



USER GUIDE

Couple Functionality Assessment Tool (CFAT)







AUTHORS: Dr. Allison Ruark, with support from Catholic Relief Services (CRS) staff Dorothy Brewster-Lee, John Hembling, and Valerie Rhoe, as well as external consultants Dr. Henry Mosley, Dr. Lynae Darbes, Dr. Rachel Chase, and Kristen Panico.

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Introduction

There is growing awareness of the importance of couple dynamics in achieving improved outcomes in areas such as child health, child development, nutrition, and agriculture. Research suggests that providing services to all family members only benefits individuals if the relationships within a family are also addressed (CPC Livelihoods and Economic Strengthening Task Force 2011; Woller, et al. 2011). Furthermore, the quality of women and men's couple (intimate sexual) relationships affects many aspects of their health, including sexual and reproductive health, HIV risk, and experience of intimate partner violence. To date, few projects have assessed relationship quality among couples in non-Western settings using valid and reliable measures. Field-tested by CRS Malawi, the Couple Functionality Assessment Tool (CFAT) is a survey-based toolkit designed to measure key dimensions of couple relationships.

Purpose

CRS interventions such as The Faithful House are increasingly utilized to improve the quality of relationships between couples, including couple communication, joint decision making, and Intimacy. We hypothesize that improved relationship quality is an important contributing factor for improvement of sector-specific outcomes, including maternal and child health (Morfaw, F. et al 2013), agriculture, household economic strengthening, gender-based violence (GBV) (Vyas, S. & Watts, C. 2009), and early childhood development (see figure 1). The CFAT will allow CRS country programs and projects that explicitly aim to improve couple functionality to capture valid and reliable data on different components of relationship quality. This tool will also allow projects to test for potential effects of couple functionality on other key project outcomes.

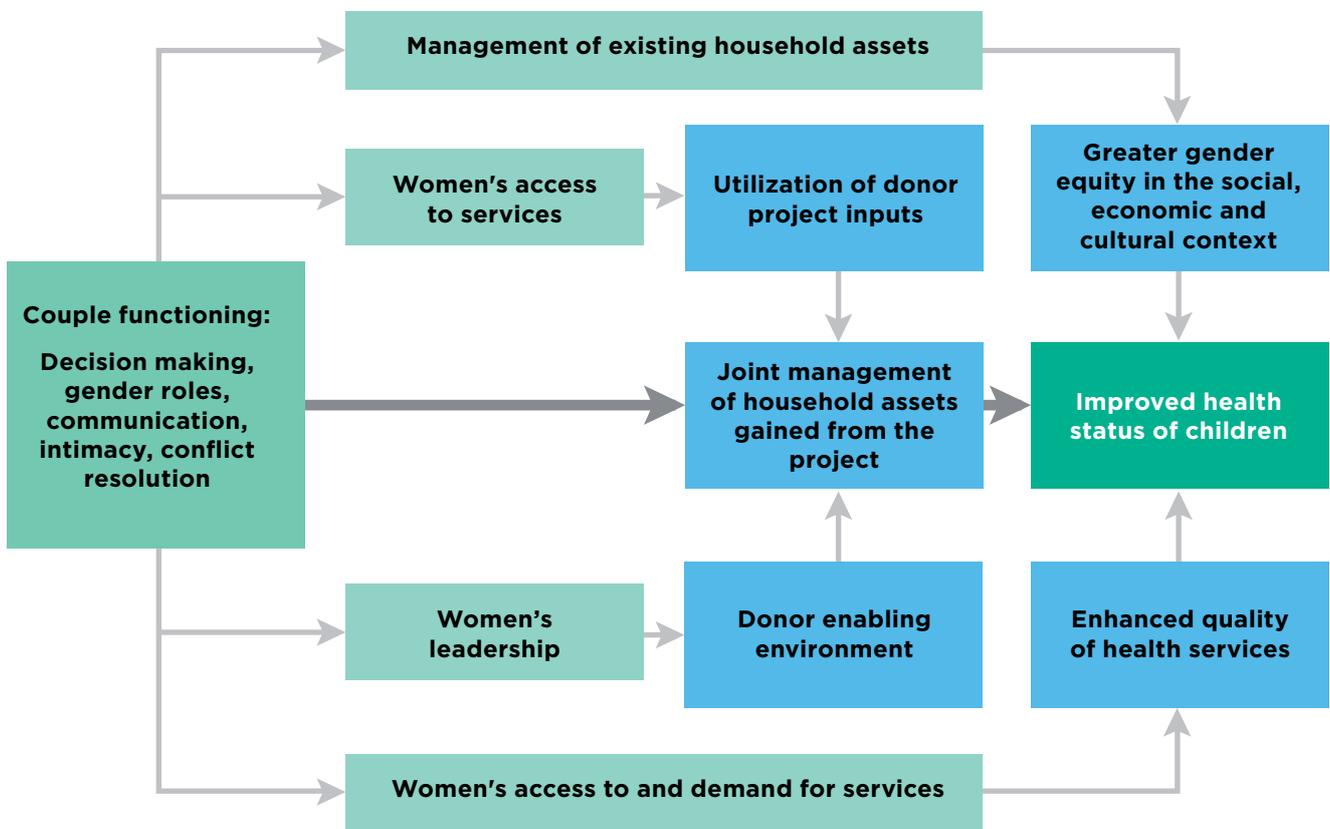
WHY IS IT IMPORTANT TO MEASURE COUPLE FUNCTIONALITY?

- Recent literature suggests that higher couple functioning, such as more equitable household decision making, improves management of household assets and program resources, resulting in improved program outcomes.
- Request for Applications (RFAs) from USAID's Office of Food for Peace now require that potential projects demonstrate how they will: (1) improve the ability of women to engage in decision making around the use of agricultural resources and production, (2) empower women's health-seeking decision making, and (3) promote equity between men and women.
- Many gender interventions focus only on female empowerment, ignoring the male partner. A review of Demographic and Health Surveys, however, demonstrated that most poor adults living in resource-limited settings are married or cohabiting in formal and informal arrangements. In these households, male partners might control even the income generated by women. We need tools that help project managers to assess the impact of gender activities on intra-household power dynamics and to correlate this impact to program targeted outcomes.

WAYS TO USE THE CFAT

- The CFAT can be used as part of a formative research exercise prior to the project design phase. The CFAT results can then be used during the project design phase as an evidence-based approach to identifying and selecting appropriate gender interventions that address the local deficits in couple functionality and therefore result in improved leverage in the use of program inputs such as cash vouchers, income generating activities (IGA) trainings, financial education, and participation in savings groups.

Figure 1: CFAT conceptual framework: Influence of couple function on health outcomes



- During the MEAL design phase for projects that specifically intend to improve relationship quality, using The Faithful House or other couple strengthening interventions, the CFAT could provide an important measure of a key project result. The CFAT would allow measurement of improved couple functionality at baseline and endline surveys in order to assess changes in the different domains of couple functionality and correlations with sector-specific project outcomes. An example indicator that could be incorporated into project Results Framework could be the percentage of households with a Relationship Quality Index of 80 or higher, disaggregated by relationship domain.
- Domain-specific measures of empowerment obtained using the survey questions can be inserted into other program household surveys.
- Results from the CFAT application at midterm project evaluations will strengthen an evidence-based approach toward identifying behavior change communication (BCC) messages and refining project activities that result in improved program outcomes.

In summary, by using the CFAT, program designers can measure the effectiveness of relevant aspects of couple functionality within their target population. As a part of the project design (formative research) and mid-project reviews, this information will help program managers to test and modify gender-focused interventions that enhance and leverage couple functionality to improve overall program performance.

The CFAT will contribute to CRS' holistic integral human development (IHD) approach to household strengthening and will be useful to CRS' technical sectors. The CFAT is designed to be used with married or cohabiting couples, and can be used with dyads within a polygamous relationship. It can also be used with individuals. The CFAT has not been designed to be used as an individual diagnostic tool (e.g., to diagnose individuals or couples with low relationship functionality), and should be used only to gather aggregate data about a population. Although we found the CFAT to perform somewhat differently according to gender and marital status in a validation study in Malawi (see "Findings from the Malawi validation study"), it has been developed for all groups of married or cohabiting adults.

Structure

The CFAT should be viewed as a flexible tool kit, which can be adapted to meet the needs of a project. The core of the CFAT is the “Relationship quality assessment” (module B), which measures relationship quality across five domains (intimacy, partner support, decision making, general communication and sexual communication) and produces from these five domains a summary “Relationship quality index” (RQI) (scored on a scale of 0 to 100). The “Intimate partner violence assessment” (module C) measures experience of controlling behavior, emotional abuse, physical violence, and sexual violence, as well as perpetration of violence. We highly recommend the use of module C. Modules D, E, F, G, H, J, and K address specific development sectors and can be used with other modules as appropriate to the needs and goals of the program. Each module has been designed for use in its entirety, and we do not recommend that parts of modules or individual questions be administered. Separate versions of the CFAT have been designed for men and women, with the women’s version containing questions on pregnancy and intimate partner violence that the men’s version does not.

More detail about these modules is given below, and further information about the development of the scales is given in appendix 1.

MODULE A: DEMOGRAPHIC DATA

This module collects basic demographic information, including age, marital status and length of marriage, education, religion, and number of children. This module takes approximately five minutes to administer.

MODULE B: RELATIONSHIP QUALITY ASSESSMENT

This module encompasses the following domains and subscales, which are based on the five dimensions of relationship quality described in a thorough review by Lawrence and colleagues (Lawrence et al., 2008). Taken together, the questions in module B make up the RQI, a measure of overall relationship quality.

This module takes approximately 10 minutes to administer.

Intimacy subscale: Intimacy may be defined as emotional closeness (Lawrence et al., 2008), bondedness, and connectedness (Sternberg, 1997). This subscale has five questions and is scored on a 5-point Likert scale.

Partner support subscale: This subscale includes four questions measuring offering and receiving emotional support, and offering and receiving esteem support (Cutrona et al., 2005), and is scored on a 5-point Likert scale.

Decision making: Six questions assess household decision making. Participants are asked whether each type of decision is usually made by the participant, by the partner, jointly with the partner, or by someone else, and questions are scored according to what proportion of decisions are made jointly.

Communication subscale: This subscale has three questions assessing constructive communication, and four questions assessing destructive communication behaviors (reverse scored), and is scored on a 5-point Likert scale.

Sexual communication subscale: This subscale, the Couple Communication on Sex Subscale (Leon et al.), assesses sexual communication within couples. It has four questions which are assessed on a 3-point Likert scale.

Module B also contains several questions on spirituality (whether a couple prays together), although these questions are not included in the RQI.

MODULE C: INTIMATE PARTNER VIOLENCE

This module contains questions on experience of controlling behavior, emotional abuse, physical and sexual violence, and perpetration of violence, taken from Demographic and Health Surveys. This module takes approximately 5-10 minutes to administer.

MODULE D: GENDER-BASED VIOLENCE AND CHILD PROTECTION

This module contains five scenarios that address issues of couple communication, decision making, gender roles, and abuse or violence, and each scenario is followed by two closed-ended and two open-ended questions. One or more scenarios may be used, and each scenario takes approximately five minutes to administer.

MODULE E: HIV AND HEALTH

This module contains 34 questions that assess couple intimacy, support, communication, and decision making regarding health and health care seeking, HIV/AIDS, family planning, and pregnancy and antenatal care. All questions are scored on a 5-point Likert scale. This module takes approximately 10 minutes to administer.

MODULE F: PARENTING

This module contains 16 questions that assess couple intimacy, support, communication, and decision making regarding parenting, including participation in parenting groups,

financial provision, and daily parenting chores. All questions are scored on a 5-point Likert scale. This module takes approximately five minutes to administer.

MODULE G: SAVINGS AND INTERNAL LENDING COMMUNITY GROUPS

This module contains 20 questions that assess couple communication and support regarding Savings and Internal Lending Community (SILC) groups for couples in which one or both partners has participated in such groups. Several questions also address whether participation in SILC groups leads to more control in household decisions or more conflict within the couple. All questions are scored on a 5-point Likert scale. This module takes approximately five minutes to administer.

MODULE H: AGRICULTURE LIVELIHOODS

This module contains 16 questions that assess couple communication, decision making, and support regarding agricultural practices and innovations, as well as participation and leadership in farmers' associations, for couples in which one or both members has worked in agriculture. This module was designed to be combined with module J, "household financial management". All questions are scored on a 5-point Likert scale. This module takes approximately five minutes to administer.

MODULE J: HOUSEHOLD FINANCIAL MANAGEMENT

This module contains eight questions that assess decision making, communication, and control over household financial resources. It was designed to be combined with module H, "Agriculture livelihoods", but should not be combined with module G on SILCs as the two are repetitive. All questions are scored on a 5-point Likert scale. This module takes approximately three minutes to administer.

MODULE K: NUTRITION AND FOOD SECURITY

This module contains seven questions that assess communication and gender roles regarding provision and allocation of food in the household. All questions are scored on a 5-point Likert scale. This module takes approximately three minutes to administer.

Preparing to administer the CFAT

TRANSLATING AND ADAPTING CFAT

When translating the CFAT for use in another language, we recommend carrying out a professional translation as well as a back translation (translation from the local language back into English). A back translation can identify critical errors and subtle changes in meaning between languages, which might affect interpretation.

Questions 6–8 in module A should be reviewed and modified as necessary to capture the characteristics of the target population. The scenarios in module D contain names and other phrases in square brackets that should be modified as necessary to present typical names and scenarios for that context. In module G, the term "Savings and Internal Lending Community" (SILC) might also need to be replaced with the locally used term for such a group. If other terms or concepts in the CFAT are not locally understood, the project should adapt them as necessary.

Throughout the women and men's CFAT questionnaires provided in appendix 3, gray highlighted text marks sections that may need to be modified before use. All text in gray highlight should be removed before using the CFAT.

SELECTING AND TRAINING DATA COLLECTORS

Ideally, same-gender data collectors who are of similar ages to the participants will carry out the interviews. Men and women might feel uncomfortable being asked questions about sensitive issues (such as sexuality) by data collectors of a different gender. If data collectors are significantly older or younger than participants, this might also create an interviewer effect. For example, participants might not be frank about relationship problems with an interviewer whom they perceive to be of a younger generation.

The project should train interviewers in principles of research ethics and confidentiality before starting data collection, and should also give interviewers practice (through role playing, for example) before administering the questionnaire. Interviewers must gain confidence in asking sensitive questions (such as questions about sexuality) without betraying discomfort or embarrassment. Well-trained interviewers should ask questions and relate to participants in a neutral, professional, nonjudgmental manner. We recommend a three-day training, with the first day devoted to an introduction to the study and to a review of research ethics, the second

day involving role-playing and interview practice with other trainees, and the third day spent in pilot testing the CFAT in a population similar to the population involved in the actual study.

PILOT TESTING THE CFAT

The CFAT should always be pilot tested with a small group of participants if possible (between 8 and 20, with at least 4 participants for each sub-group to be interviewed—e.g., married and unmarried women). Pilot testing allows the research team to identify any issues with the tool, such as ambiguous or confusing questions, and to make changes before beginning data collection. Pilot testing also provides an opportunity for data collectors to become comfortable conducting interviews, and for data entry clerks to practice inputting and cleaning data.

SITE SELECTION AND SAMPLING

The selection of a research site and sampling strategy should match the goals of the data collection. Is the study intended to examine differences between two groups or in a single group over time? Is the goal to interview individuals, or couples (perhaps comparing couple responses)? A sample size of 400 is usually sufficient to examine differences between two groups¹. If the CFAT is being used to measure changes over time in a group of program beneficiaries, a “total sample” may be used (i.e., interviewing all beneficiaries). If the project aims to obtain information about a larger population and it is not feasible to interview everyone in the population, a sampling strategy will be needed. For a systematic sample, a list of households or individuals is required. If it is not possible to obtain a list for an entire geographical area, smaller units (such as villages) can be randomly selected, and a comprehensive list obtained for those smaller units.

Once these lists are available, a systematic sample is carried out by dividing the number of households (or individuals) on the list by the number of households (or individuals) needed, rounding this number down to the nearest whole number (X), and then sampling every Xth household (or individual), starting with a random number between 1 and X. The number of households should be greater than the number of participants needed, as some households will likely not have an individual who is eligible and available to be interviewed. The proportion of households that do not have an eligible individual might be established in a pilot test, or 50 percent can be used as a conservative figure. For example, if 400 participants were needed and we planned to only interview 1 participant per household, we would estimate that we need 800 households. If a list of 2,450 households was obtained and 800 households were desired for the study, we would carry out the following calculation: $2,450/800 = 3.06$. This number would be rounded down to 3. A random number between 1 and X would be selected (for this example, 2) and then the following households would be chosen: 2, 5, 8, 11, etc.

¹ A sample size of 400 provides adequate power to detect a difference of 0.3 standard deviations (with a two-tailed alpha of 0.05 and a power of 0.80) between two groups—e.g., men and women, or individuals who did and did not participate in an intervention.

A study might also choose to stratify the study population. In this example of 400 study participants, we might decide to include exactly 200 women and 200 men in the study. We might also apply other inclusion criteria, such as age or marital status. We would also then need a protocol to determine which individuals to select at a household level. We advise only interviewing one participant per household, unless couples are being interviewed. In this example, if we did not want to interview couples, we could choose to select a woman in every other household and a man in every other household.

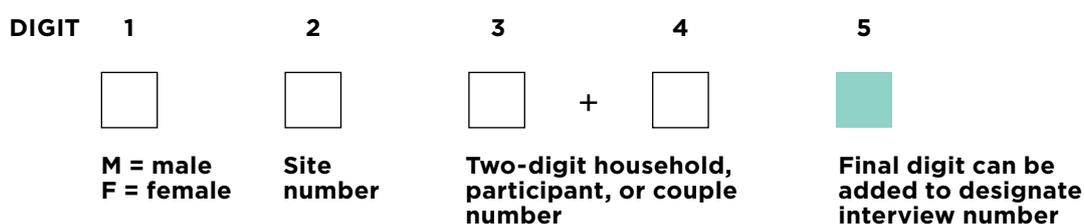
ELIGIBILITY CRITERIA

Eligibility criteria may be used when administering the CFAT. For example, when pilot testing the CFAT in Malawi, we deemed eligible only individuals who were currently married or living with a partner, were currently living with that partner, and had been in a relationship for one year or more. We used the first three questions of the survey to screen for eligibility. Other eligibility criteria might include gender or age.

PARTICIPANT IDS

The project must use a system of participant IDs that allows for data management and ideally encodes basic information about the participant. The following system allows a study to link couples if needed (as these participant IDs vary only in the first digit). The first digit designates gender with M or F. The second digit designates site number. Each site can be assigned a unique number, using two digits if there are more than 10 sites. The third and fourth digits designate the household, participant, or couple number (see Figure 2). This numbering can start with 01 in each site, and three instead of two digits can be used if there are more than 99 households, participants, or couples per site. If more than one interview is carried out with each participant (e.g., in a pre- and post-test design), a final digit can be added to designate interview number (e.g., 1 and 2). All digits together create a unique participant ID.

Figure 2: Participant ID configuration



Administering the CFAT

CONDUCTING THE INTERVIEW

If the CFAT is being used in a household survey (i.e., going door-to-door to conduct interviews), interviewers might need to make multiple visits before finding the participant at home and available. We recommend that the interviewer make three visits (on different days or times of day) before giving up. If the project is using eligibility criteria, we also recommend that interviewers record reasons for non-eligibility of household members (e.g., the individual is not in the target age range or is not in an established relationship). In addition, the interviewer should record the number of eligible individuals who refuse to participate.

The interviewer should greet the participant, introduce himself/herself, explain the purpose of the data collection, and obtain consent before starting the interview. It is very helpful for the project to develop a script of several sentences that the interviewer can use to explain the purpose of the data collection. Interviewers should practice delivering this script during training. If interviewers provide a written consent document, it should clearly explain the purpose of the data collection, and the interviewer can use this as a guide. The interviewer should explain the length of the interview (approximately 30 minutes, although this should be established more precisely during pilot testing for the study), and also stress that participation in the research is entirely voluntary. The participant must clearly understand that he or she has the right to not answer one or more questions, or to stop the interview at any time. The interviewer should also explain that the interview will contain several questions related to sexuality and, if the participant does not feel comfortable answering these questions, that it is his or her right not to answer.

Finally, before beginning the interview, the interviewer should ask the participant if he or she has any questions. The participant should feel free to ask questions of the interviewer at any point during the interview. If the interviewer does not have the information the participant seeks, he or she should refer the participant to a supervisor who can provide further information. A cover sheet, such as the one included in appendix 2, can help to remind the interviewer of his or her responsibilities during an interview. It also marks the interview packet with the participant ID.

Throughout the CFAT, interviewers will find preambles in italic type that start with the instructions: “Interviewer Read”. The interviewer should always read these preambles word-for-word before administering that part of the CFAT. Interviewers should also read questions word-for-word, exactly as they are written. Note that some questions are written in the first person, as they ask the participant to consider a statement and respond with his or her level of agreement. These statements might confuse the participant at

first, as the interviewer starts a statement with the word “I,” but the statement refers to the participant. If the participant is confused, the interviewer should explain that the statement refers to the participant, and that the participant is meant to consider the statement by asking herself or himself, “Do I do this?” or “Do I feel this way?”

When administering the CFAT, the interviewer should note whether or not the participant is married, and use the appropriate term for his or her partner throughout the interview. For example, if a woman reports she is married, the interviewer should always refer to her “husband”. If a woman reports she is unmarried, the interviewer should always refer to her “partner”.

Most questions in the CFAT use a 5-point Likert scale. At the beginning of each set of questions, the interviewer should explain the scale and what each number corresponds to. Some participants might feel more comfortable phrasing their answers in descriptive terms (e.g., not at all, somewhat, moderately, quite, or very much). Some participants might feel more comfortable giving their answer as a number (e.g., giving a reply such as 1, 2, 3, 4, or 5, on a scale in which 1 means “not at all,” 3 means “moderately,” and 5 means “very much”). Either method is acceptable, as long as the participant clearly understands the possible responses and how the numbers correspond to the descriptive terms.

Although the CFAT is designed to be administered by a trained interviewer, it can also be self-administered in a highly literate population. We have not pilot tested this methodology.

ETHICAL ISSUES

It is imperative to protect the rights of research participants by making sure that they clearly understand the study and give informed consent. They must understand that their participation is voluntary and that they may withdraw from the study any time. Written informed consent is the ethical standard, unless there is a good reason not to use this method. If a participant is not literate, he or she should be read the consent document and assent with a thumbprint. (Plan ahead if the interviewers need inkpads for this purpose.) If a participant becomes agitated or upset at any point during an interview, the interviewer should remind him or her of the right to withdraw from the interview at any time without penalty or repercussion.

Confidentiality is also absolutely essential. Interviews should be carried out in a private location in which no one else can overhear the conversation. No one else should be present or within earshot, with the exception of very small children who cannot understand the conversation. The interviewer should not allow children who are old enough to repeat something the participant has said (to another family member, for example) to be present during the interview. If a private place is not available at or near the participant’s home (such as outside, under a tree, where no one can overhear), the study should arrange for another location where the interview can be carried out in private.

The interviewer should never record the participant’s name on any documents that also contain data from the interview. Study documents should contain participant IDs only. If it is necessary to link names to participant IDs (such as for follow-up purposes when the

participant will be interviewed again), the interviewer should do this in document that can be kept in a secure location and to which a very limited number of people have access. All documents containing participant data (such as completed surveys) should also be stored in a secure location, preferably a cabinet or room that can be locked and to which very few people have access. The study should train interviewers in principals of confidentiality, including the fact that they should never discuss participant data with anyone not related to the project, or give anyone but a supervisor access to written data (such as completed questionnaires). Doing so is grounds for dismissal from the project.

In order to protect the safety of women who might suffer violence or other negative repercussions if their partners know that they have been asked questions on intimate partner violence, interviewers should not administer module C to men whose partners have also completed this module. The study protocol should clearly establish which participants will be administered this module, if couples are being interviewed. For example, will women and not men receive the module? Will half of couples be assigned to have the woman receive the module and not the man, and half of couples vice-versa? The study should make this decision based upon the goals of the data collection. For example, is the goal to obtain data about men's perpetration of violence, women's experience of violence, or both?

The study should also establish a protocol for responding to study participants who report violence. At a minimum, interviewers should give women or men who report experiencing any type of abuse or violence contact information for trained counselors or organizations that provide support for survivors of violence. (Interviewers should print out this information in advance on small pieces of paper that a recipient could easily hide, if necessary.) More serious forms of physical and sexual violence might also require referrals to law enforcement. Investigate local laws, policies, and resources before the study begins, so that interviewers can receive clear training in how to respond to reports of violence. In cases that might require action other than giving the participant a piece of paper with referral information, the interviewer should always discuss the case with a supervisor and a designated CRS gender or protection expert before taking action.

The field supervisor should also be sensitive to the fact that interviewers might themselves be survivors of violence, and that hearing accounts of violence during interviews might be painful or upsetting for them. Field supervisors should encourage interviewers to discuss any such issues with them or other designated CRS personnel (of the same gender, if possible).

Further guidance about conducting research on violence can be found in the following documents:

- *Putting Women First: Ethical and Safety Recommendations for Research on Domestic Violence Against Women* (World Health Organization, 2001, www.who.int/entity/gender-equity-rights/knowledge/who_fch_gwh_01.1/en)
- *Ethical and Safety Guidelines for Research on Gender-Based Violence* (Partners for Prevention, 2013, www.partners4prevention.org/resource/annex-3-ethical-and-safety-guidelines-research-gender-based-violence)

The study might need approval by a local Institutional Review Board (IRB), depending on country guidelines and the goals of the study. Research that will be published or presented in academic contexts always needs IRB approval.

ADMINISTERING MODULE D

In module D, three scenarios present situations related to men and women's power and gender roles in the household, and in which GBV occurs or is a possibility. Two scenarios present situations related to child abuse and child protection. For each scenario, participants are asked two closed-ended questions (on a 5-point Likert scale) about how they or their partners would perceive or react to the situation. Each scenario also contains two or three optional open-ended questions, asking participants how they would feel or act in such a situation if they were in the position of the same-gender character in the story. Although all five scenarios may be used together, interviewers can also use one or more scenarios as needed. We recommend that, if possible, interviewers use at least two scenarios. The choice of scenarios depends on the goals of the data collection.

The project should give data collectors special training if they administer the open-ended questions in module D, with an emphasis on asking the open-ended questions as written and without prompting the participant or suggesting possible responses. The data collectors should record replies word-for-word, in the language in which they were spoken. A short sentence might be sufficient to answer the questions asked, but if the participant answers with only a word or two, the interviewer should probe for more information. The interviewers can use simple prompts, such as "Can you say more?" or "What makes you say that?"

Scoring the CFAT

SCORING THE RELATIONSHIP QUALITY INDEX

Use the following worksheet to score each of the domains in the RQI. Each domain is weighted at 20 percent of the whole and has a minimum value of 0 and a maximum value of 20.

Reverse-scored questions: Questions with an (R) after them are reverse scored, meaning that low scores signify a higher-quality or more gender-equitable relationship. (For most questions in the CFAT, high scores signify a higher-quality or more gender-equitable relationship.) We have also noted reverse-scored questions in Table 1, below. These questions must be rescored before calculating a total score for the module. To do this, rescore responses of 1 as 5, 2 as 4, 4 as 2, and 5 as 1. Scores of 3 remain unchanged.

Table 1: Instructions for scoring the RQI

DOMAIN	SCORING	FINAL SCORE
1. Intimacy subscale	(Sum of questions 22-26 - 5) =	A: ____ / 20
2. Partner support subscale	(Sum of questions 30-33 - 4) x (20/16) =	B: ____ / 20
3. Decision making	(Number of questions* with score of 3—joint decision making) ÷ (Number of questions* to which participant gave answer) x 20 = <i>*Note: Of questions 35, 37-41. Questions 34 and 36 are screening questions that should not be scored.</i>	C: ____ / 20
4. Communication subscale	(Sum of questions 42-48 - 7) x (20/28) = <i>Reverse-scored questions: 45-48</i>	D: ____ / 20
5. Sexual communication subscale	(Sum of questions 49-52 - 4) x (20/8) =	E: ____ / 20
RQI: A + B + C + D + E =		____ / 100

INTERPRETATION OF THE RQI

Scores on the RQI should be interpreted as follows. Participants with scores below 50 have been designated as having poor relationship quality because they report, on average, a less-than-neutral (i.e., negative) view of their relationship. We chose the cutoff of 80 points to separate those with average relationship quality from those with high relationship quality, as this seemed to adequately distinguish a relatively small group of the study population (in the Malawi validation study, the upper 34 percent of scores). The Malawi validation study showed women and men in these three groups to have significantly different outcomes on a number of couple-level behaviors (see “Findings from the Malawi validation study”), suggesting that these cutoffs have validity in distinguishing between levels of relationship quality.

Poor relationship quality: 0 to <50

Men and women with scores below 50 have scored, on average, below 10 on each of the five relationship quality domains. A score of below 10 on the intimacy, partner support, communication and sexual communication scales indicates a negative assessment of that domain (i.e., scores fall below the neutral mid-point of the scale). A score of below 10 on the decision making items indicates that fewer than half of the decisions reported are made jointly with the partner.

Average relationship quality: 50 to <80

Men and women with scores of 50 and above, but below 80, have given a generally positive assessment of their relationship and are also more likely to have reported joint decision making than those with poor relationship quality.

High relationship quality: 80 to 100

Men and women with scores of 80 and above report the highest-quality relationships, including being the most likely to report joint decision making.

CALCULATING MEAN SCORES

The mean scores for any of the subscales in the RQI may be calculated by adding the scores of all questions, and dividing by the number of questions. For the decision-making questions, a mean score cannot be calculated, and the appropriate calculation is the proportion of all decisions reported by the participant that are made jointly with partner. Rather, a mean proportion of joint decisions may be calculated. Score quartiles may also be calculated, if desired.

OTHER RELATIONSHIP WARNING SIGNS

Besides the RQI, several other indicators can serve as warning signs for poor relationship quality and negative interactions within a relationship. These warning signs might be seen in relationships reported as poor-quality, average-quality and high-quality, although they were more common among poorer-quality relationships in the Malawi validation study (see “Findings from the Malawi validation study”).

CONTROLLING BEHAVIOR

The CFAT asks women about experience of six types of controlling behavior (see questions C1-C6 in the women's CFAT in appendix 3). If a woman answers "yes" to any of these questions, she should be coded as having experienced controlling behavior.

EMOTIONAL ABUSE

The CFAT asks women and men about experience of three types of emotional abuse (see questions C7-C9 in the women's and men's CFAT in appendix 3). If a woman or man answers "yes" to any of these questions, she or he should be coded as having experienced emotional abuse.

PHYSICAL VIOLENCE

The CFAT asks women about experience of a number of types of physical violence (see questions C10-C16 in the women's CFAT in appendix 3). If a woman answers "yes" to any of these questions, she should be coded as having experienced physical violence.

SEXUAL VIOLENCE

The CFAT asks women about experience of three types of sexual violence (see questions C17-C19 in the women's CFAT in appendix 3). If a woman answers "yes" to any of these questions, she should be coded as having experienced sexual violence.

LOW SCORE ON THE INTIMACY, PARTNER SUPPORT, COMMUNICATION OR SEXUAL COMMUNICATION SUBSCALES

A score of below 10 on the intimacy, partner support, communication and sexual communication subscales indicates a negative assessment of that domain, and suggests that the individual experiences trouble in one area of his or her relationship even if overall relationship quality is good.

SCORING MODULES D-K

Modules D-K may also be scored on a scale of 0 to 100, using the following instructions. Note that these instructions are based on all questions in the module being answered. If not all questions are answered, the study should adjust scoring according to the formula following the table. Note that in many modules there are skip patterns, which mean that not all participants are eligible for all questions. For example, women who have never been pregnant will not answer E28-E34, and will need their scoring for module E adjusted accordingly.

The score for each module includes only the questions that are scored on a 1- to 5-point Likert scale. For other questions, proportions can be calculated (for example, the number of participants who say they have ever been told the result of an HIV test, E16), but these other questions should not be included in the overall score for the module.

Reverse-scored questions: Questions with an (R) after them are reverse scored, meaning that low scores are desirable. (For most questions in the CFAT, high scores are desirable.) We have also noted reverse-scored questions table 2, below. These questions must be rescored before calculating a total score for the module. To do this, rescore responses of 1 as 5, 2 as 4, 4 as 2, and 5 as 1. Scores of 3 remain unchanged.

Table 2: Instructions for scoring modules D-K

MODULE	SCORING	FINAL SCORE
Module D: GBV and child protection	(Sum of D1-D2, D6-D7, D10-D11, D15-D16, & D20-D21 - 10) x (100/40) =	____/ 100
Module E: HIV and health	Women: (Sum of E1-E15, E20-E26, & E28-E34 - 29) x (100/116) = Men: (Sum of E1-E15, E20-E26, & E28-E33 - 28) x (100/112) = <i>Reverse-scored questions: E6, E7, E21, E22, E26</i>	____/ 100
Module F: Parenting	(Sum of F1-F16 - 16) x (100/64) = <i>Reverse-scored questions: F5, F7, F8, F12</i>	____/ 100
Module G: SILC groups	(Sum of G4-G10 & G14-G20 - 14) x (100/56) = <i>Women: Reverse-scored questions: G7, G10, G17, G19, G20</i> <i>Men: Reverse-scored questions: G6, G7, G9, G10, G20</i> <i>Special instruction: Do not score if participant answers G1-G3 & G11-G13 only.</i>	____/ 100
Module H: Agriculture livelihoods	(Sum of H4-H16 - 13) x (100/52) = <i>Special instruction: Do not score if participant answers H1-H3 only.</i>	____/ 100
Module J: Household financial management	(Sum of J1-J8 - 8) x (100/32) = <i>Women: Reverse-scored questions: J4, J5, J6, J8</i> <i>Men: Reverse-scored questions: J1, J2, J4, J8</i>	____/ 100
Module K: Nutrition and food security	(Sum of K1-K4, K6-K7 - 6) x (100/24) = <i>Women: Reverse-scored questions: K3, K6, K7</i> <i>Men: Reverse-scored questions: K6, K7</i>	____/ 100

Instructions for scoring if not all questions are answered: All scores are calculated according to the following formula, and the formula can be adjusted as needed depending on number of questions answered on a 1- to 5-point Likert scale. (Questions that are not answered on a 1- to 5-point Likert scale will not be included in this score.)

$$(\text{sum of all questions answered} - \# \text{ questions answered}) \times (100 / [\# \text{ questions answered} \times 4]) = \text{____} / 100$$

Example: If a woman who had never been pregnant did not answer questions E28–E34 but did answer all other questions in the module, she would have answered 22 questions that should be included in the overall module score. Thus, her score would be calculated as follows:

$$(\text{sum of E1-E15 \& E20-E26} - 22) \times (100 / 88) = \underline{\quad} / 100$$

As with module B, modules D–K may be scored with the following cutoffs: poor = 0 to <50; average = 50 to <80; high = 80–100. Score quartiles or means may also be calculated, if desired.

ANALYZING THE QUALITATIVE QUESTIONS IN MODULE D

Module D contains 14 open-ended questions that require qualitative analysis. The responses to these questions may be analyzed according to a simpler or more complex coding scheme, depending on the time available, the analyst’s skill level, and the needs of the project or research. We have presented the simplest option for coding these responses below. A more intensive option is presented in appendix 4.

If it is necessary to translate responses from a local language into English (or for another language to be used for analysis), the study should carry out this translation before analysis begins.

To conduct simple coding, read each participant’s replies to the open-ended questions associated with each scenario, and decide whether his or her responses are consistent with one of the two themes below each scenario. If so, code the participant under that theme. If the participant’s responses are not consistent with either theme, do not code him or her (thus, the number of participants coded might not add up to the total number of participants). *Note that each participant should be coded only once, and that the participant—and not the individual responses—should be coded.* The participant will most likely express views that are consistent across the two or three open-ended questions he or she was asked. If his or her responses are not consistent (i.e., if he or she expresses views that are contradictory or that do not line up with either theme below), do not code his or her response. For example, for Scenario 1, a man might express both that Miriam was to blame and that he understood her decision. If a participant seems ambivalent, or if you do not understand what opinion he or she is expressing, do not code that person’s replies.

Table 3 shows the simple coding scheme, along with data from the Malawi validation study.

Table 3. Simple coding of open-ended responses in module D

	WOMEN	MEN
Scenario 1: When Samuel came home after working for 12 hours in the field, dinner was not ready at the usual time. Miriam explained that she had spent most of the day at a neighbor's house helping to care for a sick child, and so she was not able to do her regular field or household work. Samuel shouted at Miriam and raised his hand as if he was going to strike her.	n = 98	n = 66
Wife at fault: Miriam is at fault and should not have helped the neighbor before taking care of her responsibilities at home.	33 (34%)	12 (18%)
Wife not at fault: Miriam was justified in caring for the neighbor's child rather than cooking dinner and doing household chores, and Samuel should not have been upset.	3 (3%)	41 (62%)
Scenario 2: Paulo and Ana have been married for more than 15 years, and for most of their marriage Paulo has earned a good living while Ana also earns some income. Paulo didn't use to drink alcohol, but in the last two or three years, he has started to go out drinking most days of the week, and he often comes home drunk. Ana complains that he is spending too much of his earnings on alcohol rather than supporting the household. They quarrel, and most of the times the quarrel leads to Paulo beating Ana.	n = 40	n = 12
Husband at fault: Paulo is at fault for spending money on alcohol rather than caring for the family.	5 (13%)	8 (67%)
Intervention needed: Ana should seek help from marriage counselors, the family or elders, or nongovernmental organization (NGO).	14 (35%)	0 (0%)
Scenario 3: Priscilla and John's one-year old child is weak, very thin, cries constantly, and can't walk. A nurse at the clinic has told Priscilla that the child is malnourished. Priscilla goes to the clinic to get special foods and constantly has to attend to the child, leaving her with little time for other household responsibilities.	n = 48	n = 30
Husband should provide food for child or provide money to buy food.	19 (40%)	10 (33%)
Husband should help with household chores to ease wife's burden or while she cares for child.	13 (27%)	3 (10%)
Scenario 4: Sarah is a 14-year-old girl who lives in a rural village. Last year she dropped out of school because her family could not pay her school fees. Last year, Sarah's father was approached with a marriage proposal for Sarah by a man known to his cousin. The groom-to-be was 45 and lived in a distant city, but offered to pay for the wedding and provide financial support to Sarah's family. Sarah's mother felt uneasy about Sarah living so far away and being married so young. Sarah's father insisted that this was the best way out of poverty for Sarah and the whole family. One year has passed since Sarah's wedding and her family has not heard any news from Sarah herself, only from the cousin who tells them that Sarah is happy and well cared for by her new husband.	n = 91	n = 55
Mother/father should refuse to let marriage take place.*	36 (40%)	33 (60%)
Mother/father should end marriage after it has taken place.*	29 (32%)	23 (42%)
Scenario 5: Matthew is 12 years old, the oldest child in the family, and he has recently finished primary school. His family is struggling to keep all their children in school, and a wealthy uncle recently proposed a solution. If Matthew will spend two years herding his cows in a place far from Matthew's home, at the end of the time the uncle will pay for Matthew to attend secondary school. Matthew's parents are unsure what to do.	n = 69	n = 36
Parents should not accept uncle's offer.	64 (93%)	32 (89%)
Wife would have no say in the matter.	5 (8%)	1 (3%)

* Women's responses apply to what the mother should do, and men's responses apply to what the father should do.

Findings from Malawi validation study

In August 2015, we carried out a validation study of the CFAT in rural Chikhwawa District, Malawi, in communities that are part of a CRS Development Food Aid Program (DFAP). Full results of this validation study are available from CRS. In brief, we administered 203 women and 198 men a version of the CFAT, with all participants being administered modules A-C, and approximately half of the sample being administered modules D-K. Trained interviewers administered the CFAT in Chichewa (the local language). All participants were married or cohabiting. Couples were eligible if the women were between the ages of 20 and 39, if they had been in a relationship for at least 12 months, and if both partners lived in the household. However, the project interviewed both partners in only a third of couples (by design), meaning that approximately half the sample was made up of couples and half the sample was made up of women and men whose partners were not interviewed.

We used the data from the validation study to shorten many of the subscales in the CFAT (particularly in module B), and to validate the measures of relationship quality by correlating them to a number of couple-level behaviors that served as indicators of criterion validity. We found the revised, shortened CFAT to be significantly correlated to a number of these indicators, and it demonstrated good validity in this and other measures. We found the CFAT to perform differently in different sub-groups, and we found unmarried (but cohabiting) men in particular to perform quite differently on many measures. Nevertheless, we developed the revised CFAT to be applicable to all sub-groups of married and cohabiting adults, including unmarried men.

In addition, interviewers conducted 16 in-depth interviews (8 with women, 8 with men) with participants who had already been administered the CFAT, to triangulate the quantitative findings and explore participant reactions to the CFAT. This qualitative data demonstrated that the acceptability of the CFAT was good, with participants generally reporting that they had enjoyed being administered the CFAT and with some saying the experience had caused them to reflect on their relationships in positive ways.

Results of the validation study are shown in table 4. Women and men generally scored their relationship quality quite high, and only 9 percent of women and 3 percent of men were included in the “low-quality relationship” category. Over half of participants were scored as having average relationship quality, while approximately one-third of participants were scored as having high-quality relationships. More women reported low-quality relationship scores, but very similar proportions of women and men reported having high-quality relationships. Twice as many women as men reported a low score on one of the relationship quality subscales (24 percent of women and 12 percent of men), and as expected, more participants scored below the neutral point on at least one subscale, as scored below the midpoint on the RQI as a whole. This suggests that some individuals who report generally positive relationship quality nevertheless have negative feelings or feel less than satisfied with one or more aspects of their relationship.

Notably, more women and men reported abusive or violent behavior than reported low relationship quality. The violence measures reported below are for *ever* experiencing violence, which might partly explain why they do not correspond more directly to relationship quality (i.e., violence might have occurred long ago and not affect current relationship quality). However, it is striking that a full 60 percent of women report some form of current controlling behavior, and 28 percent of women report ever having experienced physical violence from a partner, which is several times the proportion of women (9 percent) who report poor relationship quality. These findings suggest that either violence does not significantly impact relationship quality, or that indicators of relationship quality are perhaps more influenced by social desirability bias than they are indicators of violence. In either case, measures of violence should be considered along with measures of relationship quality as indicators of relationship health and functionality.

The full report of this validation study, including the criterion validity questions and full (original) relationship quality scales used, is available from CRS.

Table 4. Results of Malawi validation study

	WOMEN n = 203	MEN n = 198	TOTAL n = 401
	n (%)	n (%)	n (%)
RQI			
Low-quality relationship (score of <50)	18 (9%)	6 (3%)	24 (6%)
Average-quality relationship (score of 50 to <80)	114 (56%)	126 (64%)	240 (60%)
High-quality relationship (score of 80 and above)	71 (35%)	66 (33%)	137 (34%)
Additional markers of low-quality relationships (1)			
Low score (<10) on the intimacy, partner support, sexual satisfaction (2), or communication subscales (3)	49 (24%)	24 (12%)	73 (18%)
Experiencing controlling behavior, current (4)	122 (60%)	--	--
Experienced emotional abuse, ever	65 (32%)	37 (19%)	102 (25%)
Experienced physical violence, ever	57 (28%)	--	--
Experienced sexual violence, ever	11 (5%)	--	--
Perpetrated physical violence, ever	6 (3%)	56 (28%)	62 (15%)

(1) Note that the categories below are not mutually exclusive.

(2) Note that a scale assessing sexual satisfaction, and not sexual communication, was used in the Malawi validation study and to calculate the RQI.

(3) Of these 49 women, 18 (37%) report low-quality relationships, 30 (61%) report average-quality relationships, and 1 (2%) report high-quality relationships. Of these 24 men, 5 (21%) report low-quality relationships, 19 (79%) report average-quality relationships, and none report high-quality relationships.

(4) Of these 122 women, 13 (11%) report low-quality relationships, 70 (57%) report average-quality relationships, and 39 (32%) report high-quality relationships.

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APPENDIX 1

Development and sources of scales

The scales used in modules B and F were drawn from the following sources. Some scales were shortened from an original, longer version of the scale; we did this using factor analysis of data from the validation study in Malawi (see "Findings from the Malawi validation study").

MODULE B

Intimacy subscale: This scale was adapted from the 12-item Intimacy Subscale of Sternberg's Triangular Love Scale (Sternberg, 1997) and is scored on a 5-point Likert scale rather than the 9-point Likert Scale used in the original scale. The original scale was reduced to 5 items.

Partner support subscale: Partner support may be viewed as comprising four types of support, given from one partner to another: emotional support, direct or indirect intangible support, informational support, and esteem support (Cutrona et al., 2005). Eight items that addressed both giving and receiving these four types of support, and that originally appeared in the Husband's and Wives' Emotion Work Scale (Erickson, 1993), were reduced to four items (offering emotional support, receiving emotional support, offering esteem support, and receiving esteem support).

Decision making: Six questions were taken from the Demographic and Health Survey, and assess household decision making regarding use of men's and women's earnings, health care, purchasing major household items, daily household needs, and visits to family and relatives. Participants are asked whether each type of decision is usually made by the participant, by the partner, jointly with the partner, or by someone else. The validation study found that joint decision making, rather than sole decision making by either partner, correlates to positive outcomes. Thus, the score for this domain reflects what proportion of the six decisions participants make jointly with their partners.

Communication subscale: The seven questions in this scale comprise three questions assessing constructive communication, and four questions assessing destructive communication behaviors (reverse scored), and were taken from the Constructive Communication Subscale of the Communication Patterns Questionnaire (Christensen & Sullaway, 1984; Heavey et al., 1996). No questions were dropped from the Constructive Communication Subscale, but the scoring was changed from a 9-point Likert scale to a 5-point Likert scale.

Sexual Communication Subscale: This is the Couple Communication on Sex Scale (Leon et al., cited in Nanda 2011), and no changes have been made from the original.

MODULE F

Parenting subscale

The first three questions in this module (F1-F3) were taken from the 11-item Parenting Subscale of Social Support for Work and Parenting (Goldberg, 1990).

APPENDIX 2

Exemplar cover sheet for CFAT

PARTICIPANT ID

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INTERVIEWER INSTRUCTIONS:

1. Greet participant.
2. Verify eligibility criteria. (All four criteria must be met for participant to be eligible.)
 - Participant is married or living with partner as if married (Q1).
 - Participant is between the ages of 20 and 39 (women) or has a partner between the ages of 20 and 39 (men).
 - Partner is also living in household (Q2) and is available and willing to be interviewed. (Verify willingness of partner to participate whether or not box below is checked; if partner is not willing, do not conduct interview.)
 - Participant has been in relationship with partner for one year or more (Q3).
3. Explain survey using script in Consent Form, and make sure participant understands that interview will take approximately one hour.
4. Ask participant if he/she has any questions, and answer them.
5. Have participant sign Consent Form.
Check here if consent form was signed:
Give participant the first two pages of Consent Form.
6. Make sure that you conduct the interview in a private place, with no one else around who can overhear (with the exception of very young children). If you cannot assure privacy, ask participant when you can return to conduct the interview in private.
7. At end of interview, thank participant and ask if he/she has any questions.

Remember that you can use the following codes for any questions, if necessary:

Additional codes: 97 = Not applicable 98 = Don't know 99 = Refuses to answer

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APPENDIX 3

Women's and men's CFATs

COUPLE FUNCTIONALITY ASSESSMENT TOOL (CFAT)

WOMEN'S QUESTIONNAIRE

Date (day/month/year)	_____ / _____ / _____
Interview site [This row may be removed if this information is encoded in Participant ID.]	_____
Interviewer ID/Name	_____
Interview duration	Start time: _____ End time: _____
Language of interview	_____
Anyone else present during interview	_____ 0 = No, 1 = Yes
If anyone else present, write in explanation	
Interview terminated before completion	_____ 0 = No, 1 = Yes

MODULE A: Demographic data

1.	Are you currently married or living together with a man as if married? [May be modified.]	1 = Yes, currently married 2 = Yes, living with a man 3 = No, not in union	
2.	Is your husband/partner living with you now or is he staying elsewhere?	1 = Living with her 2 = Staying elsewhere	
3.	Have you been in a relationship with your husband/partner for one year or more?	0 = No 1 = Yes	
4.	Does your husband/partner have other wives or does he live with other women as if married?	0 = No (if 0 → Q6) 1 = Yes 98 = Don't know	
5.	Including yourself, in total, how many wives or partners does your husband live with now as if married?	_____ total wives or partners 98 = Don't know	
6.	What is your tribe or ethnic group?	[Insert categories as appropriate.]	

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7.	What is your religion?	1= Catholic 2 = Protestant 3 = Muslim 4 = No religion 96 = Other (specify) _____	[Use other categories as appropriate.]	
8.	What is the highest level of school you attended?	1 = Primary 2 = Secondary	3 = Higher education 4 = No education	
9.	In what month and year were you born? (enter numeric value; leave blank if doesn't know)	Month _____	Year _____	
10.	How old were you on your last birthday?	_____ years (check for consistency with Q9)		
11.	How old was your husband/partner on his last birthday?	_____ years		
12.	How old were you when you first entered into a relationship with your husband/partner?	_____ years		
13.	Have you ever given birth?	0 = No (if 0 → Q15)	1 = Yes	
14.	How old were you when you gave birth to your first child?	_____ years	98 = Don't know	
15.	How many children (under 18 years of age) live in your household that you are caring for and feeding every day?	_____ (if 0 → Q18)		
16.	What are their ages (at last birthday)? (Fill in ages for up to 10 children, starting with youngest. Code children <1 year as 0.)	_____	_____	_____
17.	How many of these children are your biological children?	_____ children		
18.	How many adults (people over 18 years of age) live in your household, besides you and your husband/partner?	_____ adults		
19.	In the last 12 months, on how many separate occasions have you travelled away from your home community and slept away?	_____	(If number of trips is >95, write 95.) (if 0 → Q21)	
20.	In the last 12 months, have you been away from your home community for more than one month at a time?	0 = No 1 = Yes		
21.	Is your household nomadic (do you move around during the year)?	0 = No 1 = Yes		

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MODULE B: Relationship quality assessment

Interviewer read: Now I would like to ask you some questions about various parts of your relationship or marriage. Remember that there is no right or wrong answer, and you don't have to answer any questions that make you feel uncomfortable. Everything you say today will be kept completely confidential.

1) Intimacy subscale

Interviewer read: I would like you to tell me how much these following statements are true about you.

		Not at all	Somewhat	Moderately	Quite	Very much	
22.	I have a warm and comfortable relationship with my husband/partner.	1	2	3	4	5	
23.	I experience intimate communication with my husband/partner.	1	2	3	4	5	
24.	I have a relationship of mutual understanding with my husband/partner.	1	2	3	4	5	
25.	I receive considerable emotional support from my husband/partner.	1	2	3	4	5	
26.	I experience great happiness with my husband/partner.	1	2	3	4	5	

Spirituality

27.	Do you ever pray with your husband/partner?	0 = No (if 0 → Q30)	1 = Yes	
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		Daily	Weekly	Monthly	Less often	
28.	How often do you pray together?	4	3	2	1	

		Never	Rarely	Sometimes	Very often	Always	
29.	Do you and your husband/partner pray together before making important decisions?	1	2	3	4	5	

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2) Partner support subscale

Interviewer read: Please tell me how often you engage in each of the following towards your husband/partner.

		Never	Rarely	Sometimes	Very often	Always	
30.	Let my husband/partner know I have faith in him.	1	2	3	4	5	
31.	Offer encouragement to my husband/partner.	1	2	3	4	5	

Interviewer read: Please tell me how often your husband/partner engages in each of the following.

		Never	Rarely	Sometimes	Very Often	Always	
32.	Lets me know he has faith in me.	1	2	3	4	5	
33.	Offers me encouragement.	1	2	3	4	5	

3) Decision making subscale

34.	Do you do any work for which you are paid cash?	0 = No (if 0 → Q42)	1 = Yes	
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		Respondent	Husband/ partner	Jointly	Other	
35.	Who usually decides how the money you earn will be used: mainly you, mainly your husband/partner, or you and your husband/partner jointly?	1	2	3	4	

36.	Does your husband/partner do any work for which he is paid cash?	0 = No (if 0 → Q44)	1 = Yes	
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		Respondent	Husband/ partner	Jointly	Other	
37.	Who usually decides how your husband's/partner's earnings will be used: you, your husband/partner, or you and your husband/partner jointly?	1	2	3	4	

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		Respondent	Husband/ partner	Jointly	Someone else	Other
38.	Who usually makes decisions about health care for yourself: you, your husband/partner, you and your husband/partner jointly, or someone else?	1	2	3	4	5
39.	Who usually makes decisions about making major household purchases: you, your husband/partner, you and your husband/partner jointly, or someone else?	1	2	3	4	5
40.	Who usually makes decisions about making purchases for daily household needs: you, your husband/partner, you and your husband/partner jointly, or someone else?	1	2	3	4	5
41.	Who usually makes decisions about visits to your family or relatives: you, your husband/partner, you and your husband/partner jointly, or someone else?	1	2	3	4	5

4) Communication subscale

Interviewer read: *Please tell me what you do when a problem arises in your relationship.*

		Very unlikely	Unlikely	Somewhat likely	Likely	Very likely
42.	We try to discuss the problem.	1	2	3	4	5
43.	We express our feelings to each other.	1	2	3	4	5
44.	We suggest possible solutions and compromises.	1	2	3	4	5
45.	We blame, accuse, and criticize each other. (R)	1	2	3	4	5
46.	We threaten each other with negative consequences. (R)	1	2	3	4	5
47.	I call my husband/partner names, swear at him, or attack his character. (R)	1	2	3	4	5
48.	My husband/partner calls me names, swears at me, or attacks my character. (R)	1	2	3	4	5

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5) Sexual communication subscale

Interviewer read: *Now I would like to ask you some questions about your sexual relationship with your husband/partner. Remember that everything you say today is completely confidential, and you don't have to answer any questions that you do not want to answer.*

Interviewer: *Code any non-responses as 99.*

		Never	Sometimes	Always
49.	Can you communicate with your husband/partner about sex?	1	2	3
50.	Can your husband/partner communicate with you about when to have intercourse?	1	2	3
51.	Does your husband/partner take into account your opinion regarding your sexual desires?	1	2	3
52.	Do you feel comfortable talking with your husband/partner about your sexual relationship?	1	2	3

End.

Thank you for your participation!

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MODULE C: Intimate partner violence

Interviewer read: *Now I would like to ask you questions about some other important aspects of a woman's life. I know that some of these questions are very personal. Let me assure you that your answers are completely confidential and will not be told to anyone, and no one else will know that you were asked these questions. First, I am going to ask you about some situations that happen to some women. Please tell me if these apply to your relationship with your husband/partner.*

		No	Yes	Don't know	No response
C1.	He is jealous or angry if I talk to other men.	0	1	98	99
C2.	He frequently accuses me of being unfaithful.	0	1	98	99
C3.	He does not permit me to meet my female friends.	0	1	98	99
C4.	He tries to limit my contact with my family.	0	1	98	99
C5.	He insists on knowing where I am at all times.	0	1	98	99
C6.	He does not trust me with any money.	0	1	98	99

Interviewer read: *Now if you will permit me, I need to ask some more questions about your relationship with your husband/partner. If we come to any questions that you do not want to answer, just let me know and we will go on to the next question.*

C7.	In the past 12 months, has your husband/partner said or done something to humiliate you in front of others?	0 = No	1 = Yes	99 = No response
C8.	In the past 12 months, has your husband/partner threatened to hurt or harm you or someone close to you?	0 = No	1 = Yes	99 = No response
C9.	In the past 12 months, has your husband/partner insulted you or made you feel bad about yourself?	0 = No	1 = Yes	99 = No response

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Interviewer read: *Has your husband/partner ever ...*

		No	Yes	No response
C10.	Pushed you, shaken you, or thrown something at you?	0	1	99
C11.	Slapped you?	0	1	99
C12.	Twisted your arm or pulled your hair?	0	1	99
C13.	Punched you with his fist or with something that could hurt you?	0	1	99
C14.	Kicked you, dragged you, or beat you up?	0	1	99
C15.	Tried to choke you or burn you on purpose?	0	1	99
C16.	Threatened or attacked you with a knife, gun, or other weapon?	0	1	99
C17.	Physically forced you to have sexual intercourse with him when you did not want to?	0	1	99
C18.	Physically forced you to perform any other sexual acts you did not want to?	0	1	99
C19.	Forced you with threats or in any other way to perform sexual acts you did not want to?	0	1	99

If participant answered "yes" at least once in C10–C19, ask C20–C23. If did not answer "yes" at least once → C24.

C20.	How long after you first got married to/started living with your husband/partner did this (any of these things) first happen?	_____ years	95 = before marriage/ before living together
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Interviewer read: *Did the following ever happen as a result of what your husband/partner did to you?*

		No	Yes	No response
C21.	You had cuts, bruises, or aches.	0	1	99
C22.	You had eye injuries, sprains, dislocations, or burns.	0	1	99
C23.	You had deep wounds, broken bones, broken teeth, or any other serious injury.	0	1	99
C24.	Have you ever hit, slapped, kicked, or done anything else to physically hurt your husband/partner at times when he was not already beating or physically hurting you?	0	1	99

End.

Thank you for your participation!

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MODULE D: Gender-based violence and child protection

Instructions: Before using this module, the project should replace names and other terms in square brackets with locally appropriate names and terms. The interviewer should read each scenario as written, and then ask the multiple-choice questions that follow. The open-ended questions that follow are optional, and may be used if the project wants to collect and analyze qualitative data. If the interviewer uses open-ended questions, he/she should record the participant's response word-for-word as much as possible.

Interviewer read: *I would now like to tell you some brief stories, and then ask you if you think that these stories are at all similar to things that happen in your household. Remember that there are no right or wrong answers, and you don't have to answer any questions you don't want to.*

SCENARIO 1

When [Samuel] came home after working for 12 hours [in the field], dinner was not ready at the usual time. [Miriam] explained that she had spent most of the day at a neighbor's house helping to care for a sick child, and so she was not able to do her regular [field or household] work. [Samuel] shouted at [Miriam] and raised his hand as if he was going to strike her.

		Strongly disagree	Disagree	Neutral	Agree	Strongly agree	
D1.	In such a situation, my husband/partner would be angry.	1	2	3	4	5	
D2.	In such a situation, my husband/partner would strike or hit me.	1	2	3	4	5	

D3. If you were Miriam, how would you feel?

D4. What would make you feel this way?

D5. How should you handle those feelings?

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SCENARIO 2

[Paulo] and [Ana] have been married for more than 15 years, and for most of their marriage [Paulo] has earned a good living while [Ana] also earns some income. [Paulo] didn't use to drink alcohol, but in the last two or three years, he has started to go out drinking most days of the week, and he often comes home drunk. [Ana] complains that he is spending too much of his earnings on alcohol rather than supporting the household. They quarrel, and most of the time the quarrel leads to [Paulo] beating [Ana].

		Strongly disagree	Disagree	Neutral	Agree	Strongly agree	
D6.	In such a situation, I would let my husband/partner decide how to spend the money and would not quarrel with him about it.	1	2	3	4	5	
D7.	In such a situation, if I were to quarrel with my husband/partner, he would be justified in beating me.	1	2	3	4	5	

D8. If you were Ana, how would you feel?

D9. If you were Ana, what would you do to solve your problem?

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SCENARIO 3

[Priscilla] and [John]'s one-year old child is weak, very thin, cries constantly, and can't walk. A nurse at the clinic has told Priscilla that the child is malnourished. Priscilla goes to the clinic to get special foods and constantly has to attend to the child, leaving her with little time for other household responsibilities.

		Strongly disagree	Disagree	Neutral	Agree	Strongly agree	
D10.	In such a situation, my husband/partner would be angry that the child is sick and malnourished.	1	2	3	4	5	
D11.	In such a situation, my husband/partner would blame me for not properly caring for the child.	1	2	3	4	5	

D12. If you were Priscilla, how would you feel?

D13. What would make you feel this way?

D14. What do you think John should do in this situation?

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SCENARIO 4

[Sarah] is a 14-year-old girl who lives in a [rural village]. Last year she dropped out of school because her family could not pay her school fees. Last year, [Sarah]'s father was approached with a marriage proposal for [Sarah] by a man known to his cousin. The groom-to-be was 45 and lived in a distant city, but offered to pay for the wedding and provide financial support to [Sarah]'s family. [Sarah]'s mother felt uneasy about [Sarah] living so far away and being married so young. [Sarah]'s father insisted that this was the best way out of poverty for [Sarah] and the whole family. One year has passed since [Sarah]'s wedding and her family has not heard any news from [Sarah] herself, only from the cousin who tells them that [Sarah] is happy and well cared for by her new husband.

		Strongly disagree	Disagree	Neutral	Agree	Strongly agree	
D15.	In such a situation, if I were the mother, my husband/partner would listen to my concerns about the marriage.	1	2	3	4	5	
D16.	In such a situation, if I were the mother, my husband/partner would make the final decision about the marriage, regardless of how my daughter and I felt about it.	1	2	3	4	5	

D17. If you were Sarah's mother, how would you feel?

D18. If you were Sarah's mother, what should you do in this situation, before the marriage?

D19. If you were Sarah's mother, what should you do in this situation, after the marriage?

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SCENARIO 5

[Matthew] is 12 years old, the oldest child in the family, and he has recently finished primary school. His family is struggling to keep all their children in school, and a wealthy uncle recently proposed a solution. If [Matthew] will spend two years [herding his cows in a place far from Matthew’s home], at the end of the time the uncle will pay for Matthew to attend secondary school. Matthew’s parents are unsure what to do.

		Strongly disagree	Disagree	Neutral	Agree	Strongly agree	
D20.	In such a situation, my husband/partner and I would be able to freely discuss the situation.	1	2	3	4	5	
D21.	In such a situation, my husband/partner would not accept the uncle’s offer if I did not agree.	1	2	3	4	5	

D22. If you were Matthew’s mother, how would you feel?

D23. How would you and your husband/partner make a decision?

D24. What would you say to each other?

End.

Thank you for your participation!

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MODULE E: HIV and health

Interviewer read: *Now I would like to ask you some questions about your health. In some questions, I will ask you if you feel support from your husband or partner. By support, I mean emotional support, financial support, and other forms of assistance such as helping you in practical ways.*

		Strongly disagree	Disagree	Neutral	Agree	Strongly agree	
E1.	I feel my husband/partner cares about me staying healthy.	1	2	3	4	5	
E2.	I can talk to my husband/partner about any health concern, no matter how big or small.	1	2	3	4	5	
E3.	When I am sick, my husband/partner does his best to make sure that I can rest and recover without worrying about household responsibilities.	1	2	3	4	5	
E4.	When I am sick, my husband/partner does his best to make sure that I get the medical care that I need (including going with me to the clinic or hospital, making funds available, etc.)	1	2	3	4	5	
E5.	If I don't want to have sex due to illness or health problems, my husband/partner is understanding and does not try to force or persuade me to have sex.	1	2	3	4	5	
E6.	In my household, I should make the health care decisions without the involvement of my husband/partner. (R)	1	2	3	4	5	
E7.	My husband/partner and I often have conflict over health care decisions (such as the decision for me or someone else in the household to seek medical care). (R)	1	2	3	4	5	

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1) HIV/AIDS

		Strongly disagree	Disagree	Neutral	Agree	Strongly agree	
E8.	If I wanted to get an HIV test, my husband/partner would support me.	1	2	3	4	5	
E9.	If my husband/partner wanted to get an HIV test, I would support him.	1	2	3	4	5	
E10.	If I asked my husband/partner to get an HIV test, he would do it.	1	2	3	4	5	
E11.	If I were living with HIV, my husband/partner would support me in accessing treatment.	1	2	3	4	5	
E12.	If I were HIV-infected and became pregnant, my husband/partner would support me in accessing treatment for prevention of mother-to-child transmission (PMTCT).	1	2	3	4	5	
E13.	If we had a child that I wanted to take for an HIV test, my husband/partner would be fully supportive.	1	2	3	4	5	
E14.	If we had a child who was living with HIV and needed treatment, my husband/partner would be fully supportive of the child accessing treatment.	1	2	3	4	5	
E15.	My husband/partner and I are able to talk about how as a couple we can avoid HIV infection (or live positively with HIV if we are HIV-infected).	1	2	3	4	5	
E16.	Have you ever been told the result of an HIV test?	0 = No → E18	1 = Yes		98 = Don't know → E18		
E17.	Have you shared your HIV status with your husband/partner?	0 = No	1 = Yes		98 = Don't know		
E18.	Has your husband/partner ever been told the result of an HIV test?	0 = No → E20	1 = Yes		98 = Don't know → E20		
E19.	Has your husband/partner ever shared his HIV status with you?	0 = No	1 = Yes		98 = Don't know		

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2) Family planning

		Strongly disagree	Disagree	Neutral	Agree	Strongly agree	
E20.	If I wanted to adopt a new method of family planning, my husband/partner would support me.	1	2	3	4	5	
E21.	In my view, it is my responsibility to make sure I don't have an unplanned pregnancy. (R)	1	2	3	4	5	
E22.	In my view, it should be my husband who decides how many children we have. (R)	1	2	3	4	5	
E23.	My husband/partner and I are able to talk about our family planning decisions.	1	2	3	4	5	
E24.	My husband/partner is aware of what family planning method I am using.*	1	2	3	4	5	
E25.	My husband/partner and I have discussed how a woman's fertility cycle affects my body and moods.	1	2	3	4	5	
E26.	Family planning decisions (such as how many children to have, and when) have caused a lot of conflict in our relationship. (R)	1	2	3	4	5	

* NOTE: If the husband/partner is aware that his wife/partner is not using a family planning method, this is considered awareness of her family planning method.

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3) Pregnancy and antenatal care

Interviewer: *If respondent has already answered “yes” to having given birth (Q13), skip E27 and start with E28.*

E27.	Have you ever been pregnant?	0 = No → End If No, skip to end of module	1 = Yes
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Interviewer read: *Now I would like to ask you some questions about your most recent pregnancy. Please tell me whether you strongly disagree, disagree, are neutral, agree, or strongly agree with the following statements.*

		Strongly disagree	Disagree	Neutral	Agree	Strongly agree
E28.	When I was pregnant, my husband/partner did his best to make sure I was comfortable and healthy throughout the pregnancy.	1	2	3	4	5
E29.	When I was pregnant, my husband/partner did his best to make sure I had the foods I desired and that would ensure a healthy pregnancy.	1	2	3	4	5
E30.	When I was pregnant, my husband/partner was very willing to go to my doctor’s visits.	1	2	3	4	5
E31.	My husband/partner and I made decisions together about medical care during pregnancy.	1	2	3	4	5
E32.	My husband/partner and I worked together to make a plan for the delivery of the baby.	1	2	3	4	5
E33.	My husband/partner and I talked before the birth about how to pay for the delivery (including transport to the health care facility, if needed).	1	2	3	4	5
E34.	My husband supports me (or has supported me) in breastfeeding my baby.	1	2	3	4	5

End.

Thank you for your participation!

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MODULE F: Parenting

Interviewer read: *Now I would like to ask you some questions about how you and your husband/partner parent your children.*

Does respondent have any children (0-18 years) she is caring for in her household? [refer to Q15]	Yes	No → Not eligible for this module
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		Strongly disagree	Disagree	Neutral	Agree	Strongly agree	
F1.	My husband/partner helps me to be a better parent.	1	2	3	4	5	
F2.	My husband/partner takes on extra responsibilities when I've had a rough day with the children.	1	2	3	4	5	
F3.	My husband/partner praises me for the way I handle the children.	1	2	3	4	5	
F4.	I support (or would support) my husband/partner in attending a parenting group.	1	2	3	4	5	
F5.	My husband/partner expects me to provide most of the financial support for our child(ren) (such as buying clothes, paying school fees). (R)	1	2	3	4	5	
F6.	My husband/partner teaches our child(ren) to show me respect.	1	2	3	4	5	
F7.	It is mostly my husband/partner's job to take care of the child(ren)'s daily needs (such as feeding and bathing). (R)	1	2	3	4	5	
F8.	It is mostly my husband/partner's job to discipline the child(ren). (R)	1	2	3	4	5	
F9.	My husband/partner plays with our child(ren).	1	2	3	4	5	
F10.	I encourage my husband/partner to play with our child(ren).	1	2	3	4	5	
F11.	It is good for me to take a leadership position in a Parent Teacher Association (PTA) or other parenting group.	1	2	3	4	5	

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		Strongly disagree	Disagree	Neutral	Agree	Strongly agree	
F12.	My husband/partner often makes important parenting decisions without consulting me. (R)	1	2	3	4	5	
F13.	My husband/partner and I frequently discuss child discipline.	1	2	3	4	5	
F14.	My husband/partner and I frequently discuss our child(ren)'s education.	1	2	3	4	5	
F15.	My husband/partner and I frequently discuss our child(ren)'s physical development and health.	1	2	3	4	5	
F16.	My husband/partner and I frequently discuss daily care of our child(ren) (such as who will do the feeding and bathing).	1	2	3	4	5	

End.

Thank you for your participation!

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MODULE G: Savings and Internal Lending Community groups

Interviewer read: *Now I would like to ask you some questions about the participation of you and/or your husband in a Savings and Internal Lending Community (SILC).*

G1.	Are you currently participating in a SILC?	0 = No	1 = Yes → G4 If Yes, skip to G4	
G2.	Have you ever participated in a Savings and Internal Lending Community (SILC)?	0 = No → G3 If No, ask G3 only, then skip to G11	1 = Yes	

		Strongly disagree	Disagree	Neutral	Agree	Strongly agree	
G3.	My husband/partner would be supportive of my participation in a SILC.	1	2	3	4	5	
G4.	My husband/partner is supportive of my participation in a SILC.	1	2	3	4	5	
G5.	I think it is good for me to take leadership in a SILC.	1	2	3	4	5	
G6.	I think I have the right to decide what I do with the income earned from participating in a SILC.	1	2	3	4	5	
G7.	My husband/partner has tried to influence my financial decisions as a member of a SILC (such as joining the group, requesting a loan, or deciding how to use the loan) in a way that I feel is negative. (R)	1	2	3	4	5	
G8.	I usually (or used to) discuss with my husband/partner what to do with the income earned from participating in a SILC.	1	2	3	4	5	
G9.	Since starting to earn income from participating in a SILC, I have (or used to have) more control over household financial decisions.	1	2	3	4	5	
G10.	My husband/partner and I have had (or used to have) more conflicts about the use of my money since I joined a SILC. (R)	1	2	3	4	5	
G11.	Is your husband/partner currently participating in a SILC?	0 = No		1 = Yes → G14 If Yes, skip to G14			
G12.	Has your husband/partner ever participated in a SILC?	0 = No → G13 If No, ask G13 only, then skip to end of module		1 = Yes			

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		Strongly disagree	Disagree	Neutral	Agree	Strongly agree	
G13.	I would support my husband/partner's participation in a SILC if he wanted to join a SILC.	1	2	3	4	5	
G14.	I support my husband/partner's participation in a SILC.	1	2	3	4	5	
G15.	I feel happy when my husband/partner contributes money to the household that he has earned from participating in a SILC.	1	2	3	4	5	
G16.	I think it is good for my husband/partner to take leadership in a SILC.	1	2	3	4	5	
G17.	I think my husband/partner has the right to decide what he does with the income earned from participating in a SILC. (R)	1	2	3	4	5	
G18.	My husband/partner usually discusses (or used to discuss) with me what to do with the income earned from participating in a SILC.	1	2	3	4	5	
G19.	Since my husband/partner started to earn income from participating in a SILC, he has (or used to have) more control over household financial decisions. (R)	1	2	3	4	5	
G20.	My husband/partner and I have had (or used to have) more conflict about the use of his money since he joined a SILC. (R)	1	2	3	4	5	

End.

Thank you for your participation!

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MODULE H: Agriculture livelihoods

Interviewer read: *Now I am going to ask you some questions about your agricultural practices, and how you and your husband or partner interact.*

H1.	Do you work in agriculture?	0 = No → H3 If No, skip to H3	1 = Yes	
H2.	Have you ever worked outside the home farm?	0 = No → Skip H4 If No, do not ask H4	1 = Yes	
H3.	Does your husband/partner work in agriculture?	0 = No → End If No, skip to end of module	1 = Yes	

*If respondent works in agriculture, ask H5–H16. Ask H4 **only** if respondent answered **Yes** to H2.*

*If respondent **does not** work in agriculture but her husband/partner does, ask H12–H16 only.*

		Strongly disagree	Disagree	Neutral	Agree	Strongly agree	
H4.	My husband/partner is supportive of the fact that I am working outside the home farm.	1	2	3	4	5	
H5.	My husband/partner encourages me to adopt new agricultural practices and technologies.	1	2	3	4	5	
H6.	My husband/partner encourages me to access agricultural inputs.	1	2	3	4	5	
H7.	My husband/partner encourages me to make decisions on the use of agricultural inputs.	1	2	3	4	5	
H8.	My husband/partner encourages me to learn about agricultural practices.	1	2	3	4	5	
H9.	My husband/partner encourages me to participate in agriculture extension meetings.	1	2	3	4	5	
H10.	I think it is good if I actively participate in a farmer's association.	1	2	3	4	5	
H11.	I think it is good if I am the chair of a farmer's association.	1	2	3	4	5	
H12.	My husband/partner and I usually discuss together what crops we are going to plant.	1	2	3	4	5	
H13.	My husband/partner and I usually discuss together how we are going to divide the farm work.	1	2	3	4	5	
H14.	My husband/partner and I usually discuss together how we are going to divide the household chores.	1	2	3	4	5	

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		Strongly disagree	Disagree	Neutral	Agree	Strongly agree	
H15.	My husband/partner and I usually discuss what we will do with the farm production (for example, using it for our household or selling it in the market).	1	2	3	4	5	
H16.	I usually ask my husband/partner for advice when I am facing a problem or challenge in my farm work.	1	2	3	4	5	

End.

Thank you for your participation!

NOTE: Can be followed with Module J. Household financial management.

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MODULE J: Household financial management

Interviewer read: *Now I am going to ask you some questions about how you and your husband/partner handle the money that you earn.*

Does respondent do any work for which she is paid cash? [refer to Q40]	Yes	No → J5 If No, skip to J5
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		Strongly disagree	Disagree	Neutral	Agree	Strongly agree	
J1.	I think I have the right to decide what I do with the income I earn.	1	2	3	4	5	
J2.	Since starting to earn my own income, I have more control over household decisions.	1	2	3	4	5	
J3.	My husband/partner feels happy when I contribute money to the household that I have earned.	1	2	3	4	5	
J4.	My husband/partner and I have had more conflict since I started earning more income. (R)	1	2	3	4	5	

Does respondent's husband/partner do any work for which he is paid cash? [refer to Q42]	Yes	No → End If No, skip to end of module
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		Strongly disagree	Disagree	Neutral	Agree	Strongly agree	
J5.	I think my husband/partner has the right to decide what he does with the income he earns. (R)	1	2	3	4	5	
J6.	Since my husband/partner started to earn income, he has more control over household decisions. (R)	1	2	3	4	5	
J7.	I feel happy when my husband/partner contributes money to the household that he has earned.	1	2	3	4	5	
J8.	My husband/partner and I have had more conflict since he started earning more income. (R)	1	2	3	4	5	

End.

Thank you for your participation!

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MODULE K: Nutrition and food security

Interviewer read: *Now I am going to ask you some questions about eating habits in your household.*

		Strongly disagree	Disagree	Neutral	Agree	Strongly agree	
K1.	There is usually enough food in my household.	1	2	3	4	5	
K2.	My husband/partner works hard to make sure that everyone in the household has enough food to eat.	1	2	3	4	5	
K3.	When food is scarce, it is more important that my husband have enough to eat than that I have enough to eat. (R)	1	2	3	4	5	
K4.	When food is scarce, my husband/partner and I are able to talk about the situation.	1	2	3	4	5	

		Respondent	Husband/partner	Jointly	Someone else	Other	
K5.	Who usually decides what you eat: you, your husband/partner, you and your husband/partner jointly, or someone else?	1	2	3	4	5	

Is respondent caring for any children (0-18 years) in her household [refer to Q15]	Yes	No → End If No, skip to end of module
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		Strongly disagree	Disagree	Neutral	Agree	Strongly agree	
K6.	It is mostly my husband/partner's job to make sure the children are not hungry. (R)	1	2	3	4	5	
K7.	Male children should be given more food than female children. (R)	1	2	3	4	5	

End.

Thank you for your participation!



END WOMEN'S QUESTIONNAIRE

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COUPLE FUNCTIONALITY ASSESSMENT TOOL (CFAT)

MEN'S QUESTIONNAIRE

Date (day/month/year)	_____ / _____ / _____
Interview site [This row may be removed if this information is encoded in Participant ID.]	_____
Interviewer ID/Name	_____
Interview duration	Start time: _____ End time: _____
Language of interview	_____
Anyone else present during interview	_____ 0 = No, 1 = Yes
If anyone else present, write in explanation	
Interview terminated before completion	_____ 0 = No, 1 = Yes

MODULE A: Demographic data

1.	Are you currently married or living together with a woman as if married? [May be modified.]	1 = Yes, currently married 2 = Yes, living with a woman 3 = No, not in union	
2.	Is your wife/partner staying with you now or is she staying elsewhere?	1 = Living with him 2 = Staying elsewhere	
3.	Have you been in a relationship with your wife/partner for one year or more?	0 = No 1 = Yes	
4.	Do you have more than one wife or woman you live with as if married?	0 = No (if 0 → Q6)	1 = Yes
5.	Altogether, how many wives do you have or how many other partners do you live with now as if married?	_____ total wives	
6.	What is your tribe or ethnic group?	[Insert categories as appropriate.]	

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7.	What is your religion?	1 = Catholic [Use other categories as appropriate.] 2 = Protestant 3 = Muslim 4 = No religion 96 = Other (specify) _____	
8.	What is the highest level of school you attended?	1 = Primary 2 = Secondary 3 = Higher education 4 = No education	
9.	In what month and year were you born? (Enter numeric value; leave blank if doesn't know.)	Month _____ Year _____	
10.	How old were you on your last birthday?	_____ years (Check for consistency with Q9.)	
11.	How old was your wife/partner on her last birthday?	_____ years	
12.	How old were you when you first entered into a relationship with your wife/partner?	_____ years	
15.	How many children (under 18 years) live in your household that you are caring for and feeding every day?	_____ (if 0 → Q18)	
16.	What are their ages (at last birthday)? (Fill in ages for up to 10 children, starting with youngest. Code children <1 year as 0.)	_____ _____ _____ _____ _____	
17.	How many of these children are your biological children?	_____ children	
18.	How many adults (people over 18 years of age) live in your household, besides you and your wife/partner?	_____ adults	
19.	In the last 12 months, on how many separate occasions have you travelled away from your home community and slept away?	_____ (If number of trips is >95, write 95.) (if 0 → Q21)	
20.	In the last 12 months, have you been away from your home community for more than one month at a time?	0 = No 1 = Yes	
21.	Is your household nomadic (do you move around during the year)?	0 = No 1 = Yes	

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MODULE B: Relationship quality assessment

Interviewer read: *Now I would like to ask you some questions about various parts of your relationship or marriage. Remember that there is no right or wrong answer, and you don't have to answer any questions that make you feel uncomfortable. Everything you say today will be kept completely confidential.*

1) Intimacy Subscale

Interviewer read: *I would like you to tell me how much these following statements are true about you.*

		Not at all	Somewhat	Moderately	Quite	Very much	
22.	I have a warm and comfortable relationship with my wife/partner.	1	2	3	4	5	
23.	I experience intimate communication with my wife/partner.	1	2	3	4	5	
24.	I have a relationship of mutual understanding with my wife/partner.	1	2	3	4	5	
25.	I receive considerable emotional support from my wife/partner.	1	2	3	4	5	
26.	I experience great happiness with my wife/partner.	1	2	3	4	5	

Spirituality

27.	Do you ever pray with your wife/partner?	0 = No (if 0 → Q30)	1 = Yes	
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		Daily	Weekly	Monthly	Less often	
28.	How often do you pray together?	4	3	2	1	

		Never	Rarely	Sometimes	Very often	Always	
29.	Do you and your wife/partner pray together before making important decisions?	1	2	3	4	5	

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2) Partner support subscale

Interviewer read: Please tell me how often you engage in each of the following towards your wife/partner.

		Never	Rarely	Sometimes	Very often	Always	
30.	Let my wife/partner know I have faith in her.	1	2	3	4	5	
31.	Offer encouragement to my wife/partner.	1	2	3	4	5	

Interviewer read: Please tell me how often your wife/partner engages in each of the following.

		Never	Rarely	Sometimes	Very often	Always	
32.	Lets me know she has faith in me.	1	2	3	4	5	
33.	Offers me encouragement.	1	2	3	4	5	

3) Decision making subscale

34.	Do you do any work for which you are paid cash?	0 = No (if 0 → Q42)	1 = Yes	
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		Respondent	Wife/ partner	Jointly	Other	
35.	Who usually decides how the money you earn will be used: mainly you, mainly your wife/partner, or you and your wife/partner jointly?	1	2	3	4	

36.	Does your wife/partner do any work for which she is paid cash?	0 = No (if 0 → Q44)	1 = Yes	
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		Respondent	Wife/ partner	Jointly	Other	
37.	Who usually decides how your wife's/partner's earnings will be used: you, your wife/partner, or you and your wife/partner jointly?	1	2	3	4	

		Respondent	Wife/ partner	Jointly	Someone else	Other	
38.	Who usually makes decisions about health care for yourself: you, your wife/partner, you and your wife/partner jointly, or someone else?	1	2	3	4	5	

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39.	Who usually makes decisions about making major household purchases: you, your wife/partner, you and your wife/partner jointly, or someone else?	1	2	3	4	5	
40.	Who usually makes decisions about making purchases for daily household needs: you, your wife/partner, you and your wife/partner jointly, or someone else?	1	2	3	4	5	
41.	Who usually makes decisions about visits to your family or relatives: you, your wife/partner, you and your wife/partner jointly, or someone else?	1	2	3	4	5	

4) Communication subscale

Interviewer read: *Please tell me what you do when a problem arises in your relationship.*

		Very unlikely	Unlikely	Somewhat likely	Likely	Very likely	
42.	We try to discuss the problem.	1	2	3	4	5	
43.	We express our feelings to each other.	1	2	3	4	5	
44.	We suggest possible solutions and compromises.	1	2	3	4	5	
45.	We blame, accuse, and criticize each other. (R)	1	2	3	4	5	
46.	We threaten each other with negative consequences. (R)	1	2	3	4	5	
47.	I call my wife/partner names, swear at her, or attack her character. (R)	1	2	3	4	5	
48.	My wife/partner calls me names, swears at me, or attacks my character. (R)	1	2	3	4	5	

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5) Sexual communication subscale

Interviewer read: *Now I would like to ask you some questions about your sexual relationship with your wife/partner. Remember that everything you say today is completely confidential, and you don't have to answer any questions that you do not want to answer.*

Interviewer: *Code any non-responses as 99.*

		Never	Sometimes	Always
49.	Can you communicate with your wife/partner about sex?	1	2	3
50.	Can your wife/partner communicate with you about when to have intercourse?	1	2	3
51.	Does your wife/partner take into account your opinion regarding your sexual desires?	1	2	3
52.	Do you feel comfortable talking with your wife/partner about your sexual relationship?	1	2	3

End.

Thank you for your participation!

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MODULE C: Intimate partner violence assessment

Interviewer read: *Now I would like to ask you questions about some other important aspects of a man's life. I know that some of these questions are very personal. Let me assure you that your answers are completely confidential and will not be told to anyone, and no one else will know that you were asked these questions. First, I am going to ask you about some situations that happen to some men. Please tell me if these apply to your relationship with your wife/partner. If we should come to any question that you do not want to answer, just let me know and we will go on to the next question.*

		No	Yes	No response
C7.	In the past 12 months, has your wife/partner said or done something to humiliate you in front of others?	0	1	99
C8.	In the past 12 months, has your wife/partner insulted you or made you feel bad about yourself?	0	1	99
C9.	In the past 12 months, has your wife/partner threatened to hurt or harm you or someone close to you?	0	1	99
C24.	In the past 12 months, have you hit, slapped, kicked, or done anything else to physically hurt your wife/partner at times when she was not already beating or physically hurting you?	0	1	99

End.

Thank you for your participation!

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MODULE D: Gender-based violence and child protection

Instructions: Before using this module, the project should replace names and other terms in square brackets with locally appropriate names and terms. Interviewer should read each scenario as written, and then ask the multiple-choice questions that follow. The open-ended questions that follow are optional, and may be used if the project wants to collect and analyze qualitative data. If the interviewer uses open-ended questions, he/she should record the participant's response word-for-word as much as possible.

Interviewer read: *I would now like to tell you some brief stories, and then ask you if you think that these stories are at all similar to things that happen in your household. Remember that there are no right or wrong answers, and you don't have to answer any questions you don't want to.*

SCENARIO 1

When [Samuel] came home after working for 12 hours [in the field], dinner was not ready at the usual time. [Miriam] explained that she had spent most of the day at a neighbor's house helping to care for a sick child, and so she was not able to do her regular [field or household] work. [Samuel] shouted at [Miriam] and raised his hand as if he was going to strike her.

		Strongly disagree	Disagree	Neutral	Agree	Strongly agree	
D1.	In such a situation, I would be angry.	1	2	3	4	5	
D2.	In such a situation, I would strike or hit my wife/partner.	1	2	3	4	5	

D3. If you were Samuel, how would you feel?

D4. What would make you feel this way?

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D5. How should you handle those feelings?

SCENARIO 2

[Paulo] and [Ana] have been married for more than 15 years, and for most of their marriage [Paulo] has earned a good living while [Ana] also earns some income. [Paulo] didn't use to drink alcohol, but in the last two or three years, he has started to go out drinking most days of the week, and he often comes home drunk. [Ana] complains that he is spending too much of his earnings on alcohol rather than supporting the household. They quarrel, and most of the time the quarrel leads to [Paulo] beating [Ana].

		Strongly disagree	Disagree	Neutral	Agree	Strongly agree	
D6.	In such a situation, my wife/partner should let me decide how to spend the money and should not quarrel with me about it.	1	2	3	4	5	
D7.	In such a situation, if my wife/partner were to quarrel with me, I would be justified in beating her.	1	2	3	4	5	

D8. If you were Paulo, how would you feel?

D9. If you were Paulo, what do you think would be the right thing to do?

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SCENARIO 3

[Priscilla] and [John]'s one-year old child is weak, very thin, cries constantly, and can't walk. A nurse at the clinic has told Priscilla that the child is malnourished. Priscilla goes to the clinic to get special foods and constantly has to attend to the child, leaving her with little time for other household responsibilities.

		Strongly disagree	Disagree	Neutral	Agree	Strongly agree	
D10.	In such a situation, I would be angry that the child is sick and malnourished.	1	2	3	4	5	
D11.	In such a situation, I would blame my wife/partner for not properly caring for the child.	1	2	3	4	5	

D12. If you were John, how would you feel?

D13. What would make you feel this way?

D14. If you were John, what should you do in this situation?

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SCENARIO 4

[Sarah] is a 14-year-old girl who lives in a [rural village]. Last year she dropped out of school because her family could not pay her school fees. Last year, [Sarah]’s father was approached with a marriage proposal for [Sarah] by a man known to his cousin. The groom-to-be was 45 and lived in a distant city, but offered to pay for the wedding and provide financial support to [Sarah]’s family. [Sarah]’s mother felt uneasy about [Sarah] living so far away and being married so young. [Sarah]’s father insisted that this was the best way out of poverty for [Sarah] and the whole family. One year has passed since [Sarah]’s wedding and her family has not heard any news from [Sarah] herself, only from the cousin who tells them that [Sarah] is happy and well cared for by her new husband.

		Strongly disagree	Disagree	Neutral	Agree	Strongly agree	
D15.	In such a situation, if I were the father, I would listen to my wife’s/partner’s concerns about the marriage.	1	2	3	4	5	
D16.	In such a situation, if I were the father, I would make the final decision about the marriage, regardless of how my wife/partner and daughter felt about it.	1	2	3	4	5	

D17. If you were Sarah’s father, how would you feel?

D18. If you were Sarah’s father, what should you do in this situation, before the marriage?

D19. If you were Sarah’s father, what should you do in this situation, after the marriage?

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SCENARIO 5

[Matthew] is 12 years old, the oldest child in the family, and he has recently finished primary school. His family is struggling to keep all their children in school, and a wealthy uncle recently proposed a solution. If [Matthew] will spend two years [herding his cows in a place far from Matthew's home], at the end of the time the uncle will pay for Matthew to attend secondary school. Matthew's parents are unsure what to do.

		Strongly disagree	Disagree	Neutral	Agree	Strongly agree	
D20.	In such a situation, my wife/partner and I would be able to freely discuss the situation.	1	2	3	4	5	
D21.	In such a situation, I would not accept the uncle's offer if my wife/partner did not agree.	1	2	3	4	5	

D22. If you were Matthew's father, how would you feel?

D23. How would you and your wife/partner make a decision?

D24. What would you say to each other?

End.

Thank you for your participation!

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MODULE E: HIV and health

Interviewer read: *Now I would like to ask you some questions about your health. In some questions, I will ask you if you feel support from your wife or partner. By support, I mean emotional support, financial support, and other forms of assistance such as helping you in practical ways.*

		Strongly disagree	Disagree	Neutral	Agree	Strongly agree	
E1.	I feel my wife/partner cares about me staying healthy.	1	2	3	4	5	
E2.	I can talk to my wife/partner about any health concern, no matter how big or small.	1	2	3	4	5	
E3.	When I am sick, my wife/partner does her best to make sure that I can rest and recover without worrying about household responsibilities.	1	2	3	4	5	
E4.	When I am sick, my wife/partner does her best to make sure that I get the medical care that I need (including going with me to the clinic or hospital, making funds available, etc.)	1	2	3	4	5	
E5.	If I don't want to have sex due to illness or health problems, my wife/partner is understanding and does not try to force or persuade me to have sex.	1	2	3	4	5	
E6.	In my household, I should make the health care decisions without the involvement of my wife/partner. (R)	1	2	3	4	5	
E7.	My wife/partner and I often have conflict over health care decisions (such as the decision for me or someone else in the household to seek medical care). (R)	1	2	3	4	5	

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1) HIV/AIDS

		Strongly disagree	Disagree	Neutral	Agree	Strongly agree	
E8.	If I wanted to get an HIV test, my wife/partner would support me.	1	2	3	4	5	
E9.	If my wife/partner wanted to get an HIV test, I would support her.	1	2	3	4	5	
E10.	If I asked my wife/partner to get an HIV test, she would do it.	1	2	3	4	5	
E11.	If I were living with HIV, my wife/partner would support me in accessing treatment.	1	2	3	4	5	
E12.	If my wife/partner were HIV-infected and became pregnant, I would support her in accessing treatment for prevention of mother-to-child transmission (PMTCT).	1	2	3	4	5	
E13.	If we had a child that I wanted to take for an HIV test, my wife/partner would be fully supportive.	1	2	3	4	5	
E14.	If we had a child who was living with HIV and needed treatment, my wife/partner would be fully supportive of the child accessing treatment.	1	2	3	4	5	
E15.	My wife/partner and I are able to talk about how as a couple we can avoid HIV infection (or live positively with HIV if we are HIV-infected).	1	2	3	4	5	
E16.	Have you ever been told the result of an HIV test?	0 = No → E18		1 = Yes		98 = Don't know → E18	
E17.	Have you shared your HIV status with your wife/partner?	0 = No		1 = Yes		98 = Don't know	
E18.	Has your wife/partner been told the result of an HIV test?	0 = No → E20		1 = Yes		98 = Don't know → E20	
E19.	Has your wife/partner ever shared her HIV status with you?	0 = No		1 = Yes		98 = Don't know	

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2) Family planning

		Strongly disagree	Disagree	Neutral	Agree	Strongly agree	
E20.	If my wife/partner wanted to adopt a new method of family planning, I would support her.	1	2	3	4	5	
E21.	In my view, it is my wife's/partner's responsibility to make sure she doesn't have an unplanned pregnancy. (R)	1	2	3	4	5	
E22.	In my view, it should be me who decides how many children we have. (R)	1	2	3	4	5	
E23.	My wife/partner and I are able to talk about our family planning decisions.	1	2	3	4	5	
E24.	I am aware of what family planning method my wife/partner is using.*	1	2	3	4	5	
E25.	My wife/partner and I have discussed how a woman's fertility cycle affects her body and moods.	1	2	3	4	5	
E26.	Family planning decisions (such as how many children to have, and when) have caused a lot of conflict in our relationship. (R)	1	2	3	4	5	

* NOTE: If the husband/partner is aware that his wife/partner is not using a family planning method, this is considered awareness of her family planning method (even if her current family planning method is no method).

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3) Pregnancy and antenatal care

E27.	Has your wife/partner ever been pregnant?	0 = No → End If No, skip to end of module	1 = Yes	
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Interviewer read: *Now I would like to ask you some questions about your wife's/partner's most recent pregnancy. Please tell me whether you strongly disagree, disagree, are neutral, agree, or strongly agree with the following statements.*

		Strongly disagree	Disagree	Neutral	Agree	Strongly agree	
E28.	When my wife/partner was pregnant, I did my best to make sure she was comfortable and healthy throughout the pregnancy.	1	2	3	4	5	
E29.	When my wife/partner was pregnant, I did my best to make sure she had the foods she desired and that would ensure a healthy pregnancy.	1	2	3	4	5	
E30.	When my wife/partner was pregnant, I was very willing to go to her doctor's visits.	1	2	3	4	5	
E31.	My wife/partner and I made decisions together about medical care during pregnancy.	1	2	3	4	5	
E32.	My wife/partner and I worked together to make a plan for the delivery of the baby.	1	2	3	4	5	
E33.	My wife/partner and I talked before the birth about how to pay for the delivery (including transport to the health care facility, if needed).	1	2	3	4	5	

End.

Thank you for your participation!

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MODULE F: Parenting

Interviewer read: *Now I would like to ask you some questions about how you and your wife/partner parent your children.*

Does respondent have any children (0–18 years) he is caring for in his household? [refer to Q15]	Yes	No → Not eligible for this module
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		Strongly disagree	Disagree	Neutral	Agree	Strongly agree	
F1.	My wife/partner helps me to be a better parent.	1	2	3	4	5	
F2.	My wife/partner takes on extra responsibilities when I've had a rough day with the children.	1	2	3	4	5	
F3.	My wife/partner praises me for the way I handle the children.	1	2	3	4	5	
F4.	I support (or would support) my wife/partner in attending a parenting group.	1	2	3	4	5	
F5.	My wife/partner expects me to provide most of the financial support to our child(ren) (such as buying clothes, paying school fees). (R)	1	2	3	4	5	
F6.	My wife/partner teaches our child(ren) to show me respect.	1	2	3	4	5	
F7.	It is mostly my wife/partner's job to take care of the child(ren)'s daily needs (such as feeding and bathing). (R)	1	2	3	4	5	
F8.	It is mostly my wife/partner's job to discipline the child(ren). (R)	1	2	3	4	5	
F9.	My wife/partner plays with our child(ren).	1	2	3	4	5	
F10.	I encourage my wife/partner to play with our child(ren).	1	2	3	4	5	
F11.	It is good for my wife/partner to take a leadership position in a Parent Teacher Association (PTA) or other parenting group.	1	2	3	4	5	

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		Strongly disagree	Disagree	Neutral	Agree	Strongly agree	
F12.	My wife/partner often makes important parenting decisions without consulting me. (R)	1	2	3	4	5	
F13.	My wife/partner and I frequently discuss child discipline.	1	2	3	4	5	
F14.	My wife/partner and I frequently discuss our child(ren)'s education.	1	2	3	4	5	
F15.	My wife/partner and I frequently discuss our child(ren)'s physical development and health.	1	2	3	4	5	
F16.	My wife/partner and I frequently discuss daily care of our child(ren) (such as who will do the feeding and bathing).	1	2	3	4	5	

End.

Thank you for your participation!

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MODULE G: SILC groups

Interviewer read: *Now I would like to ask you some questions about the participation of you and/or your wife in a Savings and Internal Lending Community (SILC).*

G1.	Are you currently participating in a SILC?	0 = No	1 = Yes → G4 If Yes, ask G4–G10 only, then go to next page
G2.	Have you ever participated in a Savings and Internal Lending Community (SILC)?	0 = No → G3 If No, ask G3 only, then go to next page	1 = Yes → G4 If Yes, ask G4–G10 only, then go to next page

		Strongly disagree	Disagree	Neutral	Agree	Strongly agree
G3.	My wife/partner would be supportive of my participation in a SILC.	1	2	3	4	5
G4.	My wife/partner is supportive of my participation in a SILC.	1	2	3	4	5
G5.	I think it is good for me to take leadership in a SILC.	1	2	3	4	5
G6.	I think I have the right to decide what I do with the income earned from participating in a SILC. (R)	1	2	3	4	5
G7.	My wife/partner has tried to influence my financial decisions as a member of a SILC (such as joining the group, requesting a loan, or deciding how to use the loan) in a way that I feel is negative. (R)	1	2	3	4	5
G8.	I usually (or used to) discuss with my wife/partner what to do with the income earned from participating in a SILC.	1	2	3	4	5
G9.	Since starting to earn income from participating in a SILC, I have (or used to have) more control over household financial decisions. (R)	1	2	3	4	5
G10.	My wife/partner and I have had (or used to have) more conflicts about the use of my money since I joined a SILC. (R)	1	2	3	4	5

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G11.	Is your wife/partner currently participating in a SILC?	0 = No	1 = Yes → G14 If Yes, ask G14–G20 only.	
G12.	Has your wife/partner ever participated in a SILC?	0 = No → G13 If No, ask G13 only, then go to End.	1 = Yes → G14 If Yes, ask G14–G20 only.	

		Strongly disagree	Disagree	Neutral	Agree	Strongly agree	
G13.	I would support my wife/partner's participation in a SILC if she wanted to join a SILC.	1	2	3	4	5	
G14.	I support my wife/partner's participation in a SILC.	1	2	3	4	5	
G15.	I feel happy when my wife/partner contributes money to the household that she has earned from participating in a SILC.	1	2	3	4	5	
G16.	I think it is good for my wife/partner to take leadership in a SILC.	1	2	3	4	5	
G17.	I think my wife/partner has the right to decide what she does with the income earned from participating in a SILC.	1	2	3	4	5	
G18.	My wife/partner usually discusses (or used to discuss) with me what to do with the income earned from participating in a SILC.	1	2	3	4	5	
G19.	Since my wife/partner started to earn income from participating in a SILC, she has (or used to have) more control over household financial decisions.	1	2	3	4	5	
G20.	My wife/partner and I have had (or used to have) more conflict about the use of her money since she joined a SILC. (R)	1	2	3	4	5	

End.

Thank you for your participation!

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MODULE H: Agriculture livelihoods

Interviewer read: *Now I am going to ask you some questions about your agricultural practices, and how you and your wife or partner interact.*

H1.	Does your wife/partner work in agriculture?	0 = No → H3 If No, skip to H3	1 = Yes	
H2.	Has your wife/partner ever worked outside the home farm?	0 = No → Skip H4 If No, do not ask H4	1 = Yes	
H3.	Do you work in agriculture?	0 = No → End If No, skip to end of module	1 = Yes	

*If respondent's wife/partner works in agriculture, ask H5–H16. Ask H4 **only** if respondent answered Yes to H2.*

*If respondent's wife/partner **does not** work in agriculture but he does, ask H12–H16 only.*

		Strongly disagree	Disagree	Neutral	Agree	Strongly agree	
H4.	I support my wife/partner working outside the home farm (or would support her if she wanted to work outside the home farm).	1	2	3	4	5	
H5.	I encourage my wife/partner to adopt new agricultural practices and technologies.	1	2	3	4	5	
H6.	I encourage my wife/partner to access agricultural inputs.	1	2	3	4	5	
H7.	I encourage my wife/partner to make decisions on agricultural inputs.	1	2	3	4	5	
H8.	I encourage my wife/partner to learn about agricultural practices.	1	2	3	4	5	
H9.	I encourage my wife/partner to participate in agriculture extension meetings.	1	2	3	4	5	
H10.	I think it is good if my wife/partner actively participates in a farmer's association.	1	2	3	4	5	
H11.	I think it is good if my wife/partner is the chair of a farmer's association.	1	2	3	4	5	

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		Strongly disagree	Disagree	Neutral	Agree	Strongly agree	
H12.	My wife/partner and I usually discuss together what crops we are going to plant.	1	2	3	4	5	
H13.	My wife/partner and I usually discuss together how we are going to divide the farm work.	1	2	3	4	5	
H14.	My wife/partner and I usually discuss together how we are going to divide the household chores.	1	2	3	4	5	
H15.	My wife/partner and I usually discuss what we will do with the farm production (for example, using it for our household or selling it in the market).	1	2	3	4	5	
H16.	I usually ask my wife/partner for advice when I am facing a problem or challenge in my farm work.	1	2	3	4	5	

End.

Thank you for your participation!

NOTE: Can be followed with Module J. Household financial management.

MODULE J: Household financial management

Interviewer read: *Now I am going to ask you some questions about how you and your wife/partner handle the money that you earn.*

Does respondent do any work for which he is paid cash? [refer to Q42]	Yes	No → J5 If No, skip to J5
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		Strongly disagree	Disagree	Neutral	Agree	Strongly agree	
J1.	I think I have the right to decide what I do with the income I earn. (R)	1	2	3	4	5	
J2.	Since starting to earn my own income, I have more control over household decisions. (R)	1	2	3	4	5	
J3.	My wife/partner feels happy when I contribute money to the household that I have earned.	1	2	3	4	5	
J4.	My wife/partner and I have had more conflict since I started earning more income. (R)	1	2	3	4	5	

Does respondent's wife/partner do any work for which she is paid cash? [refer to Q42]	Yes	No End If No, skip to end of module
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		Strongly disagree	Disagree	Neutral	Agree	Strongly agree	
J5.	I think my wife/partner has the right to decide what she does with the income she earns.	1	2	3	4	5	
J6.	Since my wife/partner started to earn income, she has more control over household decisions.	1	2	3	4	5	
J7.	I feel happy when my wife/partner contributes money to the household that she has earned.	1	2	3	4	5	
J8.	My wife/partner and I have had more conflict since she started earning more income. (R)	1	2	3	4	5	

End.

Thank you for your participation!

MODULE K: Nutrition and food security

Interviewer read: *Now I am going to ask you some questions about eating habits in your household.*

		Strongly disagree	Disagree	Neutral	Agree	Strongly agree	
K1.	There is usually enough food in my household.	1	2	3	4	5	
K2.	My wife/partner works hard to make sure that everyone in the household has enough food to eat.	1	2	3	4	5	
K3.	When food is scarce, it is more important that my wife have enough to eat than that I have enough to eat.	1	2	3	4	5	
K4.	When food is scarce, my wife/partner and I are able to talk about the situation.	1	2	3	4	5	

		Respondent	Husband/partner	Jointly	Someone else	Other	
K5.	Who usually decides what you eat: you, your wife/partner, you and your wife/partner jointly, or someone else?	1	2	3	4	5	

Is respondent caring for any children (0-18 years) in his household [refer to Q15]	Yes	No → End If No, skip to end of module
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		Strongly disagree	Disagree	Neutral	Agree	Strongly agree	
K6.	It is mostly my wife/partner's job to make sure the children are not hungry. (R)	1	2	3	4	5	
K7.	Male children should be given more food than female children. (R)	1	2	3	4	5	

End.

Thank you for your participation!



END MEN'S QUESTIONNAIRE

APPENDIX 4

Instructions for more intensive coding of module D scenarios

GETTING STARTED

Another option for coding the open-ended responses in module D is to start from scratch in generating a list of codes, and code the responses accordingly. As with the simpler coding scheme, men's and women's responses should be coded separately (with their own coding schemes). Each participant's complete set of responses should be coded as a whole, rather than coding each individual response.

To get started, read through the responses of approximately 20 participants, and note which responses or themes you see repeated. These will be your codes. Write out a list of these codes, and keep reading responses and adding codes to your codebook until you have reached "saturation" and are no longer finding new codes in the data. Take a look at your list of codes, and decide if there are any that you should combine under one code, or any that you should separate into multiple codes. It is up to you how many codes you choose to have, but a list of more than 20 might prove to be unwieldy. If you have a code that you have only used once or twice, it might not be worth keeping, unless it represents a particularly interesting finding or case. You do not have to code every response; you might find that some responses do not shed any light on your research question.

CODING USING A WORD PROCESSOR

Once you have a codebook, you may code using a coding program (such as NVivo, Atlas.ti, or MAXQDA), or you may code simply using a word processor, following these instructions.

1. Assign a simple two-letter abbreviation to each of your codes, making sure not to duplicate any of these abbreviations. Put these codes and their abbreviations into a table (see example below).
2. Use these abbreviations to code responses, writing the abbreviations in capital letters. Never apply the same code more than once in one person's response, as you are coding the participant's reply as a whole, rather than individual responses. On the other hand, you may apply two or more codes to the same statement.
 - a) "I would apologize because a man is never wrong" was coded as both "I am at fault" and "I should apologize" in the example.

3. Once you have finished coding, use the search-and-replace function to replace the two-letter abbreviations with phrases that summarize the code. (Select “match case” when you do the search-replace, so that you don’t accidentally replace part of a word, but only the capitalized codes.) Put the phrases in square brackets so it is clear what the participant’s statement is and what the code is. Note the number of replacements as this will tell you how many times that code was used.

QUALITATIVE ANALYSIS

As you code, write up your observations about what you are reading. Which statements or themes seem to come up often? Which statements or themes are more rare, and are perhaps in conflict with the “majority view”? Do participants ever present views that seem contradictory to you? You may also compare open-ended responses to a participant’s closed-ended responses regarding the same scenario, or compare responses between two members of a couple to look for points of agreement and disagreement.

Update the table of codes with the number of times each code appeared, and see what you can learn from this information. Were you right about the responses that were common and rare? Are there any codes that you used for most participants, indicating that most participants held a similar view? You may also update this table with a quote representing each code. (If you use quotes, explain any local terms that other readers might not understand, putting the explanation in square brackets.)

Example: *“Though he has shouted at me I still had to cook nsima [maize porridge] for him to eat.”*

Compare men and women’s responses. How are they the same? How are they different? What codes are common for men but not for women, or vice-versa?

Both this table and your written observations can be presented as qualitative findings (see example below). Include quotes that you feel are particularly illustrative. Try to answer the following questions in your analysis:

- ***What do these qualitative findings say about gender roles and power among men and women?***
- ***What differences do you see between men and women, and how do you interpret those differences? Do you believe that men and women are being frank in their answers, and, if not, how do you interpret this?***
- ***What do men and women not say in their responses, and why is this significant?***
- ***How do these qualitative findings relate to the quantitative findings from that scenario?***

EXAMPLE FROM MALAWI VALIDATION STUDY: SCENARIO 1

When Samuel came home after working for 12 hours in the field, dinner was not ready at the usual time. Miriam explained that she had spent most of the day at a neighbor's house helping to care for a sick child, and so she was not able to do her regular field or household work. Samuel shouted at Miriam and raised his hand as if he was going to strike her.

Women's questions: *If you were Miriam, how would you feel? What would make you feel this way? How do you think she should handle those feelings?*

Men's questions: *If you were Samuel, how would you feel? What would make you feel this way? How do you think he should handle those feelings?*

Code	# times appearing, women (n = 98)	Quote(s) from women	# times appearing, men (n = 66)	Quote(s) from men
Wife is at fault [AF = at fault]	33	I was wrong for not taking care of my family.	12	She did something unacceptable because she was supposed to know that she should prepare food for me to have when back.
Wife is not at fault [NF = not at fault]	3	I did not do anything wrong by helping my friend with the sick child.	41	It is understandable because she was caring for the sick and one cannot die because he did not have lunch.
I would feel hurt, sad [IH = I hurt]	76	It could have pained me since I was caring for the sick not chatting.	21	I could have felt pain ... I have worked a lot so I was supposed to find food.
I would not feel hurt [NH = not hurt]	9	I will not be hurt ... I am to blame.	17	I could not have been hurt ... She went to save someone's life.
Wife should cook food [WC = wife cook]	41	Though he has shouted at me I still had to cook <i>nsima</i> [maize porridge] for him to eat.	20	I would have told her to cook that moment.
Husband could cook food [HC = husband cook]			31	I could have told my wife to go and continue her caring for the sick. I will cook.
I should apologize [AP = should apologize]	53	I would apologize because a man is never wrong.		

I should forgive [FO = forgive]			2	Because she was caring for the sick I could forgive.
	12	He is supposed to understand because it is just the same as caring for our own child.	2	I also have children and one day I will also need someone outside to help me.
Husband doesn't understand [DU = doesn't understand]	10	He is supposed to understand because it is just the same as caring for our own child.		
Husband wants to beat wife [HB = husband beats]	17	I will be sad because he wants to beat me up for taking care of a patient.		
Beating is wrong [BW = beating wrong]	2	It is not acceptable to beat one's wife.		
Wife should permit the beating [PB = permit beating]	1	I would let him beat me.		
Wife has made husband disappointed or sad [HS = husband sad]	6	I will not be happy since I have disappointed my husband.		
Husband and wife should discuss the situation [DI = discuss]	8	I would try to discuss with him because these things happen and tomorrow the problem may befall us.	3	We would sit down and discuss so that what has happened [not finding food at home] should never be repeated.
Situation requires outside intervention [IN = intervention]	1	[I should] report the issue to the marriage counselor to help us.	1	I would call her together with her parents so that they can advise her to stop such kind of behavior.
I should do nothing [DN = do nothing]	4	He has abused me, [but] I will do nothing.	4	There is nothing I could have done.
I feel angry [AN = angry]	3	I would be so angry because that shows that he is not human.	5	I would have been angry because I have provided food but found it uncooked.
I feel afraid [AF = afraid]	1			

In this scenario, a woman failed to have dinner ready because she had been at a neighbor's house helping to care for a sick child, and her husband reacted with anger, shouting at her and raising his hand as if to strike her. Men and women were asked how they would feel as the same-gender character in the scenario, what would make them feel that way, and, as the same-gender character, how they should handle those feelings.

Women overwhelmingly reported that they would feel hurt or sad (77 of 99 women) in such a situation, and many felt that they would be at fault (33 women). In the words of one woman, “I was wrong for not taking care of my family.” Only three women expressed that they would not be at fault in this situation. A number of women (9) said that they would not feel hurt, but the common reason given for this was that they were in fact to blame. Several women (6) expressed that they would know they had disappointed their husband or made him sad. Many women (18) assumed that the husband would beat the wife in such a situation, and only two women expressed that such violence would be wrong, while one woman said she would permit the beating. A commonly expressed sentiment (12 women) was that one must help one’s neighbor in need, because a neighbor’s child was no different than one’s own child, and because that neighbor’s help would doubtless be needed one day. A number of women (10) expressed frustration with the fact that the man in this scenario didn’t understand the importance of helping one’s neighbor, with one woman saying, “He is supposed to understand because it is just the same as caring for our own child,” and eight women suggested that they should try to explain and discuss this with the husband. Nevertheless, most women (54) reported that it was the woman’s responsibility in such a situation to apologize. One woman expressed, “I would apologize because a man is never wrong.” Women generally said that they should apologize even when they felt that the husband was at fault and the woman’s actions were justified. One woman said, “He has been very abusive by shouting and wanting to beat me for taking care of a sick person,” before adding that she should apologize. Many women (42) also said that along with apologizing, they should cook food for the husband.

Men’s responses to the scenario were strikingly different than women’s. Most men (50 of 77) expressed that the woman was not at fault in this situation. One man explained, “It is understandable because she was caring for the sick and one cannot die because he did not have lunch.” Only 12 men expressed that the woman was in the wrong, and no man said that a man should beat his wife in such a situation. A number of men (22) expressed that they would be hurt or disappointed if they failed to find dinner ready, but even these men generally expressed understanding for the wife’s decision. Two men felt that the wife would need forgiveness, and that they would forgive her. Other men (12) said they would not have been hurt, as, in one man’s words, “She went to save someone’s life.” Some men expressed somewhat contradictory opinions, saying both that they would be angry or would complain, but also that they understood the importance of their wives’ work in caring for the neighbor. One man said, “I would have complained a lot but I would have understood her ... She was not playing but caring for the sick.” Notably, nearly half of men (36) said that they would be willing to cook in such a situation, while 24 men said that the wife should cook when she got home. (No female participant ever suggested that the man might cook his own meal in such a situation.) No man said that the man would owe an apology in this situation.

Notably absent in women’s and men’s accounts were suggestions of how feelings of anger and tension in the relationship should be resolved. All respondents were asked how they should deal with their feelings in the situation, but relatively few respondents reported that they would communicate with their partners, and no one mentioned specifically telling their partners how they were feeling. Women said

repeatedly that they would apologize and cook a meal. In response to questions about how they would deal with their feelings, men also repeatedly mentioned taking action: cooking a meal, or telling their wives that this should never happen again. Some women said they should try to explain the situation to their husbands, but the fact that they expected to be the one to apologize (and not their husbands) suggests that they did not expect a conversation between equals. A few men and women treated the situation quite seriously, with one woman saying, “I thought I was being generous by helping a friend not realizing that I was putting my marriage at risk.” One woman suggested that the issue should be reported to a marriage counselor, while a man stated, “I could call her together with her parents so that they can advise her to stop such kind of behavior.”

These qualitative responses reflect the responses to the closed-ended questions associated with this scenario. Women’s average response (n = 118) was to agree that their partners would be angry (mean score of 3.64 on scale of 1 to 5 in which 3 was neutral and 5 was strong agreement). Men’s average response (n = 20) was to disagree that they would be angry (mean score of 2.25 on scale of 1 to 5 in which 3 was neutral and 1 was strong disagreement). Women, on average, disagreed that their partners would strike or hit them in such a situation (mean score of 2.63 on same scale), but men disagreed much more strongly that they would strike or hit their partners (mean score of 1.11 on same scale). The difference between men’s and women’s mean scores was significant at $p < .001$ for both questions.

In sum, women’s responses reflect more rigid gender roles and a more disadvantaged position in the relationship relative to men than do men’s accounts. This finding raises the question of to what degree men’s responses are shaped by social desirability bias and a desire to appear to be supportive of their wives and of gender-equitable norms (even if such support is not the reality). An important caveat is that no couples are included in these data (i.e., both partners were never administered the same scenario). Therefore, men and women are reporting about different relationships, and never the same relationship as another respondent in the sample. However, if men in this population in fact hold such liberal views about gender roles and are as generally understanding and supportive of their wives as the male respondents claim to be, we would expect more women to report that their partners would be understanding and supportive, and cook a meal rather than reacting with anger and blame.



Catholic Relief Services 228 W. Lexington Street, Baltimore, MD 21201, USA
For more information, contact healthsocialservices@crs.org.