Pick the one that describes your main response.	I find these stories and images entertaining and/or interesting1		

828	Which statement best describes your view of media coverage of violence against women?	It is fair and balanced; the media gives the facts as they are	
829	How do you think the media could best improve its coverage of gender violence?	By relying less on what they hear in court and more on talking to survivors of violence	

SECTIO	ON 21: ACCESSING SUPPORT DURING EMOTIONAL DIFFICULTIES					
You are now very nearly at the end of the questionnaire. Thanks you very much for your time. The last five questions are about sources of help that you may have at times when you feel sad or frustrated. All men feel sad, disappointed or frustrated sometimes.						
441	When feeling sad, disappointed or frustrated have you ever sought help from older relatives?	YES 1 NO 0				
442	When feeling sad, disappointed or frustrated have you ever sought professional counselling?	YES 1 NO 0				
443	When feeling sad, disappointed or frustrated have you ever sought help through family meetings?	YES 1 NO 0				
444	When feeling sad, disappointed or frustrated have you ever sought help from a guidance teacher or a human resource person at work?	YES 1 NO 0				
445	When feeling sad, disappointed or frustrated have you ever sought help from a doctor?	YES 1 NO 0				

Appendix 3: Letter of Permission



9 Derrick Avenue Cnr Marcia Avenue Cyrildene, 2198 South Africa

Tel: +27 11 622 2877/622 7796

Fax: +27 11 622 4732

email addresses: info@genderlinks.org.za
website address: www.genderlinks.org.za

7 September 2013

The Secretary
University of Witwatersrand
Research Ethics Committee

RE: PERMISSION FOR RUMBIDZAYI MATABA TO USE GENDER LINKS DATA FOR POSTGRADUATE RESEARCH PROJECT

This is to confirm that we have allowed Rumbidzayi Mataba, an MPH student, access to the Gender Links Gauteng Research data. Rumbidzayi may use the women's data set and perform secondary analyses to suit her research objectives. However for every publication ensuing from the Gender Links data, the organisation shall be duly and appropriately acknowledged.

Should you require any further clarifications, kindly contact the GBV Research Manager on +27116222877 or email gbvindicators@genderlinks.org.za

Yours sincerely

Mercilene T Machisa

GBV Indicators Project Manager

 ${\it Gender Links for equality and justice}$

Board members: Dr Muna Ndulo (Chairperson), Emily Brown (Deputy Chairperson), Loga Virahsawmy, Thoko Mpumlwana, Rethabile Pholo, Sara Longwe, Patricia Made, Ferial Haffajee, Bennedict Bennett, Marta Cumbi, Ex officio: Colleen Lowe Morna (Chief Executive Officer)

Registration number: 2001/005850/08





ETHICS COMMITTEE

PO Box 19070, Tygerberg 7505, South Africa, Francie van Zijl Drive, Parow Valley 7500, Cape Town. Tel: +27 (0)21 938 031, Fax: +27 (0)21 938 0201 Email: adri.labuschappe@.mc.ac.z http://www.sahealthinto.org/ethics/ethics.htm

30 November 2009

Ms N Christofides School of Public Health University of the Witwatersrand/Gender and Health Research Unit

Dear Ms Christofides

Protocol ID:

Protocol title: Relationships and health in Gauteng: A household survey

Meeting date: 23 November 2009

Thank you for your response to the Committee, dated 6 November 2009. The Committee granted ethics approval for the study, provided that the following changes are made to the information sheets and consent forms - copies of the amended forms must be submitted for the Committee's records:

- For focus groups, it must be stated that only the researcher can ensure
- confidentiality, but that participants will be requested to maintain confidentiality. All the information sheets should mention audiotaping. There should be a request for permission to audiotape, not just a statement that it will be done, with a statement that the tapes will be kept under lock and key and destroyed 2 years after publication of the research.

Wishing you well with your research.

Yours sincerely

PROF. D DU TOIT

CHAIRPERSON: MRC ETHICS COMMITTEE

94



R14/49 Ms Rumbidzayi B Mataba

HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL) <u>CLEARANCE CERTIFICATE NO. M131051</u>

NAME: (Principal Investigator)	Ms Rumbidzayi B Mataba
DEPARTMENT:	School of Public Health
PROJECT TITLE:	The Polationship hat were Francisco to Male
PROJECT IIILE.	The Relationship between Exposure to Violence against Women Prevention Campaigns and Gender Attitudes and discussions about Violance among Women in Gauteng
DATE CONSIDERED:	25/10/2013
DECISION:	Approved unconditionally
CONDITIONS:	
SUPERVISOR:	Dr N Christofides
APPROVED BY:	Professor Charles Feldman, Co-Chairperson, HREC (Medical)
DATE OF APPROVAL:	17/12/2013
This clearance certificate is valid for 5 years from date of approval. Extension may be applied for.	
DECLARATION OF INVESTIGATORS	
To be completed in duplicate and ONE COPY returned to the Secretary in Room 10004, 10th floor, Senate House, University. I/we fully understand the conditions under which I am/we are authorized to carry out the above-mentioned research and I/we undertake to ensure compliance with these conditions. Should any departure be contemplated, from the research protocol as approved, I/we undertake to resubmit the application to the Committee. I agree to submit a yearly progress report.	
Principal Investigator Signature	Date
DI FASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES	

PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES