



KAP SURVEY QUESTIONNAIRE





Knowledge, Attitudes and Practices Survey on Gender-based Violence in Upper Nile, Jonglei and Unity states

Ensure to insert consent form**



QUESTION	CHOICES	NOTES
Demographic Characteristics		
Which age group do you belong to?	<input checked="" type="checkbox"/> 18 - 24 <input type="checkbox"/> 25 - 34 <input type="checkbox"/> 35 - 44 <input type="checkbox"/> 45 - 54 <input type="checkbox"/> 55 - 64 <input type="checkbox"/> 65 and over	
Where is your region of residence?	<input checked="" type="checkbox"/> Upper Nile <input type="checkbox"/> Jonglei <input type="checkbox"/> Unity States <input type="checkbox"/> Greater Pibor Administrative Area (GPAA)	
What is your sex/gender?	<input type="checkbox"/> Male/man <input checked="" type="checkbox"/> Female/woman <input type="checkbox"/> Non-binary <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say	
Have you ever experienced displacement from your home at any time?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Prefer not to say	
Have you lived outside South Sudan in the past 6 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	- If No, skip to the next question
Where did you previously live?	<input type="checkbox"/> _____	
Do you have access to a phone?	<input checked="" type="checkbox"/> Yes - own phone <input type="checkbox"/> Yes - borrowed/family phone <input type="checkbox"/> No	- If no, skip to Q12
What is your phone number?	<input type="checkbox"/> _____	- consent to be included in the survey
Are you happy for us to contact you again on this in future?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	- If no, skip to Q12
In case your primary number is off, what other phone number can we reach you through?	<input type="checkbox"/> _____	
What is the nature of your relationship with the phone owner? Kindly ensure you capture details of the youngest child in the household	<input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Biological parent <input type="checkbox"/> (Mother/Father) <input type="checkbox"/> Mother/Father-in-law <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Relative <input type="checkbox"/> Neighbour <input type="checkbox"/> Friend <input type="checkbox"/> Myself	
Have you ever attended school?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Are you still in school?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	- If no, skip to Q15
Finally, what is your current level of education? <i>(Read out the list)</i>	<input type="checkbox"/> Started but did not complete primary school <input checked="" type="checkbox"/> Finished primary school <input type="checkbox"/> Started but did not complete secondary school <input type="checkbox"/> Finished secondary school <input type="checkbox"/> University	Skip to 16



QUESTION	CHOICES	NOTES
o, What is the highest level of scho ou have ever attended? (<i>Read out list</i>)	<input type="checkbox"/> Started but did not complete primar y school <input type="checkbox"/> Finished primary school <input type="checkbox"/> Started but did not complete second ary school <input type="checkbox"/> Finished secondary school <input type="checkbox"/> University	
at is the highest grade or year of s ool you have ever attended?	<input type="checkbox"/> _____	
at is your current occupation? (<i>Read out the list</i>)	<input type="checkbox"/> Student <input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Pastoralist <input type="checkbox"/> Housewife/househusband <input type="checkbox"/> Unemployed <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Other, please specify: _____ _____	
at is your mother tongue/native lan age?	<input type="checkbox"/> Dinka <input type="checkbox"/> Nuer <input type="checkbox"/> Bari <input type="checkbox"/> Shiluk <input type="checkbox"/> Zande <input type="checkbox"/> Other	
w do you get your information and ws?	<input type="checkbox"/> Social media <input type="checkbox"/> Radio <input type="checkbox"/> Word of mouth <input type="checkbox"/> The church or mosque <input type="checkbox"/> CSOs and NGOs <input type="checkbox"/> Elders or other community based or ganisations <input type="checkbox"/> Smoke symbols <input type="checkbox"/> Other, please specify: _____ _____	
at is your religion?	<input type="checkbox"/> Christian <input type="checkbox"/> Muslim <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Other specify: _____ _____	
at is your relationship status? (<i>Read out the list</i>)	<input type="checkbox"/> Currently married <input type="checkbox"/> Polygamous marriage <input type="checkbox"/> Living with partner <input type="checkbox"/> Single (never married) <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Other, please specify: _____ _____	
de from your spouse/partner [<i>If the pondent is in a relationship</i>] and c ren, do you live with any other peo in your household?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
o are you living with in your house d? (<i>Read out the list, select more than of pplicable</i>)	<input type="checkbox"/> Biological parent (Mother) <input type="checkbox"/> Biological Parent (Father) <input type="checkbox"/> Parent(s) in -law <input type="checkbox"/> Living in an orphanage <input type="checkbox"/> Alone <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Other, please specify: _____ _____	
you have difficulty seeing, even if aring glasses?	<input type="checkbox"/> No difficulty <input type="checkbox"/> Some difficulty <input type="checkbox"/> A lot of difficulty <input type="checkbox"/> Cannot do at all <input type="checkbox"/> Don't know/Unsure <input type="checkbox"/> Prefer not to say	

		
QUESTION	CHOICES	NOTES
Do you have difficulty hearing, even if using a hearing aid?	<input type="checkbox"/> No difficulty <input type="checkbox"/> Some difficulty <input type="checkbox"/> A lot of difficulty <input type="checkbox"/> Cannot do at all <input type="checkbox"/> Don't know/Unsure <input type="checkbox"/> Prefer not to say	
Do you have difficulty walking or climbing steps?	<input type="checkbox"/> No difficulty <input type="checkbox"/> Some difficulty <input type="checkbox"/> A lot of difficulty <input type="checkbox"/> Cannot do at all <input type="checkbox"/> Don't know/Unsure <input type="checkbox"/> Prefer not to say	
Do you have difficulty remembering or concentrating?	<input type="checkbox"/> No difficulty <input type="checkbox"/> Some difficulty <input type="checkbox"/> A lot of difficulty <input type="checkbox"/> Cannot do at all <input type="checkbox"/> Don't know/Unsure <input type="checkbox"/> Prefer not to say	
Do you have difficulty with self-care such as washing all over or dressing?	<input type="checkbox"/> No difficulty <input type="checkbox"/> Some difficulty <input type="checkbox"/> A lot of difficulty <input type="checkbox"/> Cannot do at all <input type="checkbox"/> Don't know/Unsure <input type="checkbox"/> Prefer not to say	
When using your usual (customary) language, do you have difficulty communicating or understanding or being understood?	<input type="checkbox"/> No difficulty <input type="checkbox"/> Some difficulty <input type="checkbox"/> A lot of difficulty <input type="checkbox"/> Cannot do at all <input type="checkbox"/> Don't know/Unsure <input type="checkbox"/> Prefer not to say	
Do you know what Gender-Based Violence (GBV) is?	<input type="checkbox"/> Yes <input type="checkbox"/> No	- If no, skip to Q32
If yes, please can you describe it?	<input type="checkbox"/> _____	
How much knowledge do you think you have about GBV?	<input type="checkbox"/> Very limited <input type="checkbox"/> Limited <input type="checkbox"/> Moderate <input type="checkbox"/> Good <input type="checkbox"/> Very good	1. Very Limited: Basic awareness of Gender-Based Violence) but little understanding of its meaning or forms. 2. Limited: Understands that GBV specifically targeting individuals but often affecting women and girls. 3. Moderate: Understands different types of GBV: physical, emotional, sexual, economic and can identify specific examples. 4. Good: Can discuss GBV in a broader context, understanding not only its forms but also its prevalence across different societies. 5. Very Good: Comprehensive understanding of GBV from theoretical, legal, and practical perspectives.
What type of GBV do you know about? (Select more than one if applicable)	<input type="checkbox"/> Rape <input type="checkbox"/> Sexual assault <input type="checkbox"/> Physical assault <input type="checkbox"/> Child, Early, Forced Marriage and Unions <input type="checkbox"/> Denial of resources, opportunities, or services <input type="checkbox"/> Psychological/ emotional abuse <input type="checkbox"/> Female Genital Mutilation <input type="checkbox"/> Technology-related GBV <input type="checkbox"/> None	
How much knowledge do you think you have about this GBV? : Rape	<input type="checkbox"/> Very limited <input type="checkbox"/> Limited <input type="checkbox"/> Moderate <input type="checkbox"/> Good <input type="checkbox"/> Very good	- Please respond only to questions 32 and 33 in the question 33 1. Very Limited: Know almost nothing about the topic, can only say a few words about the topic. 2. Limited: Have some basic knowledge but lack a deep understanding. Know some facts but struggle with details. 3. Moderate: Have an average level of understanding, can understand basic concepts and participate in general discussions, but lack depth.
How much knowledge do you think you have about this GBV? : Sexual assault	<input type="checkbox"/> Very limited <input type="checkbox"/> Limited <input type="checkbox"/> Moderate <input type="checkbox"/> Good <input type="checkbox"/> Very good	



		
QUESTION	CHOICES	NOTES
Have you ever reported any GBV incident that happened to you before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, go to Q47.
When did you report the GBV incident?	<input type="checkbox"/> Immediately (within 72 hours) <input type="checkbox"/> After some days (within 7 days) <input type="checkbox"/> After some weeks (within 4 weeks) <input type="checkbox"/> After some months	
What was the type of GBV you reported?	<input type="checkbox"/> Rape <input type="checkbox"/> Sexual assault <input type="checkbox"/> Physical assault <input type="checkbox"/> Child, Early, Forced Marriage and Unions <input type="checkbox"/> Denial of resources, opportunities, or services <input type="checkbox"/> Psychological/ emotional abuse <input type="checkbox"/> Female Genital Mutilation <input type="checkbox"/> Technology-related GBV <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Other, please specify: _____	
Where did the GBV incident occur?	<input type="checkbox"/> Home <input type="checkbox"/> Home of friend/neighbour <input type="checkbox"/> At a market <input type="checkbox"/> Public place (street etc) <input type="checkbox"/> School <input type="checkbox"/> Workplace <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Other, please specify: _____	
Who was responsible for the incident?	<input type="checkbox"/> Husband <input type="checkbox"/> Partner <input type="checkbox"/> Boyfriends (including ex-boyfriends) <input type="checkbox"/> Teachers <input type="checkbox"/> Community member <input type="checkbox"/> Other family member <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Other, please specify: _____	
Do you find the reporting difficult?	<input type="checkbox"/> Yes <input type="checkbox"/> No	- If no, skip to Q47
Can you share why you found it difficult to report the GBV incident?	<input type="checkbox"/> Stigma from partner <input type="checkbox"/> Stigma from community <input type="checkbox"/> Did not trust anyone <input type="checkbox"/> Thought nothing could be done <input type="checkbox"/> Afraid of further violence <input type="checkbox"/> Nobody would believe me <input type="checkbox"/> Thought I would be blamed <input type="checkbox"/> Did not know where to go <input type="checkbox"/> Other, please specify: _____	
How well do you understand government policies about GBV?	<input type="checkbox"/> Very limited <input type="checkbox"/> Limited <input type="checkbox"/> Moderate <input type="checkbox"/> Good <input type="checkbox"/> Very good	1. Very Limited: Know almost nothing and a few words about the topic. 2. Limited: Have some basic knowledge but lack a deep understanding. Know some facts but struggle with details. 3. Moderate: Have an average level of understanding basic concepts and participate in general discussions, but not an expert. 4. Good: Know the topic well and understand concepts and details. Can discuss and explain or solve problems related to the topic. 5. Very Good: Have expert-level knowledge. Can understand theoretical and practical issues and offer insights and analysis like a professional.
Can you name the government policies about GBV?	<input type="checkbox"/> Yes <input type="checkbox"/> No	- If no, skip to Q50

QUESTION	CHOICES	NOTES
Please describe the name of the government policies about GBV	<div><input type="checkbox"/></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	
How well do you understand laws related to GBV?	<div><input type="checkbox"/> Very limited</div> <div><input type="checkbox"/> Limited</div> <div><input type="checkbox"/> Moderate</div> <div><input type="checkbox"/> Good</div> <div><input type="checkbox"/> Very good</div>	<div>1. Very Limited: Know almost nothing and a few words about the topic. Know basic concepts or details</div> <div>2. Limited: Have some basic knowledge but lack a deep understanding. Know some facts but struggle with details</div> <div>3. Moderate: Have an average level of understanding. Can understand basic concepts and participate in general discussions, but lack expertise</div> <div>4. Good: Know the topic well and can discuss concepts and details. Can discuss and explain or solve problems related to the topic</div> <div>5. Very Good: Have expert-level knowledge. Can understand theoretical aspects and offer insights and analysis like a professional</div>
Can you name the laws about GBV?	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	- If no, skip to Q53
Please share the name of the laws about GBV	<div><input type="checkbox"/></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	
Are you aware of any social, religious or traditional methods or guidelines used in addressing GBV?	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	- If no, skip to Q56
Which are these methods? (Select more than one if applicable)	<div><input type="checkbox"/> Sharia law</div> <div><input type="checkbox"/> Traditional courts</div> <div><input type="checkbox"/> Mediation by village elders</div> <div><input type="checkbox"/> Discussions between aggrieved families</div> <div><input type="checkbox"/> Other, please specify: _____</div> <div></div> <div></div>	
Please name the guidelines or methods used	<div><input type="checkbox"/></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	
What support do you believe should be provided to GBV survivors?	<div><input type="checkbox"/> Counselling and therapy</div> <div><input type="checkbox"/> Safe shelters and housing assistance</div> <div><input type="checkbox"/> Legal assistance</div> <div><input type="checkbox"/> Medical (including physical and mental health care)</div> <div><input type="checkbox"/> Community support groups</div> <div><input type="checkbox"/> Other, please specify: _____</div> <div></div>	
What barriers do you anticipate in aiding GBV survivors?	<div><input type="checkbox"/> Fear of retaliation from the perpetrator</div> <div><input type="checkbox"/> Stigma</div> <div><input type="checkbox"/> Lack of awareness about available support</div>	



QUESTION	CHOICES	NOTES
	<div>support services</div> <div><input type="checkbox"/> Cultural or societal norms</div> <div><input type="checkbox"/> Financial dependence or economic barriers</div> <div><input type="checkbox"/> _Other, please specify: _____</div>	
What actions do you think should be taken against perpetrators of GBV?	<div><input type="checkbox"/> Legal prosecution and enforcement</div> <div><input type="checkbox"/> Mandatory participation in rehabilitation and counselling programmes</div> <div><input type="checkbox"/> Protection Orders/ Restraining orders to protect survivors</div> <div><input type="checkbox"/> GBV prevention education</div> <div><input type="checkbox"/> None of them</div> <div><input type="checkbox"/> Other, please specify: _____</div>	
What do you consider the most crucial individual contribution to preventing GBV?	<div><input type="checkbox"/> Education and awareness-raising about GBV</div> <div><input type="checkbox"/> Gender equality</div> <div><input type="checkbox"/> Advocating for GBV policies and laws change</div> <div><input type="checkbox"/> Attending GBV prevention programmes</div> <div><input type="checkbox"/> Other, please specify: _____</div>	
Victim Perceptions		
Do you think women can suffer from GBV?	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	- If no, skip to Q62
What impact does GBV have on women? (Select more than one if applicable)	<div><input type="checkbox"/> Physical injury</div> <div><input type="checkbox"/> Mental health difficulties</div> <div><input type="checkbox"/> Social stigma and rejection</div> <div><input type="checkbox"/> Health (STIs and HIV)</div> <div><input type="checkbox"/> Poverty</div> <div><input type="checkbox"/> Discrimination</div> <div><input type="checkbox"/> Other, please specify: _____</div>	
Do you think men can suffer from GBV?	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	- If no, skip to Q64
What impact does GBV have on men? (Select more than one if applicable)	<div><input type="checkbox"/> Physical injury</div> <div><input type="checkbox"/> Mental health difficulties</div> <div><input type="checkbox"/> Social stigma and rejection</div> <div><input type="checkbox"/> Health (STIs and HIV)</div> <div><input type="checkbox"/> Poverty</div> <div><input type="checkbox"/> Discrimination</div> <div><input type="checkbox"/> Other, please specify: _____</div>	
Who suffers more from GBV?	<div><input type="checkbox"/> Men</div> <div><input type="checkbox"/> Women</div> <div><input type="checkbox"/> Equally</div> <div><input type="checkbox"/> Neither</div>	
Which age groups can be victims of GBV? (Select more than one if applicable)	<div><input type="checkbox"/> 0 - 11</div> <div><input type="checkbox"/> 12 - 18</div> <div><input type="checkbox"/> 19 - 64</div> <div><input type="checkbox"/> 65 and over</div> <div><input type="checkbox"/> All of them</div>	0 - 11: Child 12 - 18: Adolescent 19 ~ 64: Adult 65 and over: Elderly
Do you think a child can be a victim of GBV?	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	
Why do you think GBV occurs in your community? (Select more than one if applicable)	<div><input type="checkbox"/> Gender inequality</div> <div><input type="checkbox"/> Cultural customs</div> <div><input type="checkbox"/> Economic stress</div> <div><input type="checkbox"/> Lack of education</div> <div><input type="checkbox"/> Weak legal protections</div> <div><input type="checkbox"/> Relationship dynamics</div> <div><input type="checkbox"/> Addiction (Drugs, alcohol etc)</div> <div><input type="checkbox"/> Other, please specify: _____</div>	





QUESTION	CHOICES	NOTES
Do you think GBV is a serious matter?	<input type="checkbox"/> Yes <input type="checkbox"/> No	- If yes, skip to Q70
Why do you think that GBV is not a serious matter?	<input type="checkbox"/> _____	
How common is this form of GBV in your community? (From 70-74)		
Sexual harassment	<input type="checkbox"/> Not common (0~30% people in the community saw or experienced) <input type="checkbox"/> Common (31~70% people in the community saw or experienced) <input type="checkbox"/> Very common (71~100% people in the community saw or experienced)	
Sexual assault	<input type="checkbox"/> Not common (0~30% people in the community saw or experienced) <input type="checkbox"/> Common (31~70% people in the community saw or experienced) <input type="checkbox"/> Very common (71~100% people in the community saw or experienced)	
Child, early, forced marriage and union	<input type="checkbox"/> Not common (0~30% people in the community saw or experienced) <input type="checkbox"/> Common (31~70% people in the community saw or experienced) <input type="checkbox"/> Very common (71~100% people in the community saw or experienced)	
Unequal distribution of resources, opportunities, or services	<input type="checkbox"/> Not common (0~30% people in the community saw or experienced) <input type="checkbox"/> Common (31~70% people in the community saw or experienced) <input type="checkbox"/> Very common (71~100% people in the community saw or experienced)	
Psychological and emotional abuse	<input type="checkbox"/> Not common (0~30% people in the community saw or experienced) <input type="checkbox"/> Common (31~70% people in the community saw or experienced) <input type="checkbox"/> Very common (71~100% people in the community saw or experienced)	
How safe is your community in the following contexts? (From 75-78)		
Inside the home	<input type="checkbox"/> Very unsafe <input type="checkbox"/> Unsafe <input type="checkbox"/> Neither safe nor unsafe <input type="checkbox"/> Safe <input type="checkbox"/> Very safe	
In the community during the day	<input type="checkbox"/> Very unsafe <input type="checkbox"/> Unsafe <input type="checkbox"/> Neither safe nor unsafe <input type="checkbox"/> Safe <input type="checkbox"/> Very safe	
In the community at night	<input type="checkbox"/> Very unsafe <input type="checkbox"/> Unsafe <input type="checkbox"/> Neither safe nor unsafe <input type="checkbox"/> Safe <input type="checkbox"/> Very safe	
Outside the community	<input type="checkbox"/> Very unsafe <input type="checkbox"/> Unsafe <input type="checkbox"/> Neither safe nor unsafe <input type="checkbox"/> Safe <input type="checkbox"/> Very safe	
How would you rate the risk of the following forms of GBV in your neighbourhood? (79-86)		
Sexual harassment	<input type="checkbox"/> Very low risk <input type="checkbox"/> Low risk <input type="checkbox"/> Medium risk <input type="checkbox"/> High risk <input type="checkbox"/> Very high risk	

QUESTION	CHOICES	NOTES
Sexual assault	<input type="checkbox"/> Very low risk <input type="checkbox"/> Low risk <input type="checkbox"/> Medium risk <input type="checkbox"/> High risk <input type="checkbox"/> Very high risk	
Child, early, forced marriage and union	<input type="checkbox"/> Very low risk <input type="checkbox"/> Low risk <input type="checkbox"/> Medium risk <input type="checkbox"/> High risk <input type="checkbox"/> Very high risk	
Availability of resources, opportunities, or services	<input type="checkbox"/> Very low risk <input type="checkbox"/> Low risk <input type="checkbox"/> Medium risk <input type="checkbox"/> High risk <input type="checkbox"/> Very high risk	
Psychological and emotional abuse	<input type="checkbox"/> Very low risk <input type="checkbox"/> Low risk <input type="checkbox"/> Medium risk <input type="checkbox"/> High risk <input type="checkbox"/> Very high risk	
Do you think other types of GBV exist in your region?	<input type="checkbox"/> Yes <input type="checkbox"/> No	- If no, skip to Q87
Please describe other types of GBV that exist in your region	<input type="checkbox"/> _____	
What do you think is the risk of this for GBV in your neighbourhood?	<input type="checkbox"/> Very low risk <input type="checkbox"/> Low risk <input type="checkbox"/> Medium risk <input type="checkbox"/> High risk <input type="checkbox"/> Very high risk	

Attitudes

Attitudes do girls deserve to be beaten? (From 87-95)



When she talks to a boy	<input type="checkbox"/> Strongly disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neither agree or disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly agree	
When she goes out to play	<input type="checkbox"/> Strongly disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neither agree or disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly agree	
When she stays out late	<input type="checkbox"/> Strongly disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neither agree or disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly agree	
When she doesn't help in the household chores	<input type="checkbox"/> Strongly disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neither agree or disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly agree	
When she doesn't complete her homework	<input type="checkbox"/> Strongly disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neither agree or disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly agree	
When she doesn't obey elders	<input type="checkbox"/> Strongly disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neither agree or disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly agree	

<div>   </div>		
QUESTION	CHOICES	NOTES
When she fights with the others in class	<input type="checkbox"/> Strongly disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neither agree or disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly agree	
When she fights with brothers and sisters	<input type="checkbox"/> Strongly disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neither agree or disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly agree	
When she replies back when harassed by boys	<input type="checkbox"/> Strongly disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neither agree or disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly agree	
What punishments do boys deserve to be beaten? (From 96-104)		
When he talks to a girl	<input type="checkbox"/> Strongly disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neither agree or disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly agree	
When he goes out to play	<input type="checkbox"/> Strongly disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neither agree or disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly agree	
When he stays out late	<input type="checkbox"/> Strongly disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neither agree or disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly agree	
When he doesn't help in the household chores	<input type="checkbox"/> Strongly disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neither agree or disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly agree	
When he doesn't complete his homework	<input type="checkbox"/> Strongly disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neither agree or disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly agree	
When he doesn't obey elders	<input type="checkbox"/> Strongly disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neither agree or disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly agree	
When he fights with the others in class	<input type="checkbox"/> Strongly disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neither agree or disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly agree	
When he fights with brothers and sisters	<input type="checkbox"/> Strongly disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neither agree or disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly agree	
When he replies back when harassed by girls	<input type="checkbox"/> Strongly disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neither agree or disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly agree	
What is your opinion about gender roles in the following contexts? (From 105-111)		
Household finances are a man's responsibility	<input type="checkbox"/> Strongly disagree	



QUESTION	CHOICES	NOTES
ibility	<div><input type="checkbox"/> Disagree</div> <div><input type="checkbox"/> Neither agree or disagree</div> <div><input type="checkbox"/> Agree</div> <div><input type="checkbox"/> Strongly agree</div>	
ing care of children is a woman's r onsibility	<div><input type="checkbox"/> Strongly disagree</div> <div><input type="checkbox"/> Disagree</div> <div><input type="checkbox"/> Neither agree or disagree</div> <div><input type="checkbox"/> Agree</div> <div><input type="checkbox"/> Strongly agree</div>	
oiding pregnancy is a woman's res nsibility	<div><input type="checkbox"/> Strongly disagree</div> <div><input type="checkbox"/> Disagree</div> <div><input type="checkbox"/> Neither agree or disagree</div> <div><input type="checkbox"/> Agree</div> <div><input type="checkbox"/> Strongly agree</div>	
ousehold affairs (cooking, laundry et are a woman's responsibility	<div><input type="checkbox"/> Strongly disagree</div> <div><input type="checkbox"/> Disagree</div> <div><input type="checkbox"/> Neither agree or disagree</div> <div><input type="checkbox"/> Agree</div> <div><input type="checkbox"/> Strongly agree</div>	
w do you feel when you encounter ctim of GBV?	<div><input type="checkbox"/> Neutral</div> <div><input type="checkbox"/> Distressed</div> <div><input type="checkbox"/> Concerned</div> <div><input type="checkbox"/> Sympathetic</div> <div><input type="checkbox"/> Supportive</div>	
you willing to assist a person in a V crisis?	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	- If no, skip to Q112
w would you assist someone in a G crisis? <i>Select more than one if applicable</i>	<div><input type="checkbox"/> Provide emotional support</div> <div><input type="checkbox"/> Offer practical assistance (finding s afe shelter, medical help, etc)</div> <div><input type="checkbox"/> Provide relevant information (laws, policies, etc)</div> <div><input type="checkbox"/> Advocacy or campaign</div> <div><input type="checkbox"/> Other, please specify: _____ _____</div>	
Cumstances is GBV acceptable to you? (From 112-115)		
domestic settings	<div><input type="checkbox"/> Not acceptable</div> <div><input type="checkbox"/> Acceptable</div> <div><input type="checkbox"/> Unsure</div>	
rkplace/ Business place	<div><input type="checkbox"/> Not acceptable</div> <div><input type="checkbox"/> Acceptable</div> <div><input type="checkbox"/> Unsure</div>	
olic spaces	<div><input type="checkbox"/> Not acceptable</div> <div><input type="checkbox"/> Acceptable</div> <div><input type="checkbox"/> Unsure</div>	
nflict setting	<div><input type="checkbox"/> Not acceptable</div> <div><input type="checkbox"/> Acceptable</div> <div><input type="checkbox"/> Unsure</div>	
you think victims are sometimes/p y responsible for GBV?	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	- If no, skip to Q118
y do you think that victims are som nes/partly responsible?	<div><input type="checkbox"/> Provocative behaviour</div> <div><input type="checkbox"/> Provocative clothing</div> <div><input type="checkbox"/> Wrong decision-making</div> <div><input type="checkbox"/> Staying in abusive relationships</div> <div><input type="checkbox"/> Ignoring warning signs</div> <div><input type="checkbox"/> Use of alcohol or drugs</div> <div><input type="checkbox"/> Inadequate self-defence</div> <div><input type="checkbox"/> Neglect of personal responsibility</div> <div><input type="checkbox"/> Delay in reporting abuse</div> <div><input type="checkbox"/> Other, please specify: _____ _____</div>	

Beliefs: We would like to know if you think any of the following statements are wrong and should be changed. We would like to understand how ready or willing you are to take action by speaking out on the issues you think are wrong.

		
QUESTION	CHOICES	NOTES
o Sexual Violence (From 118-123)		
Husbands should abandon/reject/divorce their wife if she reports that she has been raped	<input type="checkbox"/> Agree with this statement <input type="checkbox"/> I am not sure if I agree or disagree with this statement <input type="checkbox"/> I disagree with the statement, but I am not ready to tell others <input type="checkbox"/> I disagree with the statement, and I am telling others that this is wrong	
A man should have the right to demand sex from a woman or girl even if he is not married to her	<input type="checkbox"/> Agree with this statement <input type="checkbox"/> I am not sure if I agree or disagree with this statement <input type="checkbox"/> I disagree with the statement, but I am not ready to tell others <input type="checkbox"/> I disagree with the statement, and I am telling others that this is wrong	
A woman/girl would be stigmatised if s/he were to report sexual violence	<input type="checkbox"/> Agree with this statement <input type="checkbox"/> I am not sure if I agree or disagree with this statement <input type="checkbox"/> I disagree with the statement, but I am not ready to tell others <input type="checkbox"/> I disagree with the statement, and I am telling others that this is wrong	
A woman/girl should be blamed when s/he has been raped	<input type="checkbox"/> Agree with this statement <input type="checkbox"/> I am not sure if I agree or disagree with this statement <input type="checkbox"/> I disagree with the statement, but I am not ready to tell others <input type="checkbox"/> I disagree with the statement, and I am telling others that this is wrong	
Sexual violence against women and girls should be accepted as a normal part of life	<input type="checkbox"/> Agree with this statement <input type="checkbox"/> I am not sure if I agree or disagree with this statement <input type="checkbox"/> I disagree with the statement, but I am not ready to tell others <input type="checkbox"/> I disagree with the statement, and I am telling others that this is wrong	
Families should ignore/reject a daughter if she reports that she has been raped	<input type="checkbox"/> Agree with this statement <input type="checkbox"/> I am not sure if I agree or disagree with this statement <input type="checkbox"/> I disagree with the statement, but I am not ready to tell others <input type="checkbox"/> I disagree with the statement, and I am telling others that this is wrong	
Right to Use Violence (From 124-127)		
Is it okay for a husband to beat his wife to discipline her?	<input type="checkbox"/> Agree with this statement <input type="checkbox"/> I am not sure if I agree or disagree with this statement <input type="checkbox"/> I disagree with the statement, but I am not ready to tell others <input type="checkbox"/> I disagree with the statement, and I am telling others that this is wrong	
When a man beats his wife, he is showing his love for her	<input type="checkbox"/> Agree with this statement <input type="checkbox"/> I am not sure if I agree or disagree with this statement <input type="checkbox"/> I disagree with the statement, but I am not ready to tell others <input type="checkbox"/> I disagree with the statement, and I am telling others that this is wrong	
A man has the right to beat/punish his wife	<input type="checkbox"/> Agree with this statement <input type="checkbox"/> I am not sure if I agree or disagree with this statement <input type="checkbox"/> I disagree with the statement, but I am not ready to tell others <input type="checkbox"/> I disagree with the statement, and I am telling others that this is wrong	



QUESTION	CHOICES	NOTES
husband should force his wife to have sex when she does not want to	<input type="checkbox"/> Agree with this statement <input type="checkbox"/> I am not sure if I agree or disagree with this statement <input type="checkbox"/> I disagree with the statement, but I am not ready to tell others <input type="checkbox"/> I disagree with the statement, and I am telling others that this is wrong	
Family Honour (From 128-132)		
men/girls should not report rape to protect the family dignity	<input type="checkbox"/> Agree with this statement <input type="checkbox"/> I am not sure if I agree or disagree with this statement <input type="checkbox"/> I disagree with the statement, but I am not ready to tell others <input type="checkbox"/> I disagree with the statement, and I am telling others that this is wrong	
woman/girl's reputation will be damaged if she reports sexual violence to the authorities	<input type="checkbox"/> Agree with this statement <input type="checkbox"/> I am not sure if I agree or disagree with this statement <input type="checkbox"/> I disagree with the statement, but I am not ready to tell others <input type="checkbox"/> I disagree with the statement, and I am telling others that this is wrong	
sexual violence should be handled within the family and not reported to authorities	<input type="checkbox"/> Agree with this statement <input type="checkbox"/> I am not sure if I agree or disagree with this statement <input type="checkbox"/> I disagree with the statement, but I am not ready to tell others <input type="checkbox"/> I disagree with the statement, and I am telling others that this is wrong	
husband or father should retaliate against the alleged perpetrators	<input type="checkbox"/> Agree with this statement <input type="checkbox"/> I am not sure if I agree or disagree with this statement <input type="checkbox"/> I disagree with the statement, but I am not ready to tell others <input type="checkbox"/> I disagree with the statement, and I am telling others that this is wrong	
men and girls should only report sexual violence if they have serious physical injuries	<input type="checkbox"/> Agree with this statement <input type="checkbox"/> I am not sure if I agree or disagree with this statement <input type="checkbox"/> I disagree with the statement, but I am not ready to tell others <input type="checkbox"/> I disagree with the statement, and I am telling others that this is wrong	
Social Norms: How many of the people whose opinion matters most to you		
Attitudes to Sexual Violence (From 133-137)		
expect a husband to abandon his wife if she reports that she has been raped	<input type="checkbox"/> None of them <input type="checkbox"/> A few of them <input type="checkbox"/> About half of them <input type="checkbox"/> Most of them <input type="checkbox"/> All of them	
expect the family to ignore/reject a daughter if she reports that she has been raped?	<input type="checkbox"/> None of them <input type="checkbox"/> A few of them <input type="checkbox"/> About half of them <input type="checkbox"/> Most of them <input type="checkbox"/> All of them	
accept sexual violence against women and girls as a normal part of life?	<input type="checkbox"/> None of them <input type="checkbox"/> A few of them <input type="checkbox"/> About half of them <input type="checkbox"/> Most of them <input type="checkbox"/> All of them	
blame women/girls when they are raped?	<input type="checkbox"/> None of them <input type="checkbox"/> A few of them <input type="checkbox"/> About half of them <input type="checkbox"/> Most of them	



QUESTION	CHOICES	NOTES
	<input type="checkbox"/> All of them	
nk that a man should have the right demand sex from a woman or girl n if he is not married to her?	<input type="checkbox"/> None of them <input type="checkbox"/> A few of them <input type="checkbox"/> About half of them <input type="checkbox"/> Most of them <input type="checkbox"/> All of them	
Family Honour (From 138-143)		
ect women/girls to not report rape protect the family's dignity?	<input type="checkbox"/> None of them <input type="checkbox"/> A few of them <input type="checkbox"/> About half of them <input type="checkbox"/> Most of them <input type="checkbox"/> All of them	
ect that a woman/girl's reputation be damaged if she reports sexual ence to the authorities or elders?	<input type="checkbox"/> None of them <input type="checkbox"/> A few of them <input type="checkbox"/> About half of them <input type="checkbox"/> Most of them <input type="checkbox"/> All of them	
ar stigma if they were to report sex violence?	<input type="checkbox"/> None of them <input type="checkbox"/> A few of them <input type="checkbox"/> About half of them <input type="checkbox"/> Most of them <input type="checkbox"/> All of them	
ect sexual violence to be handled in the family and not reported to a orities?	<input type="checkbox"/> None of them <input type="checkbox"/> A few of them <input type="checkbox"/> About half of them <input type="checkbox"/> Most of them <input type="checkbox"/> All of them	
ect a husband or father to retaliate ainst the alleged perpetrators?	<input type="checkbox"/> None of them <input type="checkbox"/> A few of them <input type="checkbox"/> About half of them <input type="checkbox"/> Most of them <input type="checkbox"/> All of them	
ect women and girls to only report ual violence if they have serious p ical injuries?	<input type="checkbox"/> None of them <input type="checkbox"/> A few of them <input type="checkbox"/> About half of them <input type="checkbox"/> Most of them <input type="checkbox"/> All of them	
Right to Use Violence (From 144-147)		
nk that when a man beats his wife, is showing his love for her?	<input type="checkbox"/> None of them <input type="checkbox"/> A few of them <input type="checkbox"/> About half of them <input type="checkbox"/> Most of them <input type="checkbox"/> All of them	
nk that a man has the right to beat/ ish his wife?	<input type="checkbox"/> None of them <input type="checkbox"/> A few of them <input type="checkbox"/> About half of them <input type="checkbox"/> Most of them <input type="checkbox"/> All of them	
nk it is okay for a husband to beat wife to discipline her?	<input type="checkbox"/> None of them <input type="checkbox"/> A few of them <input type="checkbox"/> About half of them <input type="checkbox"/> Most of them <input type="checkbox"/> All of them	
ect a husband to force his wife to e sex when she does not want to?	<input type="checkbox"/> None of them <input type="checkbox"/> A few of them <input type="checkbox"/> About half of them <input type="checkbox"/> Most of them <input type="checkbox"/> All of them	
and will to participate GBV prevention programme (From 148-153)		
ve you ever participated in any GB	<input type="checkbox"/> Yes	- If no, skip to Q150



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