

“ I am glad to narrate here that during the training I have gained various skills and experience which enriched my in-depth understanding. I feel I am wearing spectacles that are making me see and understand women’s rights. ”

Interviewer from Tanzania

“ I am so pleased that you have talked to me. I feel relieved more than anything since I have told you about my situation. ”

Woman interviewed in Ethiopia

“ My participation in the survey helped me to know myself better and to understand what it was happening to me. I realized that the person, whom I trusted the most and because of whom I left behind my “old way” of life, abused me. At first I didn’t want to believe it. The contents of the training showed me that slaps and kicks are not love. Something serious was happening to me. ”

Interviewer from Serbia and Montenegro

Subjects covered in this section:

- Ensuring comparability across sites and sampling strategies
- Enhancing data quality
- Interviewer selection and training
- Respondents’ satisfaction with interview
- Data processing and analysis
- Characteristics of respondents
- Representativeness of the sample

Ensuring comparability across sites and sampling strategies

One of the major objectives – and the greatest challenge – of the WHO Study was to maintain cross-setting comparability, by ensuring that the same issues and concepts were explored and analysed in the same way in each participating country.

The following steps were taken to ensure that, during each phase of the Study, joint ownership and cross-site comparability were maintained:

- The core research team took central responsibility for the study design, and coordinated and documented revisions to the questionnaire and study procedures.
- Annual meetings were held with the country research teams to finalize the questionnaire, survey methods and initial analysis, to share experiences and lessons learned, and to troubleshoot and provide technical support.
- Sampling strategies – aimed at ensuring that the sample was self-weighting with respect to the household – were reviewed by a member of the core research team (see Box A1.1).
- Core research team members visited each country during the inception phase, interviewer training, pilot-testing phases and, in some instances, data cleaning phases of the Study.

- A standardized question-by-question description of the questionnaire was used to inform the questionnaire translation, and during the interviewer training.
- All questionnaires were back-translated, and pretested in each language.
- Detailed training manuals for facilitators, supervisors, interviewers and data processors ensured the standardization of the training, quality of supervision, and implementation of the study procedures.
- Standard quality-control measures were implemented during fieldwork in all countries, including checking the questionnaire on site, regular debriefings and support to the interviewers.
- Standardized data entry systems and database structures were used in all countries, and core syntaxes were developed for data analysis.

Enhancing data quality

Various mechanisms were used in each country to ensure and monitor the quality of the survey implementation. These mechanisms included:

- use of a detailed standardized training package (see Box A1.2 for list of materials);
- clear explanations of the requirements and conditions of employment to each interviewer and supervisor; with the option to dismiss staff who were not performing adequately or who had negative attitudes towards the topic of the Study;
- compilation of details of eligible members of each household during the survey, so that possible sampling biases could be explored by comparing the sample interviewed with the distribution of eligible respondents;
- close supervision of each interviewer during fieldwork, including having the supervisor observe the beginning of a proportion of the interviews;

Box A1.1 Sampling strategies adopted in the various sites in the WHO Multi-country Study on Women's Health and Domestic Violence against Women			
Country/site	Sampling frame	First (and second) sampling stage	Selection of households: second (or third) stage
Bangladesh – Dhaka municipality	Enumeration areas (EAs, <i>mohallas</i>) as defined by census bureau (1991). Average 100 households per EA.	40 EAs randomly selected, adding preceding and subsequent EA to index EA to get average 300 households per cluster.	Every sixth household selected in cluster; starting from randomly selected point in cluster probability proportionate to size (PPS); total 2105 households (40% oversampling).
Bangladesh – Matlab	142 villages (10 973 households) in 5 areas. Average 300 households (range 17–1860) per village.	42 clusters (villages) randomly selected.	Appr. 20% of households randomly selected in every village (PPS) from up-to-date list (ICDDR,B database); total 1946 households (30% oversampling).
Brazil – São Paulo	Probability matrix of 263 clusters prepared by Federal Bureau of Statistics (1995 data). Range 100–750 households per cluster.	72 clusters systematically selected (PPS) from an ordered list based on literacy rate of heads of households.	30 households randomly selected from list of households in each cluster: total 2163 households (40% oversampling).
Brazil – Pernambuco	All 42 villages and towns in the rural area of the State of Pernambuco.	15 villages/towns systematically selected (PPS) from an ordered list by geographic density, urbanization rate and literacy of head of household. In each selected village/town 8 clusters randomly selected.	18 households systematically selected in each cluster: total 2136 households (40% oversampling).
Ethiopia – Butajira Rural Health Program (BRHP)	Study sites of BRHP in Meskan and Mareko district (one of the 11 districts in Gurage Zone; 257 500 population).The district consists of <i>kebele</i> .The 10 study <i>kebele</i> (9 rural and 1 semi-urban) are used by BRHP for surveillance.	The 10 study <i>kebele</i> stratified into urban and rural.	Simple random sample from list of eligible women in the 10 study <i>kebeles</i> , adapted to select only one woman per household (designed to include 15% from urban and 85% from rural <i>kebeles</i>); total 3200 women.
Japan – Yokohama	All 24 954 survey units in 18 districts in whole city of Yokohama (population 3 420 700). Average 50 households per survey unit.	127 clusters (survey units) randomly selected with probability equal to proportion of women aged 18–49 years per district, systematically selected from geographically ordered list.	On average 19 (range 17–20) women (18–49 years old) systematically selected in each survey unit from list of female residents; total 2400 women (60% oversampling).
Namibia – Windhoek	All 503 enumeration areas in whole city (appr. 200 000 inhabitants). Average 120 households per EA (cluster).	143 clusters systematically selected (PPS) from a list, ordered geographically and according to socioeconomic status.	15 households randomly selected in each cluster from a list; total 2025 households (35% oversampling).
Peru – Lima	Appr. 12 000 clusters in the whole city, determined by National Statistical Institute (INEI). Average 100 households per cluster.	166 clusters systematically selected with PPS from list ordered according to socioeconomic status.	12 households per cluster systematically selected from list of households; total 1992 households (30% oversampling).

Box A1.1 Sampling strategies adopted in the various sites in the WHO Multi-country Study on Women's Health and Domestic Violence against Women <i>(continued)</i>			
Country/site	Sampling frame	First (and second) sampling stage	Selection of households: second (or third) stage
Peru – Department of Cusco	All clusters in each of the two strata: Cusco town and rest of department of Cusco (excluding one inaccessible district, Echarata); each proportionally represented. Average 100–200 households per cluster.	Cusco town: 46 clusters selected with PPS. Rest of the department: 3 provinces selected with PPS from list ordered on proportion of urbanization. In each province 22 clusters selected with PPS.	Cusco town: 12 households selected systematically from list of households per cluster (total 552 households). Rest of the department: for urban clusters 23 households selected from list of households per cluster. In rural clusters a <i>centro poblado</i> randomly selected and 23 households visited from a random starting point (total 1518 households). In whole department total 2070 households (40% oversampling).
Samoa	All villages in the country divided into 355 blocks of appr. 60 households each (based on listing of the Department of Statistics).	133 clusters (blocks) randomly selected (simple random sample).	15 households systematically selected from listing of heads of household per cluster; total 1995 households (30% oversampling).
Serbia and Montenegro	Appr. 2000 continuous urban electorate blocks in Belgrade (11 municipalities, 1.3 million people). Average 200 households (range 20–50) per block.	203 clusters (blocks) selected with PPS from geographically ordered list.	In each cluster one address was randomly selected from a list after which every fourth door in a predetermined direction was knocked on until 10 households with eligible women were identified.
Thailand – Bangkok	14 030 census blocks.	80 clusters (census blocks) selected with PPS.	35 households systematically selected per cluster; total 2800 households (85% oversampling).
Thailand – Nakhonsawan	15 districts, with total 1601 census blocks. Average 150 households per block.	3 of 15 districts selected with PPS; in these districts 60 clusters (census blocks) selected with PPS after rural/urban stratification.	35 households systematically selected per cluster from list of households ordered by size; total 2100 households (40% oversampling).
United Republic of Tanzania – Dar es Salaam	City of Dar es Salaam (3 000 000 inhabitants) consisting of 3 districts, subdivided in 10 divisions, 73 wards (5000–100 000 population), streets/ villages (5000–40 000 population), and <i>wajumbe</i> (10–50 households).	22 wards (clusters) selected with PPS from list of wards, ordered by district and division. In each ward 2 streets selected randomly. In the 2 selected streets combined, 20 <i>wajumbe</i> systematically selected from a list of all <i>wajumbe</i> (total 440 <i>wajumbe</i>).	In each of the <i>wajumbe</i> , 5 households randomly selected from a list of heads of households prepared in the field (100 households per ward); total 2200 households (50% oversampling).
United Republic of Tanzania – Mbeya	Two districts (Mbeya Urban and Rural) (appr. 517 000 population) of total 6 districts in the province. These 2 districts consist of 5 divisions, 53 wards and below these 36 streets (Mbeya Urban) and 16 villages (Mbeya Rural). Villages consist of <i>vitongoji</i> (30–100 households each).	22 wards (clusters) selected with PPS from list of 53 wards ordered by district and division. Mbeya Urban: in each ward, 2 streets selected and, within these, 20 <i>wajumbe</i> as above. Mbeya Rural: in each ward 2 villages selected and within these 20 <i>vitongoji</i> .	In each of the <i>wajumbe</i> and <i>vitongoji</i> , 5 households randomly selected from a list of heads of households prepared in the field (100 households per ward): total 2200 households (50% oversampling).

- random checks of some households by the supervisor; without warning, during which respondents were interviewed by the supervisor using a brief questionnaire to verify that the respondent had been selected in accordance with the established procedure and to assess the respondent's perceptions of the initial interview;
- continuous monitoring of each interviewer and each team, using performance indicators such as response rate, number of completed interviews, and rate of identification of physical violence;
- having a questionnaire editor in each team review each completed questionnaire to identify inconsistencies and skipped questions, thus enabling any gaps or errors to be identified and corrected before the team moved on to another cluster;
- a second level of questionnaire editing upon arrival of the questionnaire in the central office, carried out by "office editors";
- extensive checking of validity, consistency and range, conducted at the time of data entry by the check program incorporated in the data entry system (EpiInfo6), and double entry of all data followed by validation of double entry (EpiData) and correction of computer-identified errors.

Interviewer selection and training

International research indicates that women's willingness to disclose violence is influenced by a variety of interviewer characteristics, including sex, age, marital status, attitudes, and interpersonal skills (1–3). The WHO Study used female interviewers and supervisors, and accorded paramount importance to their careful selection and appropriate training. Unfortunately, for logistic reasons it was not possible to provide comprehensive training to the interviewers in Japan and to some of the interviewers who joined the study late in Serbia and Montenegro (Box A1.3).

The criteria for selecting interviewers included ability to engage with people of different backgrounds in an empathetic and non-judgemental manner; emotional maturity, skills at building rapport, and ability to deal with sensitive issues. Standards regarding age and background of interviewers were determined by setting. Given the complexity of the questionnaire, the interviewers were required to have above primary-level education. In all countries, more potential interviewers and

Box A1.2 WHO materials for those interested in doing research on violence against women

WHO can provide a wide range of documents and other materials that it has developed for the Study; some of this material is available on CD ROM or from our web site at www.who.int/gender

- Study protocol (available in English and Spanish)
- Ethical and safety guidelines for doing research on violence against women (available in English, French and Spanish)
- Study questionnaire (available in a number of languages)
- Manual with question-by-question explanation of the questionnaire
- Guidelines for facilitators and slide show, in particular for training on gender and violence issues
- Manuals for interviewers, supervisors and field editors
- Example of a "dummy questionnaire" (to change subject when interviewer is interrupted)
- Example of quality control questionnaire (for supervisors)
- Manual for data processor
- Data entry program (EpiInfo6 and EpiData) with interactive consistency and error checking
- Code book with all variables and values and their labels
- Data analysis recode and syntax files for standardized analysis in SPSS
- Ellsberg M, Heise L. *Researching violence against women: a practical guide for researchers and activists*. PATH/WHO, 2005

supervisors were recruited for training than the Study required. This enabled the country research team to maintain some flexibility, and have the option not to hire all of the interviewers. The final selection of interviewers was made during or after the training.

The previous experiences of the members of the WHO core research team and of the International Research Network on Violence Against Women (IRNVAW) had highlighted the need for interviewers working on domestic violence to receive additional training and support over and above that normally provided to survey research staff. For this reason, the WHO core research team developed a standardized 3-week training course for interviewers, for use in all settings (see Box A1.4). The course materials included a timetable and outline for training and a set of accompanying manuals: a training facilitator's manual; a manual with a question-by-question explanation of the questionnaire; and specific procedural manuals

Box A1.3 Changes in protocol or questionnaire in Japan, Ethiopia, and Serbia and Montenegro

Japan

In Japan, the study team made a number of accommodations to address specific concerns about privacy and to conform to Japanese research conventions.

Use of a professional survey company. Surveys in Japan are traditionally implemented by professional survey firms rather than independent researchers. In keeping with this norm, the Japanese team contracted with a well known Japanese survey firm, the *Chuo Chousa Sha* (Central Research Services) to assist in sampling and to conduct the interviews.

Abbreviated training for interviewers. The team used 25 professional female interviewers – each with more than 10 years of experience – selected from *Chuo Chousa Sha's* pool of experienced fieldworkers. Interviewers received one day of training, which covered: background of the study and violence issues; importance of confidentiality; and safety and ethical issues. The training included an explanation of all the study materials, as well as role plays. A Japanese training manual, covering the subjects dealt with during the training and including a list of support services, was given to all interviewers.

Questionnaire layout. The Japanese questionnaire followed a different numbering system and layout, as required by the survey company conducting the study (the corresponding WHO question number was given in brackets).

Partial use of self-administered questions and response booklet. Securing privacy was exceptionally difficult because of the crowded housing conditions in Yokohama. In fact, most of the pilot interviews had to be conducted in the respondents' doorway. In order to adhere to the spirit of the WHO protocol, which emphasized absolute privacy, the team augmented the face-to-face interview with a self-administered pencil-and-paper format for questions containing subject matter or words that they did not want overheard by the respondent's household members or passers-by.^{1,2} Thus, for certain questions, the interviewer handed to the respondent a self-administered questionnaire, for immediate completion. For other questions, the interviewer showed the respondent a booklet in which the applicable questions or response categories were printed, which allowed the interviewer to ask the respondent "What about this?" while pointing to a question.

Data processing. As the data entry and coding systems were different in Japan, the database had to be recoded to be compatible with the standard database structure used in the other countries.

Ethiopia

Questionnaire. The study in Ethiopia also used the Amharic version of the Composite International Diagnostic Interview (CIDI Version 2.1, sections C, D, E, and K) to ask about mental symptoms, and the International Classification of Disease (ICD-10) algorithms to screen for specific mental illnesses. The CIDI questionnaire had previously been validated and used extensively by the mental health group in Butajira. A combined domestic violence and mental health questionnaire was finally used in the field for data collection. The main adaptations were that questions 202 to 208, 211 and 212 of the WHO Study questionnaire were deleted, while the CIDI questions were asked at the end of section 2. For the comparative analysis, several CIDI variables for general health and suicide were recoded into the equivalent WHO variables to enable cross-country comparison.

Serbia and Montenegro

Training of interviewers. In Serbia and Montenegro, an original cadre of 13 interviewers was recruited and received the full training course recommended by WHO. Midway through the fieldwork, the Serbian team recruited an additional group of professional interviewers from a survey firm because the study was falling behind schedule. These 21 professional interviewers received only one day of training rather than the 2.5 weeks received by the original 13 interviewers.

Questionnaire. Because of limited resources, sections 4 (children) and 10 (financial autonomy) were omitted from the questionnaire used in Serbia and Montenegro.³

¹ These included questions about experience of violence by intimate partners and about the woman's children or spouse, and her experience with or opinions about sex.
² The respondents in the pretests also voiced their strong preference for the self-administration method, which is commonly used in Japan, where the literacy rate is high.
³ Serbia and Montenegro is the only country in this report that used version 10 of the questionnaire, which asked questions on injuries and coping not only for physical violence but also for sexual violence by an intimate partner. The analysis presented here, however, deals only with physical violence, to allow cross-country comparison.

for interviewers, supervisors, field editors, and data processors.

The training was conducted in each country by the country research team, assisted – in all countries except Japan – by a member of the WHO core research team. Certain sessions, as needed, were conducted by local or national psychologists, representatives of advocacy groups, and census experts.

Box A1.4 **WHO Multi-country Study on Women's Health and Domestic Violence against Women: goals of interviewer training**

- The goals of training were to enable interviewers to:
- be sensitive to gender issues at a personal as well as a community level;
 - develop a basic understanding of gender-based violence, its characteristics, causes, and impact on the health of women and children;
 - understand the goals of the WHO Study;
 - learn skills for interviewing, taking into account safety and ethical guidelines for research on domestic violence;
 - become familiar with the questionnaire, protocol, and field procedures of the Study.

Interviewers were trained to reinforce the respondent's own coping strategies and to remind her that the information she had shared was important and would help other women.

"I would tell a woman who lived with violence that she should have faith and courage to keep going on, to fight for her children if she had any, and if not, to have the courage to face things..." (interviewer from Peru).

Training and support continued through regular meetings and debriefings during the fieldwork. In addition to technical meetings to evaluate progress with data collection and other logistic aspects of the survey, emotional debriefing sessions were held to provide interviewers with an opportunity to discuss their own feelings about the interviews. The sessions were conducted by the country research teams and, in some cases, by professional counsellors, in recognition of the range and complexity of feelings that can arise when conducting fieldwork on this issue.

"Sometimes I had a big problem not to hug the woman who was crying during the interview. It was not so easy to overcome and to stay calm in the

presence of those women who have suffered for years without any help from outside" (interviewer from Serbia and Montenegro).

In most countries, opportunities for individual counselling were also provided if needed. Given the potentially distressing nature of research on violence, and the memories that it may awaken among field staff, the country teams found these sessions to be essential for maintaining the morale and emotional well-being of staff during fieldwork.

A final evaluation was held in most sites at the conclusion of fieldwork. Many interviewers felt that the training and field experiences had opened their eyes to the realities of women's lives and the types of violence that women face, and had been a transforming experience. As a result, many have gone on to become involved in anti-violence work.

"I grew a lot emotionally. I am much more secure and mature as a person. It gives me a sense of pride to have been part of the study. I feel we can give the Government hard facts and statistics to create better services for women" (interviewer from Namibia).

"After having lived an experience like this study, we will never be the same, not only because of what we heard but also because of what we learned as recipients of many life stories, each one of them with different levels and degrees of violence" (interviewer from Peru).

"I feel that through this training I am now wearing spectacles that are making me see and understand women's rights" (interviewer from United Republic of Tanzania).

The critical importance placed on the careful selection and intensive training of interviewers contributed substantially to the reliability of the findings by enhancing disclosure as well as minimizing risks to respondents and interviewers (1). This conclusion is supported by the experience in Serbia and Montenegro, where 21 additional professional interviewers joined the fieldwork halfway through. Because of time constraints, these 21 interviewers received only one day of orientation rather than the full 2.5-week training programme. It was found that interviewers who followed the full training programme achieved significantly higher response rates, more disclosure of violence, shorter interview duration, and higher respondent satisfaction than those who had

less training (1). This experience suggests that failure to provide special training and support to interviewers could undermine the safety of interviewers and respondents, and compromise data quality.

Respondents' satisfaction with interview

It is commonly perceived that women do not want to be asked about their experiences of violence. To explore this issue, towards the end of the interview all respondents were asked the following question: "I have asked you about many difficult things. How has talking about these things made you feel?" (Question 1203). The answers were written down verbatim and coded by the interviewers in one of the following three categories: good/better; same; bad/worse (Table A1.1).

In general, even respondents who had disclosed physical or sexual violence, or both, by an intimate partner found participating in the Study to be a positive experience: except in the city sites of Japan and Serbia and Montenegro, the majority (60–97%) of women who had experienced physical or sexual violence, or both, by a partner reported that they felt good/better at the end of the interview. In Japan and Serbia and Montenegro, these percentages were much lower (6% and 38%, respectively), although not much different from those of respondents not reporting violence in these sites.

Very few respondents reported feeling bad/worse after being interviewed: between 0% and 8% of women reporting partner violence and between 0% and 3% of women with no history of partner violence. When this sentiment was felt, the reason was usually because the woman had found it difficult to revisit or to talk about painful events.

Table A1.1 **Impact of the interview on respondents, by whether respondent had reported physical or sexual violence, or both, by an intimate partner, by site**

Site	Experience of violence	Percentage distribution according to feeling at end of interview		
		Good/better (%)	Same (%)	Bad/worse (%)
Bangladesh city	Never experienced violence	95.6	3.8	0.6
	Ever experienced violence	97.0	2.5	0.5
Bangladesh province	Never experienced violence	96.3	2.6	1.2
	Ever experienced violence	95.6	3.7	0.7
Brazil city	Never experienced violence	75.7	22.8	1.5
	Ever experienced violence	73.5	20.6	5.9 ***
Brazil province	Never experienced violence	90.3	8.7	1.1
	Ever experienced violence	91.3	8.0	0.7
Ethiopia province	Never experienced violence	95.6	2.4	2.0
	Ever experienced violence	98.0	1.6	4.0 ***
Japan city	Never experienced violence	3.3	94.2	2.5
	Ever experienced violence	6.1	90.8	3.1
Namibia city	Never experienced violence	85.6	13.4	1.0
	Ever experienced violence	85.5	10.0	4.5 ***
Peru city	Never experienced violence	73.8	23.0	3.2
	Ever experienced violence	82.1	10.1	7.8 ***
Peru province	Never experienced violence	81.9	15.0	3.2
	Ever experienced violence	80.4	11.2	8.4 ***
Samoa	Never experienced violence	98.9	1.1	0.0
	Ever experienced violence	98.6	1.4	0.0
Serbia and Montenegro city	Never experienced violence	41.5	57.7	0.8
	Ever experienced violence	38.4	55.9	5.7 ***
Thailand city	Never experienced violence	42.5	56.8	0.6
	Ever experienced violence	59.8	39.8	0.5 ***
Thailand province	Never experienced violence	51.8	48.2	0.0
	Ever experienced violence	60.8	38.6	0.6 ***
United Republic of Tanzania city	Never experienced violence	73.4	25.5	1.1
	Ever experienced violence	75.3	23.2	1.5
United Republic of Tanzania province	Never experienced violence	94.0	5.4	0.5
	Ever experienced violence	94.9	4.6	0.6

Asterisks denote the significance level of the difference: * $P < 0.05$, ** $P < 0.01$, *** $P < 0.001$, **** $P < 0.0001$ (Pearson chi-square test).

"I was reminded of my experience of being sexually mistreated in the past, which I had forgotten about" (woman interviewed in Japan).

"I felt comfortable although the questions are painful. I did my best to survive the experience of violence. Women should support and protect each other. Problems of family violence should be discussed much more in our society" (woman interviewed in Serbia and Montenegro).

In about half of the sites, women reporting partner violence had similar levels of satisfaction with the interview to those of women who did not report violence. Where they differed, the patterns were not consistent. In Peru city and Thailand, women who had experienced partner violence were more likely to report feeling better after the interview than those who did not report violence, whereas in Brazil city, Namibia city, Peru province, and Serbia and Montenegro city, women who reported violence were more likely to report feeling worse. In Ethiopia province the results were mixed (1).

Data processing and analysis

The data processing and data entry procedures were rigorously standardized across countries. They were developed centrally and supervised in each country by a member of the core research team.

Although some of the questions or answer options differed between countries, a standardized approach to coding was adopted. The data entry program was adapted for use in each country, and every single country adaptation was centrally documented and monitored in a master code book. This helped ensure that the data in each country were essentially entered in the same way, and that decisions about coding were implemented universally.

Each site was responsible for the entry, cleaning and preliminary analysis of the data. The core research team provided assistance where necessary.

At country level, the data were analysed using SPSS. The core research team developed recode and analysis syntax files centrally to ensure that the initial analysis was done in a standardized way. Univariate exploratory and descriptive analyses of the women's questionnaire were performed separately for the city site and the province within each country. The dependent and independent variables

were described, and were used to obtain crude prevalence estimates. In Brazil and Japan, additional analysis was done using Stata.

The clean databases were centrally aggregated in one large database that was used for the analyses presented in this report. All analyses for this report were done using SPSS, except for the analyses of the effect of survey design on prevalence of violence, and of the associations between violence and mental health scores, which were done using Stata.

Characteristics of respondents

The age, partnership status and educational characteristics of all respondents who completed the interview and of all ever-partnered respondents (the main focus of this study), are shown by site in Tables A1.2–A1.4.

Age

As would be expected from the demographic profile of each site, there were generally fewer respondents in the older age groups than in the middle age groups (Table A1.2). In Ethiopia province, where life expectancy is relatively low, almost one in four respondents were in the youngest age group (15–19 years). In contrast, in the cities in Japan and in Serbia and Montenegro, as well as in Thailand province, there were as many or more women in the older groups than in the younger groups. In the cities in Japan and in Serbia and Montenegro, this is a result of high life expectancy and low fertility. In Thailand province, it is probably attributable to the migration of young women from the rural areas to work in urban areas.

Important differences in age distribution are seen in the ever-partnered women as compared to all respondents; the youngest age group is in many cases the smallest, as a large proportion of women aged 15–19 years have not yet been partnered. In Samoa and Thailand city, the group of 20–24-year-olds among the partnered women is also relatively small, because many in this age group are not yet partnered. Where women tend to get partners relatively young, such as in Bangladesh and the United Republic of Tanzania, the age distribution of partnered women more closely resembles that of all women, in particular from age 20 years onwards.

Partnership status

Taking into account that the definition of ever-partnered differs among sites (see Chapter 2),

Table A1.2 Age distribution of respondents								
(a) All respondents								
Site	Age group (years)							Total no. of respondents
	15–19 (%)	20–24 (%)	25–29 (%)	30–34 (%)	35–39 (%)	40–44 (%)	45–49 (%)	
Bangladesh city	15.9	20.8	22.0	17.5	10.4	8.2	5.1	1602
Bangladesh province	16.1	17.3	18.6	17.3	13.8	9.8	7.1	1527
Brazil city	13.4	14.8	17.2	14.6	16.3	13.5	10.2	1172
Brazil province	17.1	16.0	20.0	14.6	13.9	10.7	7.6	1472
Ethiopia province	23.3	14.2	15.1	16.9	11.7	12.1	6.8	3016
Japan city	3.2 ^a	10.4	15.0	19.6	19.1	15.9	16.8 ^b	1371
Namibia city	10.7	17.9	20.1	18.1	15.8	10.5	7.0	1500
Peru city	16.8	16.3	15.8	17.5	13.2	10.5	10.0	1414
Peru province	13.9	15.9	18.1	16.7	15.6	10.0	9.9	1837
Samoa	14.2	17.4	19.0	15.5	16.0	10.4	7.5	1640
Serbia and Montenegro city	8.5	16.7	15.6	14.0	14.0	14.9	16.3	1453
Thailand city	12.3	14.3	14.4	19.7	15.2	14.2	9.8	1535
Thailand province	11.9	10.9	11.6	14.7	18.5	15.9	16.5	1281
United Republic of Tanzania city	19.7	21.3	20.3	13.2	10.5	8.9	6.2	1811
United Republic of Tanzania province	17.1	20.1	23.6	14.6	11.4	8.3	5.0	1441

^a 18–19 years.
^b Includes 10 women who had turned 50 years of age between the time of selection and the time of interview.

(b) All ever-partnered respondents								
Site	Age group (years)							Total no. of ever-partnered women
	15–19 (%)	20–24 (%)	25–29 (%)	30–34 (%)	35–39 (%)	40–44 (%)	45–49 (%)	
Bangladesh city	8.6	19.7	23.9	20.3	12.1	9.5	6.0	1372
Bangladesh province	8.2	16.0	20.8	19.8	15.8	11.3	8.2	1329
Brazil city	6.2	13.8	18.4	15.1	18.9	15.7	11.8	940
Brazil province	7.5	15.0	21.6	17.1	16.8	13.0	9.1	1187
Ethiopia province	4.1	13.6	19.1	22.6	15.6	16.1	9.0	2261
Japan city	2.2 ^a	9.0	14.3	20.5	19.8	16.6	17.6 ^b	1287
Namibia city	5.9	17.5	21.1	19.4	17.2	11.3	7.6	1373
Peru city	5.2	13.9	17.2	21.2	16.2	13.2	13.0	1090
Peru province	4.4	13.9	20.4	19.3	18.4	11.9	11.7	1536
Samoa	2.1	13.0	20.7	19.7	20.7	13.8	10.0	1206
Serbia and Montenegro city	2.9	13.9	14.6	15.5	16.3	17.3	19.4	1194
Thailand city	2.7	9.2	15.0	24.6	18.6	17.4	12.5	1051
Thailand province	2.8	8.3	13.0	17.0	21.7	18.1	19.1	1027
United Republic of Tanzania city	8.8	20.9	23.0	15.9	12.8	11.0	7.6	1450
United Republic of Tanzania province	8.6	20.8	25.9	16.5	13.0	9.5	5.6	1257

^a 18–19 years.
^b Includes 10 women who had turned 50 years of age between the time of selection and the time of interview.

Table A1.3 shows that Thailand city has the highest proportion of never-partnered women (32%), followed by Samoa (27%), and Ethiopia province (25%). The sites with the lowest proportion of never-partnered women were the city sites in Japan, Namibia, and Serbia and Montenegro.

In most sites, a greater proportion of ever-partnered women were currently married than had any other partnership status (cohabiting or previously partnered), except in Brazil province where an equal proportion were currently living with a man without being

married and in Namibia city where an equal proportion reported having a regular sexual partner; living apart. In Bangladesh, it was not culturally appropriate to ask about cohabitation; any couple living as such would have reported being married. In Japan city only 1% of ever-partnered women reported cohabiting (without being married), and in Ethiopia province no one reported cohabiting. The proportion of ever-partnered women currently dating (i.e. regular partner; living apart) varied from 1% in Ethiopia province to 32% in Namibia city. In Bangladesh and Samoa, women with regular

Table A1.3		Current partnership status of respondents					
		(a) All respondents					
Site	Never partnered (%)	Currently married (%)	Living with man, not married (%)	Regular partner, living apart (%)	Currently no partner, divorced or separated (%)	Currently no partner, widowed (%)	Total no. of respondents
Bangladesh city	14.3	80.0	n.a.	n.a.	2.6	3.1	1603
Bangladesh province	13.0	82.9	n.a.	n.a.	1.3	2.8	1527
Brazil city	19.8	41.8	16.3	13.1	7.8	1.1	1172
Brazil province	19.3	33.5	32.5	6.3	6.4	1.9	1473
Ethiopia province	25.0	65.6	0.0	0.5	3.2	5.6	3016
Japan city	6.1	69.2	0.9	11.2	12.6 ^a	0.0	1371
Namibia city	8.5	28.3	19.2	29.5	12.7 ^a	1.8	1500
Peru city	22.9	34.0	21.6	9.2	11.3 ^a	0.9	1413
Peru province	16.4	42.0	29.8	2.3	7.3 ^a	2.2	1837
Samoa	26.5	53.2	14.9	n.a.	4.5	1.0	1640
Serbia and Montenegro city	9.2	52.0	4.8	17.6	15.3	1.0	1451
Thailand city	31.5	51.8	7.6	2.5	5.7	0.8	1535
Thailand province	19.9	64.6	7.3	1.4	4.4	2.3	1282
United Republic of Tanzania city	19.9	45.6	13.9	14.5	3.8	2.3	1815
United Republic of Tanzania province	12.8	48.1	24.2	5.3	4.2	5.3	1441

n.a., not available. For cultural reasons, this option was not included in answer to the question.

^a Includes women who had a past regular sexual partner without living together.

(b) All ever-partnered respondents

Site	Currently married (%)	Living with man, not married (%)	Regular partner, living apart (%)	Currently no partner, divorced or separated (%)	Currently no partner, widowed (%)	Total no. of ever-partnered women
Bangladesh city	93.4	n.a.	n.a.	3.0	3.6	1373
Bangladesh province	95.3	n.a.	n.a.	1.5	3.2	1329
Brazil city	52.1	20.3	16.4	9.8	1.4	940
Brazil province	41.6	40.3	7.8	7.9	2.4	1188
Ethiopia province	87.5	0.0	0.6	4.3	7.5	2261
Japan city	73.7	0.9	11.9	13.4 ^a	0.0	1287
Namibia city	31.0	21.0	32.3	13.8 ^a	2.0	1373
Peru city	44.2	28.0	11.9	14.7 ^a	1.2	1089
Peru province	50.3	35.6	2.7	8.8 ^a	2.6	1536
Samoa	72.3	20.3	n.a.	6.1	1.3	1206
Serbia and Montenegro city	63.2	5.9	21.4	8.2	1.3	1194
Thailand city	75.6	11.1	3.7	8.3	1.2	1051
Thailand province	80.6	9.2	1.8	5.6	2.9	1027
United Republic of Tanzania city	57.0	17.3	18.1	4.7	2.8	1453
United Republic of Tanzania province	55.2	27.8	6.1	4.9	6.1	1256

n.a., not available. For cultural reasons, this option was not included in answer to the question.

^a Includes women who had a past regular sexual partner without living together.

partners living apart (dating) were, according to the partnership definition for these sites, not considered ever-partnered.

The proportion of formerly partnered, currently divorced, or separated women was usually less than 10% of the ever-partnered, although it was higher in Japan city, Namibia city, and Peru city. In the city sites in Namibia and Peru, women had often had multiple consecutive partners, with whom they had never lived, and who were the fathers of their children.

Education

As would be expected, there were large variations in the educational levels within and between countries (see Table A1.4). In the site in Ethiopia, three quarters of respondents had not attended school. In Bangladesh province, 37% of respondents had not attended school, while in Bangladesh city the proportion was half this size: 18%. A similar difference was seen between the two sites in the United Republic of Tanzania (the

Table A1.4		Educational level of respondents				
		(a) All respondents				
Site	No education (%)	Primary education (%)	Secondary education (%)	Higher education (%)	Total no. of respondents	
Bangladesh city	17.9	18.2	47.3	16.6	1599	
Bangladesh province	36.7	29.7	32.1	1.5	1517	
Brazil city	2.0	42.6	34.4	21.0	1172	
Brazil province	8.1	65.2	22.3	4.4	1473	
Ethiopia province	76.3	20.2	2.3	1.2	2841	
Japan city	0.0	0.0	37.1	62.9	1370	
Namibia city	3.9	17.3	62.0	16.7	1499	
Peru city	0.6	11.5	45.0	42.8	1414	
Peru province	10.7	44.7	28.1	16.4	1837	
Samoa	0.4	11.7	80.9	7.0	1640	
Serbia and Montenegro city	0.0	2.8	45.9	51.3	1453	
Thailand city	1.6	33.3	32.7	32.4	1535	
Thailand province	3.8	59.5	23.4	13.3	1280	
United Republic of Tanzania city	12.0	62.6	22.7	2.7	1816	
United Republic of Tanzania province	22.0	68.9	8.9	0.2	1443	

		(b) All ever-partnered respondents				
Site	No education (%)	Primary education (%)	Secondary education (%)	Higher education (%)	Total no. of ever-partnered women	
Bangladesh city	20.1	19.5	45.1	15.3	1369	
Bangladesh province	40.9	31.8	25.9	1.4	1319	
Brazil city	2.6	46.3	31.1	20.0	941	
Brazil province	9.8	65.2	20.5	4.5	1188	
Ethiopia province	84.8	12.9	1.4	0.9	2093	
Japan city	0.0	0.0	38.8	61.2	1145	
Namibia city	4.1	18.0	59.7	18.1	1264	
Peru city	0.9	14.2	41.6	43.3	1022	
Peru province	12.9	50.4	22.1	14.6	1499	
Samoa	0.4	14.1	79.9	5.6	1206	
Serbia and Montenegro city	0.0	1.8	46.1	52.1	1194	
Thailand city	2.0	42.4	31.6	24.0	1051	
Thailand province	4.5	68.9	15.7	10.9	1025	
United Republic of Tanzania city	13.1	63.7	20.2	3.1	1453	
United Republic of Tanzania province	24.3	67.9	7.6	0.2	1257	

proportion who had never attended school was 22% in the province and 12% in the city). In Peru province, 11% had not attended school, whereas in Peru city less than 1% had not attended school.

In contrast, in the cities in Japan and Serbia and Montenegro, all respondents had received at least secondary-level schooling, with more than half of them having had higher education. Bangladesh city is interesting in that it has both a high level of illiteracy and an equal proportion of women who had higher education. Overall, the distribution of educational level among ever-partnered women was very similar to that for all respondents, for all sites.

Representativeness of the sample

Sampling bias

Two approaches were taken to evaluate whether the women interviewed (the respondents) were representative of the population of women aged 15–49 years in the study location. First, for each site, the median age and age distribution of the women who completed the interview were compared with those of all eligible women in the households selected (derived from the details collected using the household selection form, which requested a list of female members of the household). This comparison is shown in Table A1.5 a,b. Second, where possible the median

age and age distribution of all eligible women in the household were compared with other population data on the overall age distribution of women in the same area, as shown in Table A1.5 c. For each site, the median age and the age distribution of women in these three groups (respondents, eligible women, and total female population) were compared. Figure A1.1 a–o gives for each site a detailed breakdown by age group for these three groups and Figure A1.2 presents the comparison of median ages for these groups by site. These comparisons show that the age distribution of eligible women in the households more closely matches the age distribution of the female population according to official sources, than the age distribution of respondents. In all sites, the median age of the respondents was slightly greater (by 1 or 2 years) than that of all eligible women, with the youngest age group (15–19 years) being slightly underrepresented, and women in the middle age groups (25–40 years), being slightly over-represented. This may result from the sampling strategy used in the study, where, for safety reasons, only one woman per household was interviewed. As a result of this strategy, women in households with fewer eligible women were likely to be overrepresented because of their higher probability of being selected. This in turn is likely to have affected the age distribution of respondents, as households with women in the middle age groups were likely to have on average fewer eligible women in the same household

(daughters still too young and mother too old), while in households with an adolescent woman it was more likely there were also others who were eligible (her siblings, her mother).

The extent to which the sample design (effect of cluster sampling and of differences in probability of selection of individuals) affects the measurement of partner violence is explored in Box 4.1 in Chapter 4.

Participation bias

As well as possible bias created by the sampling strategy in terms of who is selected and who not (as discussed above), bias can also be created by the refusal of a proportion of the selected women to participate. This is of particular importance in a study of violence against women, since women who are living in a situation of violence might be more reluctant to participate in a study. It may also be possible that a woman who has a violent partner is less easily found, for example if she has temporarily left the house. For this reason the Study used an extended operational definition of household, which included as eligible women not only women who ordinarily lived in the household, but also women visitors who had stayed in the household for at least the 4 weeks preceding the interview (although they did not regularly live in the household), and domestic workers who slept at least 5 nights a week in the household. Furthermore, interviewers were trained to use a number of strategies to keep refusals to

a minimum, such as multiple return visits to households if a chosen respondent was not found at home.

If there was an effect of participation bias, it can be expected to be low, since in all sites except Japan the individual response rate was high. However, it is possible to determine whether participation bias is related to age distribution. To do this in each site the median age of respondents was compared with the median age of women who were selected but who refused to participate, or who did not complete the interview (Figure A1.3 and Table A1.6). No systematic bias in either direction was found across sites in terms of median age. While the effect of this on violence cannot be assessed, because of the stigma attached to violence, as

well as the potential absence of abused women, any participation bias is likely to result in an underestimation of the prevalence of partner and non-partner violence (2, 3).

References

1. Jansen HAFM et al. Interviewer training in the WHO Multi-country Study on Women's Health and Domestic Violence. *Violence Against Women*, 2004, 10:831–849.

2. Ellsberg M et al. Researching violence against women: methodological and ethical considerations. *Studies in Family Planning*, 2001, 32:1–16.

3. Koss M. Detecting the scope of rape. A review of prevalence research methods. *Journal of Interpersonal Violence*, 1993, 8: 93–103.

Table A1.5 Age distribution of respondents, eligible women and female population, by site

(a) Age distribution of all respondents who completed the interview

Site	Age group (years)														Total no. of respondents	Age (years)	
	15–19		20–24		25–29		30–34		35–39		40–44		45–49			Median	Mean
	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)			
Bangladesh city	255	15.9	334	20.8	352	22.0	281	17.5	167	10.4	131	8.2	82	5.1	1602	27	28.5
Bangladesh province	246	16.1	264	17.3	284	18.6	264	17.3	210	13.8	150	9.8	109	7.1	1527	29	29.6
Brazil city	157	13.4	174	14.8	201	17.2	171	14.6	191	16.3	158	13.5	120	10.2	1172	31	31.4
Brazil province	252	17.1	236	16.0	294	20.0	215	14.6	205	13.9	158	10.7	112	7.6	1472	29	29.7
Ethiopia province	703	23.3	427	14.2	455	15.1	511	16.9	352	11.7	364	12.1	204	6.8	3016	28	28.7
Japan city	44 ^a	3.2	142	10.4	205	15.0	269	19.6	262	19.1	218	15.9	231 ^b	16.8	1371	35	34.8
Namibia city	160	10.7	268	17.9	302	20.1	271	18.1	237	15.8	157	10.5	105	7.0	1500	30	30.5
Peru city	237	16.8	230	16.3	224	15.8	247	17.5	186	13.2	148	10.5	142	10.0	1414	30	30.2
Peru province	255	13.9	293	15.9	332	18.1	306	16.7	287	15.6	183	10.0	181	9.9	1837	30	30.6
Samoa	233	14.2	285	17.4	312	19.0	254	15.5	262	16.0	171	10.4	123	7.5	1640	29	30.1
Serbia and Montenegro city	123	8.5	242	16.7	226	15.6	204	14.0	204	14.0	217	14.9	237	16.3	1453	32	32.9
Thailand city	189	12.3	220	14.3	221	14.4	302	19.7	234	15.2	218	14.2	151	9.8	1535	32	31.6
Thailand province	153	11.9	140	10.9	148	11.6	188	14.7	237	18.5	204	15.9	211	16.5	1281	35	33.5
United Republic of Tanzania city	356	19.7	385	21.3	367	20.3	239	13.2	190	10.5	161	8.9	113	6.2	1811	27	28.2
United Republic of Tanzania province	247	17.1	289	20.1	340	23.6	210	14.6	164	11.4	119	8.3	72	5.0	1441	27	28.3
Total	3566	14.8	3929	16.3	4263	17.7	3932	16.3	3388	14.1	2757	11.5	1962	8.2	24072	30	30.4

^a 18–19 years.

^b Includes 10 women who had turned 50 years of age between the time of selection and the time of interview.

Table A1.5 Age distribution of respondents, eligible women and female population, by site *(continued)*

(b) Age distribution of all eligible women in households in the sample

Site	Age group (years)														Total no. of eligible women	Age (years)	
	15–19		20–24		25–29		30–34		35–39		40–44		45–49			Median	Mean
	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)			
Bangladesh city	611	22.6	544	20.1	489	18.1	389	14.4	274	10.1	227	8.4	168	6.2	2702	26	27.7
Bangladesh province	543	23.0	434	18.4	363	15.3	327	13.8	269	11.4	242	10.2	187	7.9	2365	27	28.5
Brazil city	311	16.9	289	15.7	281	15.3	243	13.2	265	14.4	248	13.5	204	11.1	1841	30	30.8
Brazil province	464	21.5	365	16.9	350	16.2	274	12.7	274	12.7	230	10.7	200	9.3	2157	28	29.3
Ethiopia province ^a	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Japan city ^a	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Namibia city	395	14.4	540	19.7	569	20.8	426	15.6	376	13.7	247	9.0	185	6.8	2738	28	29.4
Peru city	559	19.6	561	19.6	447	15.7	397	13.9	320	11.2	286	10.0	285	10.0	2855	28	29.3
Peru province	573	21.2	469	17.3	407	15.0	361	13.3	366	13.5	272	10.0	261	9.6	2709	28	29.3
Samoa	672	20.6	614	18.8	562	17.2	455	14.0	406	12.5	316	9.7	236	7.2	3261	28	28.7
Serbia and Montenegro city	272	12.3	431	19.4	330	14.9	253	11.4	247	11.1	305	13.7	382	17.2	2220	31	32.0
Thailand city	427	13.8	507	16.4	453	14.6	561	18.1	441	14.2	402	13.0	309	10.0	3100	30	30.9
Thailand province	302	15.7	239	12.4	220	11.5	256	13.3	327	17.0	291	15.2	285	14.8	1920	33	32.3
United Republic of Tanzania city	972	26.2	817	22.0	644	17.3	419	11.3	335	9.0	314	8.4	216	5.8	3717	25	27.0
United Republic of Tanzania province	488	22.8	424	19.8	413	19.3	275	12.8	223	10.4	175	8.2	145	6.8	2143	26	27.8
Total	6589	19.5	6234	18.5	5528	16.4	4636	13.7	4123	12.2	3555	10.5	3063	9.1	33728	28	29.3

n.a., not available.
^a In Japan and Ethiopia the women were sampled directly; thus no information is available on household composition.

(c) Age distribution of female population, according to official statistics

Site	Age group (years)														Total no. of women	Age (years)	
	15–19		20–24		25–29		30–34		35–39		40–44		45–49			Median	Mean
	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)			
Bangladesh city ^a	648	23.9	517	19.1	474	17.5	396	14.6	280	10.4	242	8.9	150	5.5	2707	27.0	27.9
Bangladesh province ^b	11682	20.4	9867	17.3	8166	14.3	8393	14.7	8053	14.1	6465	11.3	4537	7.9	57162	29.3	29.5
Brazil city ^c	505821	16.1	527291	16.8	487908	15.6	453688	14.5	433351	13.8	391778	12.5	332814	10.6	3132651	30.5	30.7
Brazil province ^d	71355	22.5	59651	18.8	48065	15.2	42477	13.4	37528	11.8	31296	9.9	26509	8.4	316881	27.9	28.8
Ethiopia province ^e	2861	25.0	2465	21.5	1697	14.8	1378	12.0	1231	10.7	1025	8.9	808	7.0	11465	26.2	27.9
Japan city ^f	39384	5.1	114000	14.7	145790	18.8	141259	18.2	120601	15.5	103377	13.3	112519	14.5	776930	33.2	33.2
Namibia city ^g	10942	15.0	14964	20.5	15138	20.7	12017	16.5	9136	12.5	6483	8.9	4290	5.9	72970	28.5	29.1
Peru city ^h	374320	20.0	364589	19.5	310423	16.6	268492	14.4	228565	12.2	181272	9.7	139362	7.5	1867023	28.1	28.9
Peru province ⁱ	6284	19.7	5880	18.4	5349	16.8	4385	13.7	3782	11.8	3177	10.0	3059	9.6	31916	28.8	29.4
Samoa ^j	6732	19.9	6287	18.6	5713	16.9	5007	14.8	4227	12.5	3295	9.7	2543	7.5	33804	28.7	29.0
Serbia and Montenegro city ^k	49658	12.3	56153	13.9	57939	14.4	54409	13.5	53416	13.3	58900	14.6	72318	18.0	402793	33.5	32.9
Thailand city ^l	279087	12.4	403044	18.0	390070	17.4	358456	16.0	318451	14.2	279401	12.5	214206	9.6	2242715	30.7	30.9
Thailand province ^m	42425	13.9	38642	12.6	40775	13.3	48871	16.0	50699	16.6	45982	15.0	38274	12.5	305668	33.2	32.2
United Republic of Tanzania city ⁿ	160266	21.6	182156	24.5	150635	20.3	102376	13.8	67723	9.1	47330	6.4	32077	4.3	742563	26.0	27.0
United Republic of Tanzania province ^o	33420	24.0	30964	22.3	24880	17.9	17906	12.9	13383	9.6	10499	7.5	8024	5.8	139076	26.0	27.4
Total	1594885	15.7	181647	17.9	1693022	16.7	1519510	15.0	1350426	13.3	1170521	11.5	991490	9.8	1013632	29.8	30.3

^a 2000 representative sample for Urban Bangladesh in Bangladesh Demographic and Health Survey (no census or other data for Dhaka available).
^b 2001 Matlab population, Health and Demographic surveillance system, Matlab.
^c 2000 census data for São Paulo Municipality (source Fundação Sistema Estadual de Análise de Dados: www.seade.gov.br).
^d 2000 census data for subpopulation in Mata Pernambuco.
^e 2001 Demographic registration, Butajira Rural Health Program.
^f 2000 census data for city of Yokohama; first age group is 18–19 years instead of 15–19 years.
^g 2001 census data for Windhoek city.
^h 1993 census data for Metropolitan Lima.
ⁱ 1993 census data for Cusco City, Anta, Canas and Espinar (the selected provinces).
^j 2001 census data for Samoa.
^k 2002 census data for Belgrade.
^l 2000 census data for Bangkok.
^m 2000 census data for Nakhonsawan.
ⁿ 2002 census data for the three selected districts of Dar es Salaam.
^o 2002 census data for the two selected districts: Mbeya urban and Mbeya rural.

Figure A1.1 Age distribution of respondents, of all eligible women in households in the sample, and of the female population aged 15–49 years, by site

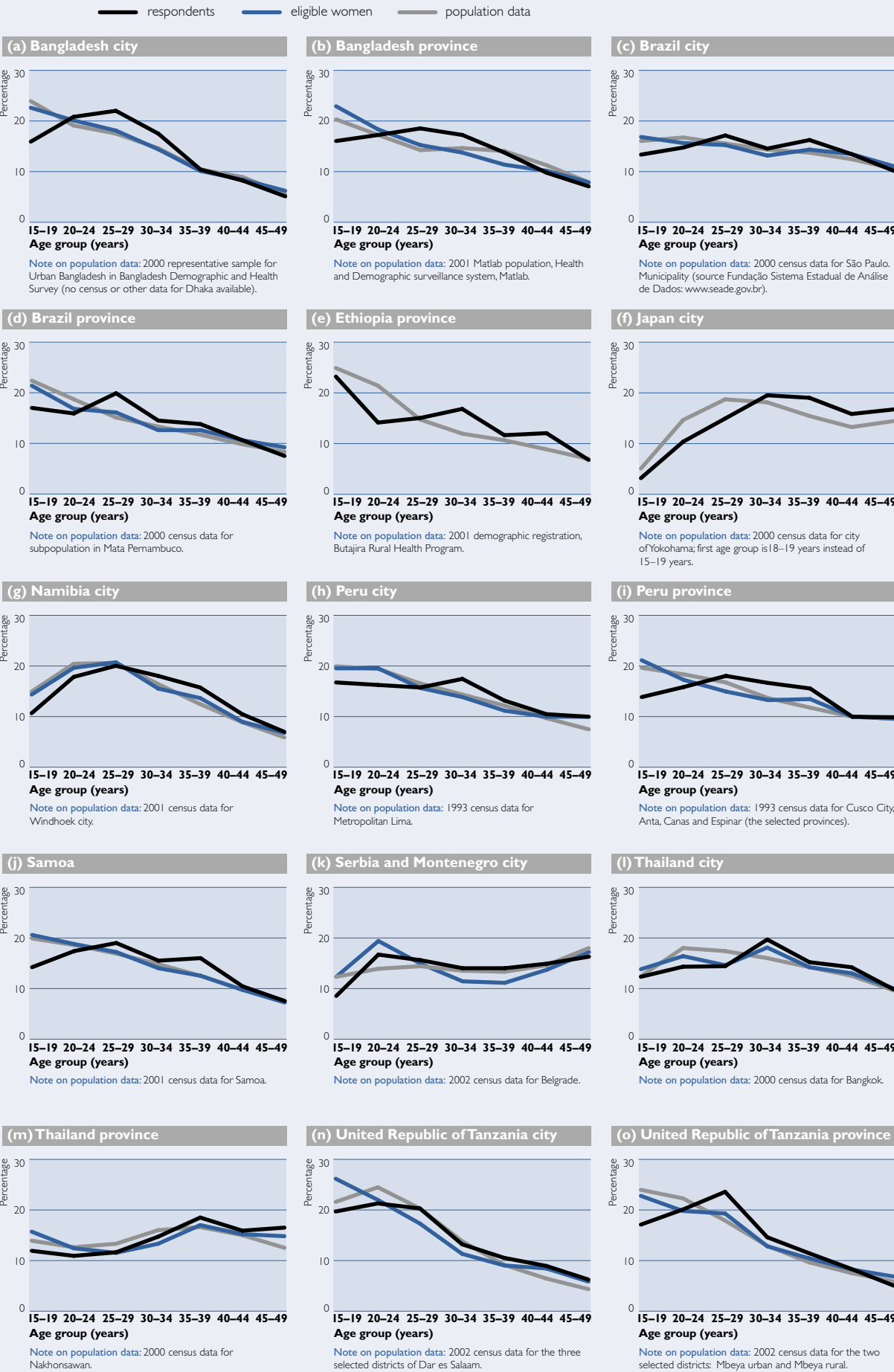


Figure A1.2 Median age of respondents, of all eligible women in households in the sample, and of the female population aged 15–49 years, by site

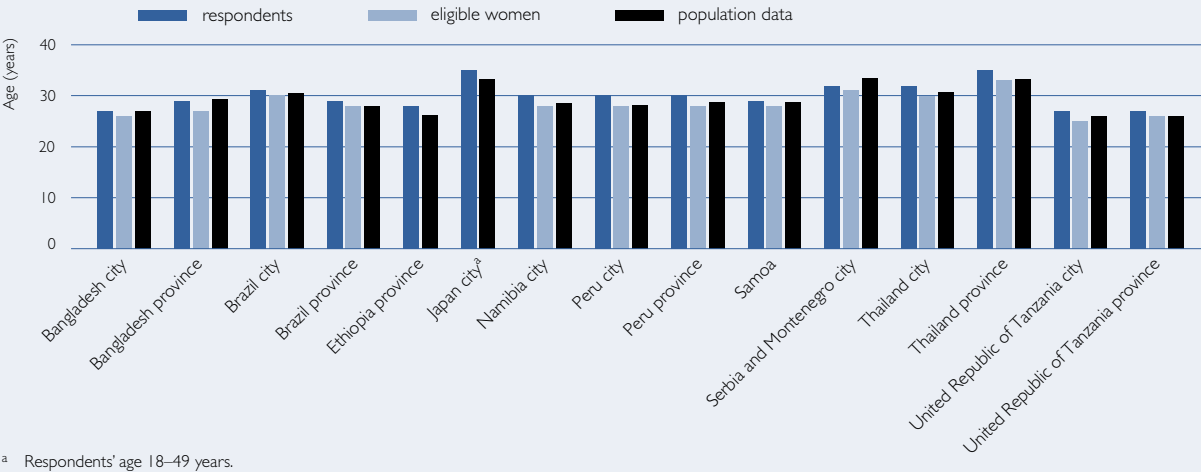


Figure A1.3 Median age of respondents who completed the questionnaire and of eligible women who were selected but who refused to participate, were absent or did not complete the interview, by site

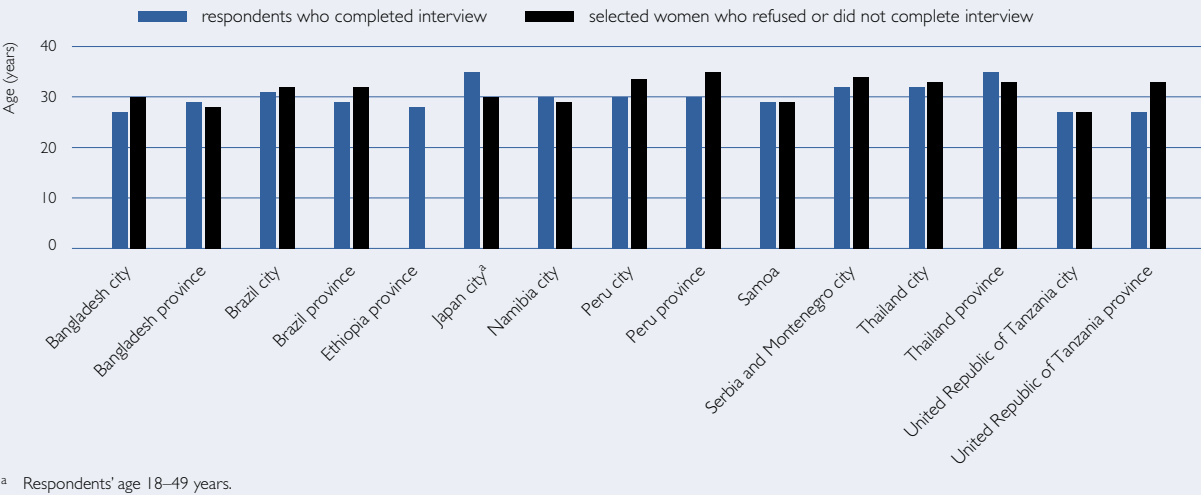


Table A1.6 Median age of respondents who completed the questionnaire and of women who were selected but refused to participate, were absent or did not complete the interview, by site

Site	Women who completed interview ^a		Women who did not complete interview	
	Number	Median age (years)	Number	Median age (years)
Bangladesh city	1602	27	67	30
Bangladesh province	1525	29	65	28
Brazil city	1171	31	145	32
Brazil province	1472	29	67	32
Ethiopia province	3016	28	n.a.	n.a.
Japan city	1371	35	1029	30
Namibia city	1498	30	29	29
Peru city	1411	30	138	33.5
Peru province	1836	30	69	35
Samoa	1637	29	5	29
Serbia and Montenegro city	1453	32	213	34
Thailand city	1535	32	264	33
Thailand province	1282	35	83	33
United Republic of Tanzania city	1812	27	84	27
United Republic of Tanzania province	1442	27	118	33

n.a., not available.
^a Numbers differ slightly from those in Table A1.2(b) because data were taken from household selection forms rather than individual interview forms. Where the age of the selected woman was given incorrectly or was missing that individual was omitted from this analysis.

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