



United Nations Trust Fund
Support of Actions to Eliminate Violence against Women



Endline Report

Impact Assessment VOICES Project

Reducing the Twin Pandemics of HIV/AIDS and Violence against Women
Media & Outreach Interventions
(August 2007 to May 2010)



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LIST OF ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
CBS	Central Bureau of Statistics
EAN	Equal Access Nepal
FGD	Focus Group Discussion
FWLD	Forum for Women, Law and Development
HDI	Human Development Index
HIV	Human Immunodeficiency Virus
IDU	Injected Drug Users
MANK	Mahila Atma Nirbharata Kendra
MMS	Makwanpur Mahila Samuha
NGO	Non Governmental Organization
PLHA	People Living with HIV and AIDS
RWUDUC	Rural Women's Development and Unity Centre
UNGASS	United Nations General Assembly Special Session
UNIFEM	United Nations Fund for Women
VAW	Violence Against Women
VDC	Village Development Committee
WOREC	Women Rehabilitation Centre

ACKNOWLEDGEMENTS

Equal Access Nepal (EAN) is pleased to present this endline study for the VOICES project supported by the United Nations Trust Fund to end violence against women (UNTF) and UNIFEM. This media communication and outreach initiative focused on the intersection between VAW and HIV/AIDS was implemented by EAN between August 2007 and May 2010.

EAN wishes to thank UNTF and UNIFEM for entrusting EAN with this important media and outreach intervention project. The credit of the success of the VOICES project goes to the UNTF, UNIFEM, and the Government of Nepal, particularly the Ministry of Health and Population and the Ministry of Women. EAN would also like to extend its sincere thankfulness to Radio Nepal, together with EAN's partner FM stations, partner outreach organizations; including *Mahila Atma Nirbharata Kendra*, Sindhupalchowk, *Makwanpur Mahila Samuha*, Makwanpur, *Samjhauta Nepal*, Mahottari, *AAWAJ*, Surkhet, Women Rehabilitation Centre, Dang and Rural Women's Development and Unity Centre, Dadeldhura. This project would also not have been possible without the hard work and continued support of the community reporters, women leaders, radio journalists, women development organizations, women activists and other well wishers.

During the collection of data for the survey, EAN received unwavering support and dedication from its field based female community reporters, women leaders and outreach partners. As such, EAN wishes to extend its special gratitude to these individuals and groups for their support. In addition, EAN appreciates the timely inputs of its content, monitoring and evaluation and outreach team members who successfully carried out the survey assessment and analysis. EAN would also like to acknowledge the contribution of all the participants of the FGDs as well as the interviewees of household surveys and KIIs for unconditionally providing their time and valuable feedbacks without which the outcome of this assessment could not have been realized.

EXECUTIVE SUMMARY

The VOICES project, supported by the United Nations Trust Fund, UNIFEM and implemented by Equal Access in Nepal (EAN), was implemented from August 2007 and was concluded on May 2010. The project collected and broadcast voices of the most marginalized women within the country to instigate a grassroots call to action on the twin pandemics of HIV & AIDS and violence against women (VAW). Women empowerment activities were launched through innovative radio and training programs together with outreach activities. EAN implemented the activities in six highly sensitive districts of the country through active participation of six local partner organizations. These districts included Dadeladhura, Surkhet, Dang, Mahottari, Makwanpur and Sindhupalchowk districts of Nepal.

At the start of the project, a baseline study was conducted to draw benchmark information on various important parameters related to knowledge, behavior and attitude associated with VAW, HIV & AIDS and its intersection. This final endline study conducted during March 2010 measured the impact of the project based on the benchmarks drawn by the baseline study conducted two years ago. Both the baseline and endline assessments were conducted through a combination of survey based interviews (female and male), focus group discussions (FGDs), key informant interviews (KII) and secondary information collection and analysis. EAN took the leadership for the design and coordination of the overall study, while district level partner organizations were responsible for conducting the survey interviews in their respective districts. The primary source of information of this assessment was 609 respondents comprising equal proportion of female and male participants from six targeted districts. A team comprising one female and one male enumerator was mobilized by the district partner organizations to conduct the survey interview. The FGDs and KIIs were conducted by EAN team members with the help of partner organizations.

Objectives:

The following were the primary objectives of the impact assessment:

- Measure the impact of the VOICES project in the target communities through assessing the changes in the knowledge, attitude and behavior among targeted beneficiaries of women and men in regard to VAW and HIV & AIDs;
- Measure the impact of the project on the level of stigma and discrimination in regard to HIV/AIDs in comparison with that of the baseline;
- Assess the impact of individual and collective actions carried out as a result of the VOICES project in target areas;
- Measure the increase of legal and health service seeking behaviors of women in the target districts.

Key Findings:

The endline survey results showed a positive impact in the following key areas:

- Increase in service seeking behaviors (both legal and health related);
- Increase in community activities to raise awareness of HIV and VAW;
- Increase in dialogue between husband and wife around HIV/AIDs and sexual relations;
- Increase in understanding of legalities related to VAW, including increased understanding that marital rape and rape of sex workers is illegal;
- Increase in understanding of the causal relationship between HIV and VAW
- Decrease in tolerance of VAW among women, including keeping their family intact;
- Decrease in stigma against PLHA.

Whilst there was less change in the number of women surveyed who were experiencing some level of VAW, the main goal of the VOICES initiative was to increase dialogue between family members, improve the link between service seekers and service delivery at the community level and encourage more community action against the twin pandemics of VAW and HIV. In these areas the initiative was successful as shown by the summary findings below:

1. A big change from 37% to 45% was noticed between the baseline and the endline in terms of the number of men who would intervene to stop someone abusing their wife.
2. A noticeable improvement was recorded in the changes in seeking legal action against VAW, which was a key focus of the VOICES project. In the case of female respondents those seeking court, police and legal counseling centre's help jumped from 5% to 14%, 15% to 28% and 11% to 17% respectively from the baseline to the endline.
3. In the endline survey, 64.5% female and 33.2% male heard the information on legal action against VAW from the radio.
4. Overall, 67.9% of all female respondents in the endline either disagreed or strongly disagreed that women should tolerate violence. This is compared to 41.2% in the baseline. There was a significant increase in the percentage of men who accepted that women should take collective action against violence inflicted on them with 92.5% of males strongly agreeing and agreeing on the matter in the endline compared to 88.2% respectively in baseline.
5. In the endline, 78.0% of female and 69.3% of male respondents thought that a woman who is experiencing violence is at risk of contracting HIV. This figure was 69.6% and 59.4% respectively in the baseline. This question is directly related to the intersection between VAW and HIV/AIDs.
6. 72% of female respondents and 67% of male respondents disagreed with the traditional perception of the HIV as something that happens to bad or cursed women. This is compared to the baseline where only 47% of women and 54% of men disagreed with this view.
7. 14% increase from the baseline to the endline of respondents indicating that forceful sex with a woman (including your wife) is a crime. The understanding that forcing sex workers to have sex against their will is also a crime increased from 66% of respondents in the baseline to 82% in the endline.
8. Significantly fewer women reported that they suffered violence silently from the baseline to the endline and there was a significant increase in women talking to someone such as a friend or a counselor.
9. A big leap from 13% in the baseline to 79% in the endline amongst men and 26% to 89% of women who strongly agreed to the need to intervene to stop VAW and 45% of both male and female respondents said that they had attempted to interfere on physical violence against woman occurring in domestic circles.
10. In the endline, female respondents said that after listening to the Samajhdari radio program– 78.3% shared the knowledge with others, 44.8% carried out activities against HIV/AIDs and VAW, 21.3% took legal counseling service, 20.4% discussed with partners about sex, 11.3% practiced safe sex and 8.3% tested for HIV or persuaded their partners for the test.

1 BACKGROUND OF THE ASSESSMENT

1.1 Introduction

This report has critically compared and analyzed information between the baseline and endline studies in aspects of people's understanding on HIV and AIDS and VAW and the intersection between them. In doing so, this report aimed at measuring the impacts that the VOICES project including the radio program 'Samajhdari' had on its listeners and target communities.

The Declaration on the Elimination of Violence against Women (DEVAW) defines violence against women as "any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering, whether occurring in public or private life, in the family, in the community, or perpetuated or condoned by the state."¹ Studies conducted by organizations, including ActionAid, Forum for Women Law and Development (FWLD) and the Conscious Media Forum have highlighted that "VAW is the cause as well as the consequence of HIV" with education, culture, religion and poverty attributed as the underlying causes for both.²

Quote #1:

"Women have no access to property in comparison to men and in case if she suffers from violence, she has no alternatives and thus is compelled to involve in risky behaviors. This is how women are vulnerable to HIV."

– a woman FGD participant
from Makwanpur district

Lots of prevention programs have been conducted and are still going on but HIV and AIDS epidemic continues to spread in Asia. The prevalence of high rates of HIV infection in women has also brought into sharp focus the problem of violence against women. South Asia continues to have the worst indicators regarding violence against women in the world. The situation in Nepal shows a similar tendency to that encountered in the rest of Asia. Recent data and information clearly indicate a number of positive trends in the response to the epidemic, although the HIV prevalence among female sex workers appears to have stabilized around 2%.³ New cases of HIV & AIDS reported in Nepal show that women are still the most vulnerable group and of the total reported cases of HIV amongst women, 53% are housewives.⁴

Unaware of their rights, with little or no access to information, poor education, economic dependence, and living in a society where gender inequality is deeply rooted, women in Nepal remain highly vulnerable to being caught in the cycle of VAW and HIV.⁵ This vulnerability has been further entrenched by the country's recent 10 year conflict, which saw women, especially those living in isolated areas, being exposed to sexual violence, increased economic burden and security vulnerability. Furthermore, according to the UNGASS Country Report (2008), 41% of seasonal labour migrants returning home to Nepal are HIV positive, further increasing the HIV transmission rate among housewives and highlighting the inability of many women to negotiate safe sex measures with their partners.⁶ Women's inability to negotiate safe sex and refuse unwanted sex is closely linked to the high prevalence of HIV/AIDS. Unwanted sex, from being unable to say "no" to a partner and be heard, to sexual assault such as rape results in a higher risk of abrasion and bleeding, providing a ready avenue for transmission of the virus.⁷

Statistics paint a horrifying picture of the social and health consequences of violence against women. For women aged 15 to 44 years, violence is a major cause of death and disability. In a

¹ DECLARATION ON THE ELIMINATION OF VIOLENCE AGAINST WOMEN GENERAL ASSEMBLY RESOLUTION 48/104 OF 20 DECEMBER 1993

² FWLD & Action Aid "Intersection of Two Current Pandemics: VAW and HIV and AIDS", 2007 and Media Forum and Action Aid "Violence Against Women and HIV: Cause and Consequence", 2007

³ UNGASS, Country Progress Report -Nepal, 2008, p. 2

⁴ Action Aid Nepal and Conscious Media Forum, "Violence against Women and HIV Cause and Consequence", 2007

⁵ According to UNESCO Institute for Statistics, only 42% of female adults were literate in 2006.

UIF, Literacy rates, 2006, <http://stats.uis.unesco.org>

⁶ UNGASS, Ibid., 2008

⁷ UNIFEM, Violence against women, Facts and Figures, 2007

study based on World Bank data of ten selected risk factors facing women in this age group, rape and domestic violence rated higher than cancer, motor vehicle accidents, war and malaria. Moreover, several studies have revealed increasing links between violence against women and HIV/AIDS, with women who have experienced violence shown to be at a higher risk of HIV infection. For example, a survey among 1,366 South African women in 2007 showed that women who were beaten by their partners were 48 percent more likely to be infected with HIV than those who were not.⁸ According to data from UNAIDS, the increase of HIV is greater among girls and adolescent females, and young women constitute approximately 60% of the people between 15 and 24 years old living with HIV/AIDS. Young women have 1.6 times more probability of being infected than males of the same age. The available evidence also indicates that age is a social determinant of HIV transmission in women in all the regions of the world. Programme evaluations demonstrate that mass media campaigns and community-based education have been successful in increasing awareness and knowledge and modifying attitudes. They have focused on promoting non-violent behavior, challenging beliefs in women's subordination, and encouraging women and men to be more supportive of their friends and family members who experience violence.⁹

1.2 Background of the Project

The VOICES project, supported by United Nations Trust Fund and UNIFEM and implemented by Equal Access Nepal (EAN), began implementing in August 2007 and concluded in May 2010. Using voices collected by 12 specially trained and chosen community reporters, drawn from some of the most at risk target groups, the Samajhdari radio program broadcast nationally the voices of the most marginalized and underrepresented women and men in Nepal, many of who were living with HIV or survivors or perpetrators of violence. In this way, EAN developed a radio program that focused on the intersection of HIV and VAW encouraging peer to peer and partner to partner learning and understanding. The Samajhdari radio program was broadcast on the state owned Radio Nepal as well as 16 FM stations scattered throughout the country. The detail broadcast schedule of 'Samajhdari' is included with this report. The 'Samajhdari' radio program was on air from August 1, 2008 to until April 16, 2010. A total of 88 radio episodes were aired during the project period and were listened to by almost a million people regularly throughout the country.

Through partnerships with local district based NGOs, the VOICES project also included a comprehensive community outreach initiative that built advocacy, support and training networks in the six targeted districts of the project. The activities conducted as part of the outreach component of the project included legal literacy training, formation of listener and dialogue groups and training women leaders in the target communities as peer educators and facilitators. In this way, the VOICES project promoted radio, outreach and education as a strategy to lead to greater awareness and knowledge among women and men on the linkages between VAW and HIV&AIDS. The project also encouraged increased service seeking behavior and collective action amongst men and women at the community level, as tools to address issues related to VAW and HIV&AIDS in Nepal.

At the start of the project, a baseline study was conducted which provided benchmarks on various important parameters of the VOICES project. This impact study conducted during March 2010 has tried to measure the impact of the project, in the six targeted districts, based on those benchmarks.

⁸ UNIFEM, Ibid, 2007

⁹ Helpdesk Research Report: Violence Against Women Interventions, p. 2

2 DESIGN AND METHODOLOGY

2.1 Survey Design

The survey was designed in combination with the following research methodology:

- **Survey Interviews** – sample size of 609 respondents comprising equal proportion of female and male participants from six targeted districts were interviewed through semi-structured questionnaire developed separately for female and male.
- **Focus Group Discussions** – a total of 12 FGDs were conducted targeting Radio Listener Groups using a pre-designed checklist.
- **Key Informant Interviews** – a total of 13 KIIs were conducted with district stakeholders, district focal persons, women's leaders/activists and beneficiary following KII instrument.
- **Secondary information**–included the VOICES baseline study and other relevant published documents.

EAN was responsible for designing and conducting the overall study while EAN's district based partnering organizations were responsible for conducting the household survey interviews with randomly selected female and male respondents. The team comprising one female and one male enumerator were mobilized by the district partner organizations to conduct the survey interview. EAN staff team members also visited the sites for quality assurance and to conduct the FGDs and KIIs themselves.

2.2 Survey Instruments and Tools

For the assessment, EAN developed various tools and instruments, including a semi-structured questionnaire for the random survey interviews, checklist for FGD and simple questionnaire for KII to gather quantitative and qualitative information (**Appendix 1, 2, 3 & 4**). Both the questionnaires and checklists included brief instructions for using the tools, which were further clarified during the two days orientation program organized for the enumerators. In both the questionnaires and checklists, observational factors were incorporated. Surprising and unlikely events observed during the site visits were documented in brief reports that were also referred to whilst developing this assessment report.

As most of the survey instruments and tools were already field pre-tested during the baseline study, further pre-tests were not carried out for the endline assessment. Survey instruments and tools were developed by EAN's M&E team, VOICES radio content team and UNIFEM team members having extensive experience in the fields of VAW, HIV/AIDs and the intersection between the two. The survey questionnaires for both the female and male respondents consisted of over 90 questions divided broadly into 4 sections: demographics, media preferences, VAW, HIV/AIDs and radio listening pattern. Similarly, the radio listener's group FGD checklist included similar sections to enable cross checking and verification. The key stakeholders FGD checklist content generalized matters of all of these issues. The FGDs and KIIs were conducted to triangulate primary source of information derived from the survey interview.

During the process of designing and developing survey instruments and tools, constant communication was established with the UN Trust Fund, New York office of UNIFEM to obtain their consent on the matter. All of these instruments were finalized with the consent from UNIFEM prior to the execution of the endline field level study.

2.3 Enumerators Training and Facilitators Orientation

Altogether, 12 enumerators and 10 facilitators were selected respectively by EAN district partner organizations and EAN M&E teams in Kathmandu. The enumerators were selected on the basis that they were involved in the baseline survey as well as with the Voices project and had some experiences in survey and research work. Equal numbers of female and male enumerators were selected. The female enumerators were selected to conduct the female interview while male enumerators were employed to conduct the male respondent's interview.

These enumerators were provided two days training and orientation to better understand the right techniques to collect information following the excepted methods while duly completing the pre-designed questionnaires. The orientation program was organized by EAN in its office premises on March 5 and 6, 2010. The training included all 12 enumerators, 2 (one male and one female) from each of the six district based partner organizations. The training covered the following topics:

- Brief introduction of Samajhdari and EAN.
- Sampling method.
- Interview, observation and case study techniques (clear recording, clarity of language, communal and personal sensitivity, courteousness, no assumptions, avoiding bias and risks, time consciousness, key learning aspects, etc).
- Review of each question of the developed questionnaires.
- Accepted procedures of completing questionnaires.
- Rechecking and consistency check (information cleaning).
- Established communication modality and code of conduct.

Soon after the training, EAN conducted a half day orientation session for its staff team members to refresh them on techniques of conducting the FGDs and KIs. The orientation program was provided to 10 facilitators and rapporteurs that covered the following topics:

- Review of endline assessment background and objectives;
- Quality check of survey interview work being carried out by EAN district partner organizations;
- Survey interview sampling method;
- FGD & KI techniques (participation selection, group arrangement, putting forward the question or issue, note taking, group handling, time conscious, key learning aspects, etc);
- Review of each question of the checklist and the questionnaire; and
- Reporting requirements.

Following these sessions, the enumerators and facilitators were mobilized to the project sites to conduct the interview and group discussion.

2.4 Sample and Participants Selection of Survey and FGD

The sampling method and sample size for the survey interview was consistent with that of the baseline study resulting in the same number of respondents included in the endline as the baseline. During the baseline study, the total number 609 respondents (likely 100 per district) including male and female ratio was determined directly proportion to the population of the respective district cited in CBS census 2001 ensuring one respondent from each household. After determining this figure, it followed the stratified sampling technique to identify the VDCs and within each VDC the required number of household was selected randomly yet being proportionately balanced in terms of sex and ward-wise respondent distribution.

For the participants of the endline, a simple random sampling method was used to select the female respondents from the project's Radio Listener Group members, again ensuring consistency

with the number of female respondents that was included in the baseline. As for the male respondents, a separate list was prepared excluding the spouse of already selected female respondents. Again a simple random sampling method was used to select the male respondents from this list, ensuring exactly the same number of male respondents as the baseline. The simple random method was done following a lottery method, where all the potential respondents' identity number was written and folded separately on a piece of paper and put into a box that was picked until the required number of respondents was reached.

The number of participants of the FGDs that were conducted ranged from minimum of 11 to maximum of 30 participants. The participants of the FGDs were selected on the basis of the following broader criteria:

- Listened to Samajhdari;
- Returnees from foreign employment and their wives;
- Survivors of violence; and
- HIV infected and affected

The participants of 13 KIIs included district focal persons, women leaders/activists and some beneficiaries with most significant change stories. These respondents provided technical and focused program related information on the VAW, HIV and AIDs pertaining to their respective district.

2.5 Quality Check and Data Processing

EAN staff team members did a number of onsite spot checks to ensure the quality of the survey interview data collected by the enumerators. EAN facilitators visiting the site also provided needful counseling to the enumerators to improve the interview process and ensure a high quality of data was collected. The completed questionnaires that were collected from districts were compiled systematically and checked for completeness before entering into the database system.

During the data entry process, five questionnaires each from female and male respondents from three data entry persons were scrutinized thoroughly to identify human error patterns. The established patterns of each data entry person formed a basis for rechecking the entire database to ensure consistency and accuracy of the data. Data processing was done using Ms Access computer application.

After ensuring the data quality that was entered into the database, data analysis was done using Ms Excel, Ms Access and SPSS software applications which produced various frequency tables, graphs and cross tabulations as required to be presented in this report.

2.6 Interviewees Consent

All the survey interview and KII respondents together with the FGD participants that willingly volunteered their time for assessment were made aware of the purpose of the impact assessment prior to each session. During the process, they were also made comfortable with assurances that the information collected will be treated as confidential and will be used solely for the purpose of this study. This was done by using informed consent forms included in each of the survey tools. No photographs were taken during the survey without the respondents' prior consent.

2.7 Limitations of the Assessment

The impact of the project as underlined in this report cannot be claimed to be related solely or totally to the VOICES project as other influencing sources and factors outside the scope of the project may also have contributed to the changes noted.

Also, the findings of the study cannot be generalized in the context of a whole country as the assessment was conducted in the fixed project targeted districts. Other districts and regions of the country may have varied results and progress directly influenced by other interventions that were unable to be included in this assessment given its limited scope.

3 RESPONDENTS' PROFILE

This section presents the composition of respondents in terms of their gender, age, education, occupation, ethnicity and religious. Also, the section has compared the respondents' profile of endline study with that of the baseline to determine the similarity between the two.

3.1 Number of Respondents

In both the baseline and endline studies, the number of respondents of the survey interview was 609. This assessment report is prepared based on the views of these 609 survey respondents alongside the view expressed by the participants in the accompanying FGDs and KIs. The table below presents the number of respondents by gender compared to that of the baseline:

Table #1: Number of Respondents by Gender

S. No.	Districts	Baseline			Endline		
		Female	Male	Total	Female	Male	Total
1.	Dadeldhura	19	17	36	19	17	36
2.	Dang	66	69	135	66	69	135
3.	Mahottari	72	85	157	72	85	157
4.	Makwanpur	54	57	111	54	57	111
5.	Sindhupalchowk	43	43	86	43	43	86
6.	Surkhet	42	42	84	42	42	84
Total:		296	313	609	296	313	609
Percentage:		48.6%	51.4%	100.0%	48.6%	51.4%	100.0%

The endline survey purposefully included the same number of female and male respondents as that of baseline to make the results and analysis more robust. Survey sampling was based on the actual population size of the district along with the ratio of female and male population.

3.2 Age Groups

In the endline, the majority of the respondents were aged 20 - 24. In the baseline, the majority was slightly more towards the 15 - 19 age group. However, in aggregate the majority comes to be in the broad range of 15 - 34 years, in both the baseline and endline. The table below presents the detail frequency of the age group distribution of respondents of both the baseline and endline studies:

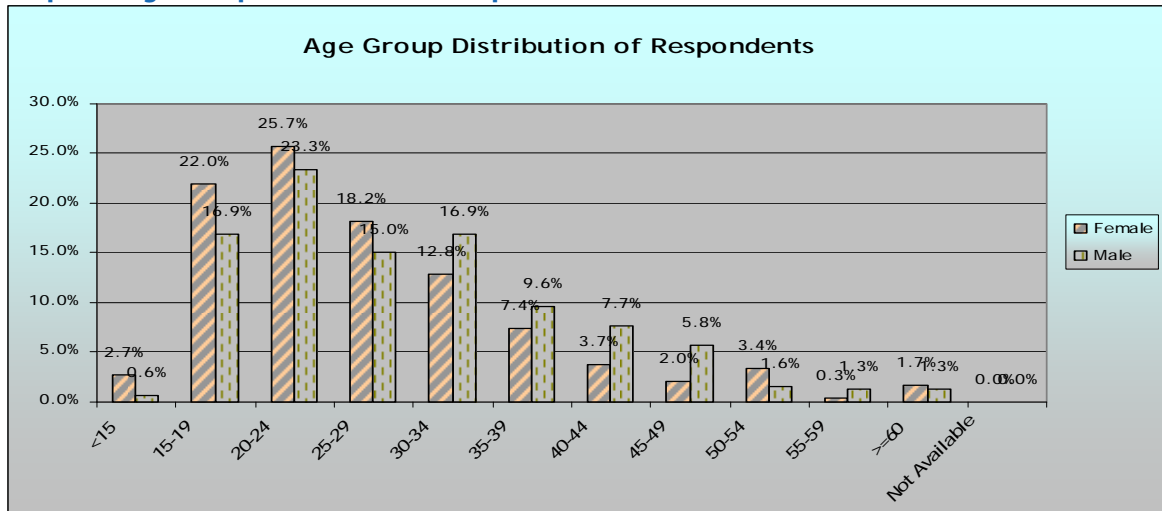
Table #2: Number of Respondents by Age Groups

Age Groups	Baseline				Endline			
	Female		Male		Female		Male	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%
<15	0	0.0%	0	0.0%	8	2.7%	2	0.6%
15-19	75	25.3%	56	17.9%	65	22.0%	53	16.9%
20-24	59	19.9%	72	23.0%	76	25.7%	73	23.3%
25-29	44	14.9%	56	17.9%	54	18.2%	47	15.0%
30-34	41	13.9%	45	14.4%	38	12.8%	53	16.9%
35-39	27	9.1%	34	10.9%	22	7.4%	30	9.6%
40-44	19	6.4%	16	5.1%	11	3.7%	24	7.7%
45-49	11	3.7%	14	4.5%	6	2.0%	18	5.8%

50-54	8	2.7%	8	2.6%	10	3.4%	5	1.6%
55-59	5	1.7%	6	1.9%	1	0.3%	4	1.3%
>=60	4	1.4%	5	1.6%	5	1.7%	4	1.3%
Not Mentioned	3	1.0%	1	0.3%	0	0.0%	0	0.0%
Total:	296	100.0%	313	100.0%	296	100.0%	313	100.0%

The graph below presents the age group distribution of respondents of endline study:

Graph #1: Age Groups Distribution of Respondents



3.3 Education

A majority of the respondents for the endline study had graduated school between grade 5 – 9, followed by grade 10 then merely literate (without schooling and adult literacy class experience) and intermediate graduates respectively. As in the baseline survey, the number of illiterate respondents was negligible in the endline study (7.1%). In general, male respondents were found to have a higher educational background compared to female. The table below presents the distribution of respondents by their educational level:

Table #3: Distribution of Respondents by Level of Education

Education	Baseline				Endline			
	Female		Male		Female		Male	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%
Not Available (undisclosed)	79	26.7%	26	8.3%	42	14.2	10	3.2
Illiterate	15	5.1%	5	1.6	29	9.8	14	4.5
Literate (no formal schooling)	25	8.4%	77	24.6	39	13.2	50	16.0
Adult Education Class	4	1.4%	4	1.3	10	3.4	0	0.0
School up to Grade 4	0	0.0%	7	2.2	2	0.7	5	1.6
Schooling between Grade 5 – 9	59	19.9%	50	16.0	92	31.1	71	22.7
SLC (Grade 10)	44	14.9%	78	24.9	41	13.9	73	23.3
Some College (not graduated)	1	0.3%	3	1.0	1	0.3	0	0.0
Intermediate	0	0.0%	37	11.8	30	10.1	56	17.9
Bachelor's Degree (Graduate)	42	14.2%	22	7.0	10	3.4	32	10.2
Post Graduate	0	0.0%	4	1.3	0	0.0	2	0.6
Total:	296	100%	313	100%	296	100%	313	100%

The education level as presented in above table indicates that the respondents' education is more or less uniform in both the baseline and endline studies.

3.4 Occupation

Almost 89% of the respondents of the endline survey were farmers and students, which was the same as during the baseline survey.

The table below presents the distribution of respondents by their occupations:

Table #4: Distribution of Respondents by Occupation

Occupation	Baseline				Endline			
	Female		Male		Female		Male	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%
Not Available (undisclosed)	19	6.4%	13	4.2%	10	3.4%	4	1.3
Farmer/Agriculture Worker	123	41.6%	123	39.3%	93	31.4%	124	39.6
Student	66	22.3%	67	21.4%	83	28.0%	95	30.4
Housemakers	57	19.3%	0	0.0%	80	27.0%	0	0.0
Business/Industry Owner	11	3.7%	44	14.1%	2	0.7%	44	14.1%
Foreign Employment	0	0.0%	0	0.0%	0	0.0%	3	1.0
Private Company	0	0.0%	0	0.0%	1	0.3%	3	1.0
Professional/Specialist	1	0.3%	3	1.0%	0	0.0%	1	0.3
Teacher	1	0.3%	14	4.5%	6	2.0%	15	4.8
Service (mostly government)	4	1.4%	32	10.2%	1	0.3	3	1.0
Shopkeeper	0	0.0%	0	0.0%	1	0.3%	1	0.3
Social Sector (NGO/INGO)	7	2.4%	0	0.0%	0	0.0	0	0.0
Skilled Worker	5	1.7%	14	4.5%	18	6.1	11	3.5
Unskilled Worker	0	0.0%	2	0.6%	0	0.0	0	0.0
Others	2	0.7%	1	0.3%	1	0.3	9	2.9
Total:	296	100%	313	100%	296	100%	313	100%

3.5 Ethnicity

In the endline survey, the respondents from Brahmin, Chhetri and Dalits' ethnicity are more or less equally distributed in all districts whereas other castes are disproportionately distributed in the rest of the districts. For example, Tharu is in majority in Dang district, Yadav in Mahottari and Tamang in Sindhupalchowk districts. In fact, these districts are home of these ethnic people.

The table below presents the distribution of ethnicity of respondents of endline survey by districts:

Table #5: Distribution of Ethnicity of Respondents by Districts

S. No.	Ethnicity	Districts					
		Dadeldhura	Dang	Mahottari	Makwanpur	Sindhupalchowk	Surkhet
1.	Brahmin	9	14	34	63	26	33
2.	Chhetri	1	18	6	7	5	15
3.	Dalit	25	22	51	2	1	17
4.	Tamang	0	0	0	23	52	0
5.	Tharu	0	73	1	0	0	1
6.	Yadav	0	0	28	0	0	0
7.	Magar	0	2	0	6	0	10
8.	Gurung	0	0	0	0	0	1
9.	Madhesi	0	0	3	0	0	0
10.	Rai	0	0	0	6	0	0
11.	Tarai Dalit	0	0	6	0	0	0
12.	Thakuri	0	5	0	0	1	2
13.	Muslim	0	0	4	0	0	3
14.	Newar	1	0	0	3	1	0
15.	Others	0	1	24	1	0	2
Total:		36	135	157	111	86	84

While comparing baseline and endline surveys, the trend of respondents regarding caste and ethnicity was found quite similar although there were some variations in some cases. The table below presents the respondents by their ethnicity:

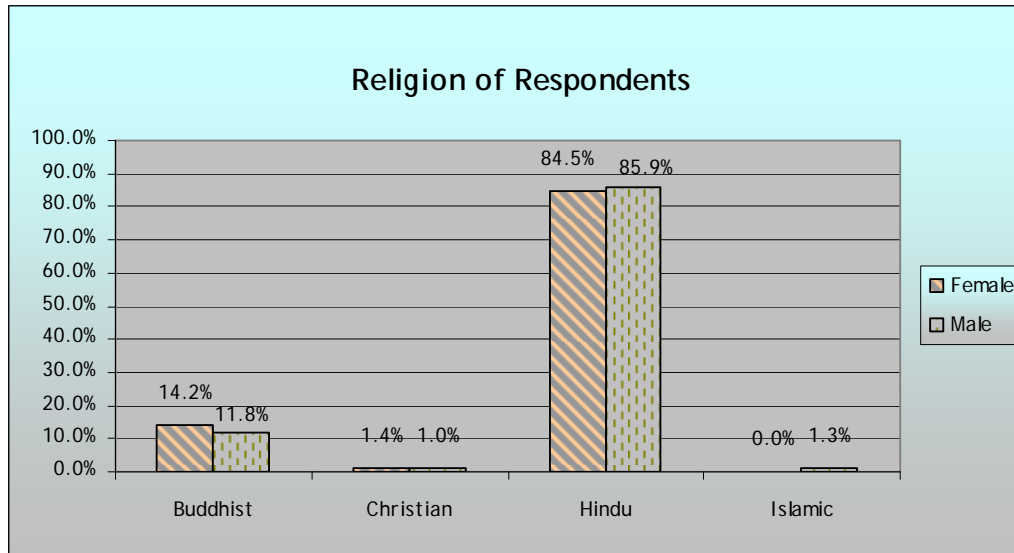
Table #6: Distribution of Respondents by Ethnicity

Ethnicity	Baseline				Endline			
	Female		Male		Female		Male	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%
Not Available	5	1.7%	6	1.9%	0	0.0%	0	0.0%
Brahmin	59	19.9%	55	17.6%	90	30.4%	89	28.4%
Chhetri	42	14.2%	54	17.3%	23	7.8%	29	9.3%
Dalit	54	18.2%	18	5.8%	60	20.3%	58	18.5%
Tamang	22	7.4%	45	14.4%	41	13.9%	34	10.9%
Tharu	31	10.5%	39	12.5%	37	12.5%	38	12.1%
Yadav	2	0.7%	5	1.6%	13	4.4%	15	4.8%
Magar	14	4.7%	10	3.2%	10	3.4%	8	2.6%
Gurung	3	1.0%	0	0.0%	1	0.3%	0	0.0%
Madhesi	33	11.1%	37	11.8%	3	1.0%	23	7.3%
Rai	1	0.3%	1	0.3%	4	1.4%	2	0.6%
Tarai Dalit	0	0.0%	14	4.5%	0	0.0%	6	1.9%
Thakuri	1	0.3%	0	0.0%	7	2.4%	1	0.3%
Muslim	7	2.4%	11	3.5%	0	0.0%	7	2.2%
Newar	13	4.4%	10	3.2%	2	0.7%	3	1.0%
Sanyasi	3	1.0%	7	2.2%	0	0.0%	0	0.0%
Majhi	2	0.7%	0	0.0%	0	0.0%	0	0.0%
Others	4	1.4%	1	0.3%	5	1.7%	0	0.0%
Total:	296	100%	313	100%	296	100%	313	100%

3.6 Religion

In the endline survey, majority of respondents were found to be Hindu followed by Buddhist, Christian and Islamic. The graph below presents the religion of respondents of endline study:

Graph #2: Religion of Respondents



3.7 Marital Status

A majority of the respondents in both the baseline and endline surveys were married. In the endline study, married respondents accounted for 428 (70.3%) with females 206 (69.6% of total female respondents) and males 222 (70.9% of total male respondents). In baseline, married respondents accounted for 353 (58%) comprising females 151 (52.8%) and males 202 (64.5%). The unmarried respondents were mostly youth and students.

3.8 Relationship

In the endline survey, about half of the female respondents were found to be daughters-in-law (51%) with very few being mothers-in-law (7.8%). The table below presents the distribution of female respondents by their relationship:

Table #7: Distribution of Respondents by Family Relationship

Relationship	Baseline		Endline	
	Freq.	%	Freq.	%
Undisclosed	124	41.9%	122	41.2%
Daughter-in-law	138	46.6%	151	51.0%
Mother-in-law	34	11.5%	23	7.8%
Total:	296	100%	296	100%

Incidents of VAW are mostly endured by daughter-in-laws in Nepal, usually those who are newly married, disabled and those that are suffering from prolonged illness.

4 ASSESSMENT FINDINGS

The findings of this assessment have been grouped under four main headings:

- The VOICES radio program, *Samajhdari*
- Violence Against Women (VAW) – Knowledge, Attitude and Behavior Changes
- HIV and AIDS - Knowledge, Attitude and Behavior Changes
- The intersection between VAW and HIV/AIDS

4.1 The VOICES radio program *Samajhdari*

4.1.1 Listening Pattern of Voices Radio Program

The major focus of the VOICES project was usage of radio messages as a strategy to generate greater awareness and knowledge among women and men on the linkages between VAW and HIV, as such the central component of the VOICES project was an innovative and interactive radio program *Samajhdari* (Mutual Understanding) which sought to address the linkage between VAW and HIV by directly encouraging dialogue between husbands and wives, mother-in-laws and daughter-in-laws and those living with HIV or experiencing VAW and their communities. In total, 88 episodes of the radio program were broadcast nationally, with an estimated regular listening number of 1 million.

The table below presents the *Samajhdari* radio program listening pattern amongst respondents of the endline study:

Table #8: Radio Samajhdari Listening Pattern

S. No.	Particulars	Gender	Yes	%	No	%
1.	Willingness to Listen to Radio Program on VAW and HIV	F (296)	252	85.1%	33	11.1%
		M (313)	263	84.0%	37	11.8%
2.	Ever Listened to Samajhdari	F (296)	234	79.1%	40	13.5%
		M (313)	217	69.3%	69	22.0%

It is encouraging to see that both men and women are equally willing to listen to a radio program that deals with issues around VAW and HIV as targeting both genders was a central aim of the radio program, which included sections such as “The Most Understanding Husband” to promote male listeners. Whilst the radio program was more popular with female respondents, with a high figure of almost 80% having listened at least once to the *Samajhdari* radio program, the fact that almost 70% of male respondents also listened is very positive and highlights the success of the program in reaching out to both husbands and wives to create a bridge between the genders.

The table below presents the respondents understanding of the major themes dealt with by the *Samajhdari* radio program:

Table #9: Major Themes Dealt by Samajhdari

S. No.	Samajhdari Themes	No. of Female Resp. (236)	%	No of Male Resp. (222)	%
1.	HIV/ AIDS	139	58.9%	156	70.3%
2.	VAW	158	66.9%	153	68.9%
3.	Intersection between HIV/ AIDS and VAW	141	59.7%	139	62.6%

Among those who responded to above question, majority of female respondents (66.9%) were found to have provided their opinion that *Samajhdari* dealt with VAW while majority of male

respondents (70.3%) provided their opinion that the program dealt with HIV/AIDS. This finding also illustrates a potential variation in interest of female and male respondents with females potentially more interested in the subject matter of VAW while males seem more interested on the HIV/AIDS.

The tables below present the major learning pertaining to the Samajhdari radio program and the additional learning. Although the radio program and other outreach activities concentrated on the intersection between HIV and VAW, learning and messaging about the two pandemics were also delivered in their own right with the understanding that by reducing stigma towards PLHA or providing information on the rights and legalities around VAW the issues at the heart of the intersection would also be addressed. This approach goes some way to explain the lower number of respondents who stated that they learnt about the intersection between HIV and VAW from the radio program, similarly awareness of this intersection was already high among the baseline respondents so potential for new learning of the existence of the intersection was lower. There was a higher level of learning around this topic amongst the FGD respondents who participated in the listener groups as they were encouraged to discuss the intersection between HIV and VAW further by the group’s facilitator.

Table #10: Pertaining Learning from Samajhdari

S. No.	Statements	No. of Female Resp. (218)	%	No of Male Resp. (210)	%
1.	Learned about VAW	119	54.6%	100	47.6%
2.	Learned about HIV/AIDS	106	48.6%	110	52.4%
3.	Learned about Intersection between HIV/AIDS and VAW	8	3.7%	4	1.9%

Table #11: Additional Learning from Samajhdari

Categories	Female	Male
Behavior Change	Change in attitude towards HIV/AIDS patients	Change in oneself
		Change in thinking
		Change in attitude towards HIV/AIDS patients
		Help HIV/AIDS patients
Confidence	Able to answers to others	
	Able to face mass gathering	
	Able to solve own problem	
	Marriage proposal should be thought carefully	
Participation	Women should actively participate in community’s development activities	
Women’s Right	Both male and female are equal	Both Male and Female are equal
	Discrimination should not be done to daughter as they are equal to son	Both husband and wife should be equally responsible of household chores
	Women should get opportunity to work outside of home	
Knowledge Sharing	We have to share knowledge with others	We have to share knowledge with others
	We should work on the group to share knowledge	Aware family members about HIV/AIDS and VAW
		Daily knowledge sharing between spouse
Safe Sex	Unsafe sex should be done only between spouse	Unsafe sex should not be done

	Condom should be used	Condom should be used and should avoid sex outside of home
		We can be safe from HIV/AIDS if we do safe sex
Understanding	Good cooperation between family members while respecting each others	Able to talk openly between spouse
	Understood the importance of harmonious relationship between mother-in-law and daughter in-law	Be honest to help family and wife
		Understood that husband and wife are two wheels of the same chariot
		Avoid domestic fight and violence
		Trust each other
	Good understanding between husband and wife	

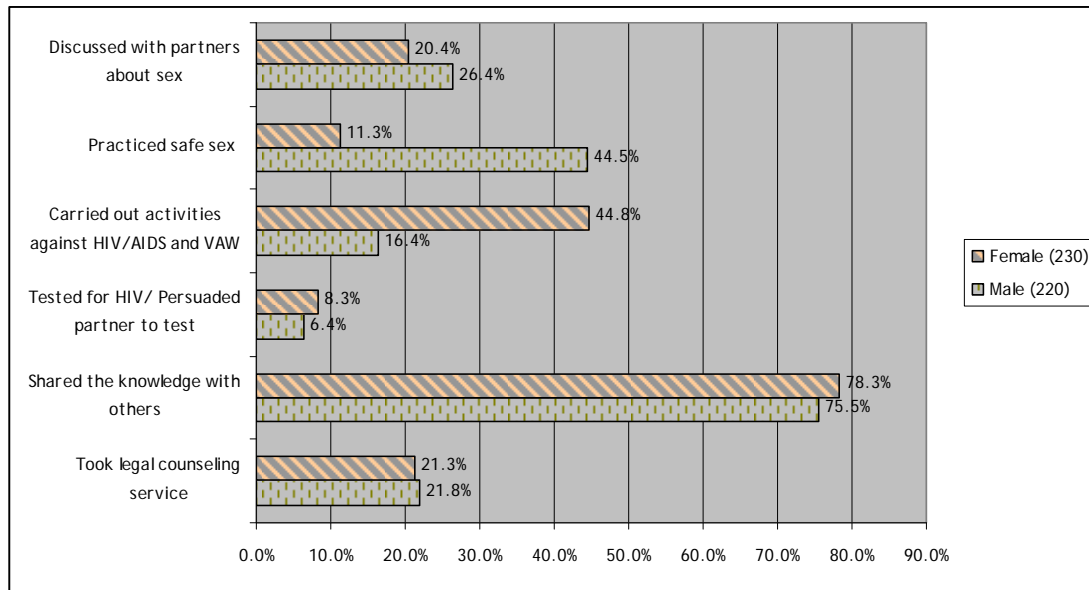
Among the respondents who mentioned what they perceived to have learnt after listening to the Samajhdari radio program, almost 50% female and male respondents mentioned about VAW, HIV and AIDs. The aim of the radio program was not only to impart knowledge and tackle attitudes around VAW and HIV but also to encourage individual and collective action around the issues at the community level. The table below presents the follow-up actions done by respondents after listening to the Samajhdari radio program, and highlights that male and female listeners felt equally able to share knowledge perceived through *Samajhdari* among peers and also were more able to discuss sex with their partners. Interestingly, females were found more concerned with carrying out activities to raise awareness around HIV/AIDS and VAW than men and men were found to be more interested in practicing safe sex.

Table #12: Follow-up Action after Learning from Samajhdari

S. No.	Actions	Number of Female Resp. (230)	%	No. of Male Resp. (220)	%
1.	Took legal counseling service	49	21.3%	48	21.8%
2.	Shared the knowledge with others	180	78.3%	166	75.5%
3.	Tested for HIV or persuaded partner to test	19	8.3%	14	6.4%
4.	Carried out activities against HIV/AIDS and VAW	103	44.8%	36	16.4%
5.	Practiced safe sex	26	11.3%	98	44.5%
6.	Discussed with partners about sex	47	20.4%	58	26.4%

The above table's information is presented below in graph form:

Graph #3: Follow-up Action after Learning from Samajhdari



The lower numbers of both men and women who took HIV tests after listening to the program may be due to a lack of VCT testing centers in the target areas or the highly sensitive nature of asking a partner to take a HIV test. Either way, the findings highlight the need for further work to ensure that knowledge about the importance of HIV testing is supported by both available services and men and women feel able to address these issues within a relationship. Having a support network is crucial in enabling women to approach their husbands about having HIV tests, as is shown by the larger numbers of women involved in the project's listening groups who did feel able to address this topic with their husbands as a group:

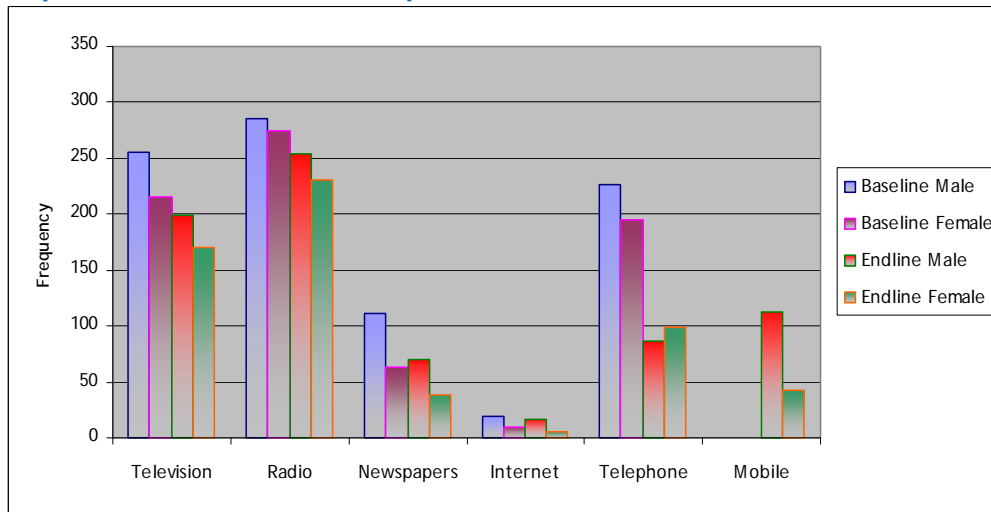
Quote #2:
Many of our husbands go to India (Bombay, now Mumbai) for work. We never asked them to have a blood test before. After listening to the radio program 'Samajhdari', we started to persuade them to have a test when they return back home. They hesitate sometime but many of them do so nowadays. The HIV testing will now help us to be safe from 'Bambaiya' disease (Bombay + HIV/AIDS).
 – an FGD participant from Dadeldhura district

4.1.2 Media Preferences and Sources of Information

As well as asking respondents more directly about *Samajhdari*, both the baseline and endline surveys included a section on media preference and sources of information of the targeted population. When analyzing the changes in media preference over the 2.5 years of the project, the most interesting trend is the leap in usage of mobile phones in the endline survey comparative to the baseline where it was negligible. The VOICES project did include elements of both mobile and landline communication to interact with listeners and access their voices and this would be a key recommendation for future projects of this kind. A mobile phone component allows listeners to both interact with the radio program via their mobile phones, as well as receive information directly to their handsets. The usage of mobile phones was found to be higher in male (72.7%) than female (27.3%), which should be taken into account when targeting women through this technology.

The graph below presents the comparative figure of baseline and endline studies on media preference of respondents:

Graph #4: Media Preference of Respondents



It can be concluded that mobile phone usage has been the most significant change in communications and will undoubtedly continue to have an impact on the lives of community people in terms of mode of communication and access to information. Any decrease in radio and TV usage can be explained by the excessive national power cuts that Nepal has increasingly been experiencing. Mobile phones also allow community members to listen to the radio and these listeners are captured under 'mobile' rather than 'radio'.

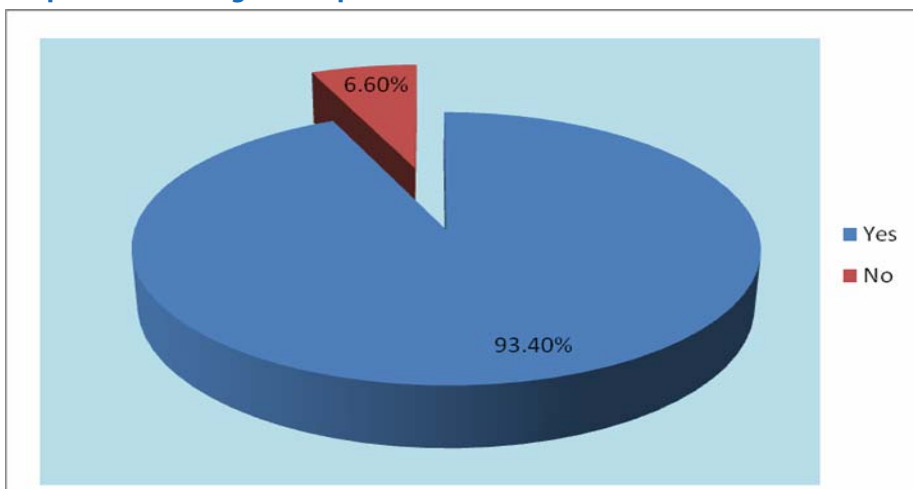
4.2 Violence against Women (VAW)

4.2.1 KNOWLEDGE

4.2.1.1 General Knowledge/Awareness Levels of VAW

Overall, the endline was encouraging in terms of levels of awareness around VAW with 93.4% of the respondent stating that they were aware of VAW and also showing an awareness that both physical as well as mental abuse constitutes VAW.

Graph #5: Knowledge of Respondent on VAW



Beating, burning alive and murder are understood as VAW by majority of the women respondents. Types of some common violence and female respondents' perception towards the violence are presented in table below:

Table #13: Female Respondent Perception on Physical Violence

S. No.	Physical Abuses	Yes	No	Don't Know
1.	Beating by husband	244	16	2
2.	Beating by other family members	203	26	3
3.	Forceful sexual intercourse	189	35	7
4.	Pinching	178	27	15
5.	Molesting	188	18	6
6.	Burning	205	24	6
7.	Murder	200	22	5

Similarly, a high level of awareness was shown among women regarding mental torture. Yelling, use of vulgar words, restriction on social interaction and contact especially with male members of a society, and social mobility were perceived as VAW by the respondents. The table below presents the mental torture as perceived by the female respondents:

Table #14: Female Respondent Perception on Mental Violence

	Mental Torture	Yes	No	Don't Know
1.	Yelling by husband	212	26	11
2.	Yelling by family members	227	23	8
3.	Tries to restrict contact you with your family of birth	188	30	3
4.	Gets angry if you speak with another man	168	42	8
5.	Insists on knowing where you are all the time	119	84	6
6.	Tries to restrict your from seeing your friend	170	32	6
7.	Don't want you to go in group meetings	189	27	4
8.	Don't allow you to work outside	191	29	6
9.	Whistling	171	32	11
10.	Use vulgar words	183	20	6
11.	Mental torture naming family of birth	183	24	6

The VOICES initiative aimed to not only raise awareness of VAW but also to widen both men and women's understanding around behavior that was or was not acceptable towards women. The endline results highlight female respondents starting to believe more strongly that actions such as teasing, whistling or passing crude comments are humiliating and unacceptable with 36% of women agreeing to the statement "It is humiliating to women if a man teases or whistles or passes crude comments on girls and women" compared to 27% during the baseline study. Similarly, 40% of men surveyed, recognized these actions as humiliating activities towards women. Surprisingly, women outnumbered men amongst those who strongly disagreed that these actions were humiliating behaviors towards women. The facts are presented briefly in table below:

Table #15: Perceived Humiliating Events

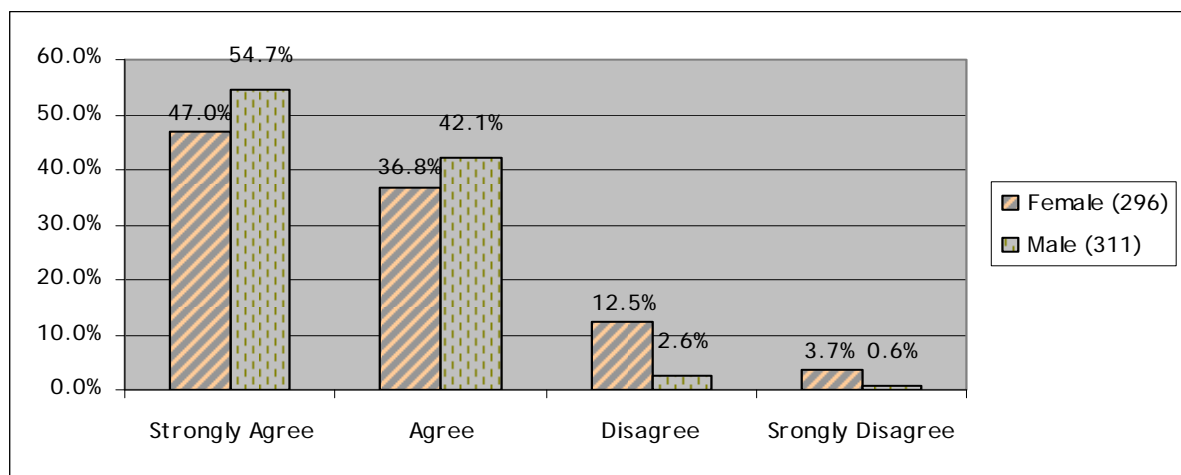
S. No.	Particulars	Sex	Baseline				Endline				High Impacts
			SA	A	D	SD	SA	A	D	SD	
1.	It is humiliating to women if a man teases or whistles or passes crude comments on girls and women.	F	78	121	70	17	107	85	66	38	SA
		M	88	165	43	17	125	121	44	21	SA & A

Note: SA =Strongly Agree, A=Agree, D= Disagree and SA= Strongly Disagree.

4.2.1.2 Knowledge / Awareness of Women's Rights

In the endline, respondents showed a strong positive opinion in favor of the universal equality of rights without gender discrimination. The results showed a positive momentum on the perception that women had the same rights as men to study and work outside of house, as the endline indicated female (84%) and male (97%) respectively opinioned in favor of women having the same right as men to work or study outside of the home. It is quite good to find negligible (only 2 male and 11 female) respondents with a strong reservation against gender equality. More than half (61%) of female respondents were in favor of self-autonomy (i.e. not obeying your husband and family members all the times) as opposed to the baseline study, where only 36% of women were found favoring the matter. This can be concluded as a direct impact of the Voices project on the targeted population, which sought to empower women through forming women's groups, training women leaders in communities and broadcasting messages of equality and self autonomy through the radio program. Similarly, half of the male population surveyed showed a negative attitude towards the expectation of total obedience from woman at any cost. The graph below presents the perception on gender equality on education and economic mobility:

Graph #6: Perception on Gender Equality on Education and Economic Mobility



The right to equal treatment of sex workers was accepted in the survey as majority of the population showed their disagreement towards the bias treatment in legal and socio-cultural rights. As shown in the table below, there was a marked improvement from the baseline to endline on respondents not agreeing with bias and negative treatment to sex workers. The VOICES initiative included the voices of sex workers in the *Samajhdari* radio program on a regular basis and also trained sex workers as Community Reporters in an effort to raise the voices and rights of sex workers to be treated equally.

The table below shows the comparison between the baseline and endline on the changing attitudes towards women's rights, including those of sex workers.

Table #16: Attitude towards Women’s Rights

S. No.	Particulars	Sex	Baseline				Endline				High Impacts
			SA	A	D	SD	SA	A	D	SD	
1.	Women have the same right as men to study and to work outside of house	F	146	132	11	2	139	109	37	11	SA & A
		M	144	158	10	1	170	131	8	2	SA & A
2.	A women should obey her husband and family members at all times	F	29	141	94	14	30	83	142	39	D
		M	17	115	156	23	31	124	130	25	D & A
3.	Woman who are sex workers do not deserve the same rights as other women	F	22	103	131	25	9	61	171	51	D
		M	12	120	139	35	12	72	196	28	D
4.	A wife must get her husband’s permission to go outside the home (right to mobility)	F	34	196	35	3	28	192	58	12	A
		M	51	205	50	2	58	220	27	7	A

Note: SA = Strongly Agree, A = Agree, D = Disagree, and SD = Strongly Disagree.

4.2.1.3 Knowledge / Awareness of Laws Related to VAW

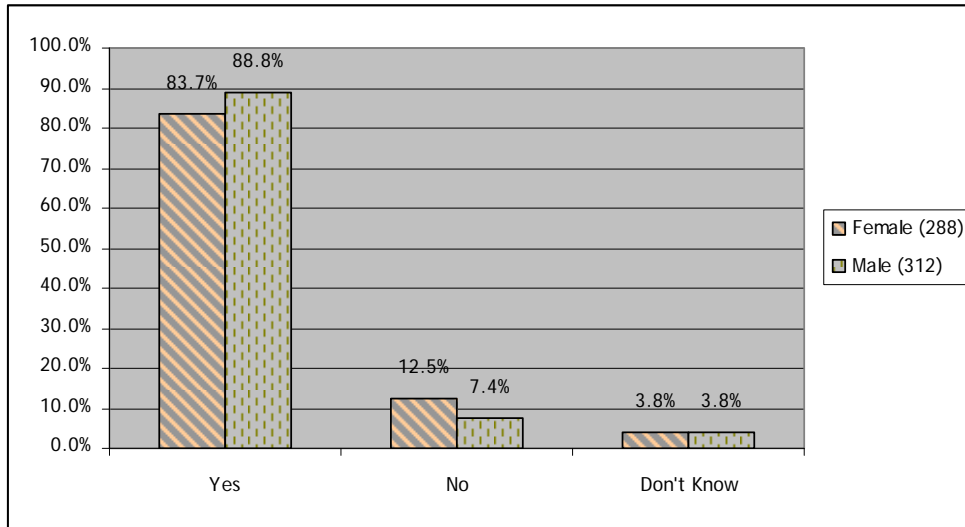
Information is the key to raise awareness as opined by the respondents. Dissemination of information provided through the VOICES project related to VAW and existing legal and judicial instruments and institutions encouraged them to stand firmly against VAW and seek justice through proper channels. A key approach of the VOICES project, was to connect people with these institutions at a local level, therefore an example of the increase in awareness has been the rise in numbers of people who knew that there were organizations working against VAW in their community. In the baseline 40.5% of women and 45.4% of men confirmed that they knew of some institutions working against VAW in their community, after the project completion, this figure rose to 60.8% of female and 80.5% male respondents highlighting a great impact on knowledge surrounding service availability amongst both men and women.

Regarding knowledge of the actual laws, the fact that physical violence against woman is a crime was well understood both in the baseline and the endline, with a small (4%) positive increment in female responses to the question of whether hitting woman is crime that is punishable by law. Overall, women more than men, seem to realize that any physical torture to them is punishable by law. The fact that physical abuses in form of hitting/beatings can’t be justified as rational deed at any pretext was also reiterated by the respondents from the FGDs and KIs.

Quote #3:
 “I have been subjected to physical violence by my in-laws and husband. My in-laws always reprimanded me for no reason; I was never appreciated no matter how hard I worked. My husband lived with his other wife in Pokhara. I could not share my grief with anyone. I was not even allowed to go to my parents' place. I became a member of this group hoping that I shall at least be able to share my sorrow to others. I started listening to radio program Samajhdari after I became a member of this group and then I learned the fact that I was a victim of violence. After I shared these learning to my husband he realized that physical abuse is immoral practice.”
 – a woman FGD participant from Makwanpur district

The following graph presents people views regarding physical punishment (hitting/beatings) as a crime:

Graph #7: Perception on People on Physical VAW as Crime



The VOICES project included a range of targeted messages to increase awareness amongst listeners to the radio program and participants in the outreach activities on the matter of forced sexual intercourse with female as illegal, even within a marriage. By discussing issues such as marital rape and the illegality of forcing women to have sex against their will appears to have had a positive impact on awareness levels in the target districts with a 14% increase from the baseline to the endline of respondents indicating that forceful sex with the female counterpart is a crime. Respondents also showed a difference in agreeing that forcing sex workers to have sex against their will is liable to judicial punishment, and this understanding increased from 66% of respondents in the baseline to 82% in the endline. The table below presents a brief review of the acts of violence against woman to be termed as crime that deserves punishment:

Table #17: Opinion of People on Forceful Involvement of Women on Sexual Intercourse

S. No.	Particulars	Sex	Baseline			Endline			High Impacts
			Y	N	DK	Y	N	DK	
1.	If a man has sex with his wife against her will, is it punishable by law?	F	210	35	40	225	34	23	Y
		M	201	52	47	251	36	24	Y
2.	If a man has sex with a sex worker against her will, is it punishable by law?	F	183	35	61	232	29	18	Y
		M	195	58	45	267	32	12	Y

Note: Y=Yes, N = No, DK = Don't Know

4.2.2 ATTITUDES

4.2.2.1 Attitudes towards VAW

Quote #4:

It used to be a usual days for me to face violence at home of one kind or other. I couldn't help but to curse my fate. As my mother-in-law started to tune to Samajhdari, I found slow improvements towards her attitude on me as she learned on woman's rights, violence and consequences of violence. Now the violence incidences are of past and my family atmosphere is improving and getting better.

– a woman FGD participant from Mahottari district

The baseline study highlighted that although women and girls are prone to violence by their male counterparts, around 30-35% of female and male respondents felt that in certain circumstances VAW should be tolerated for the sake of keeping a family intact. The feeling of such solo responsibility on woman to bear physical and mental violence for the sake of her family has changed over the 2.5 year project period.

In the endline survey, among the female respondents, 44% disagreed and 24% strongly disagreed that women should tolerate violence from her husband and family in order to keep her family together. This figure was 33% and 8% respectively in the baseline – reaching the set indicator of more than a 20% decrease in targeted

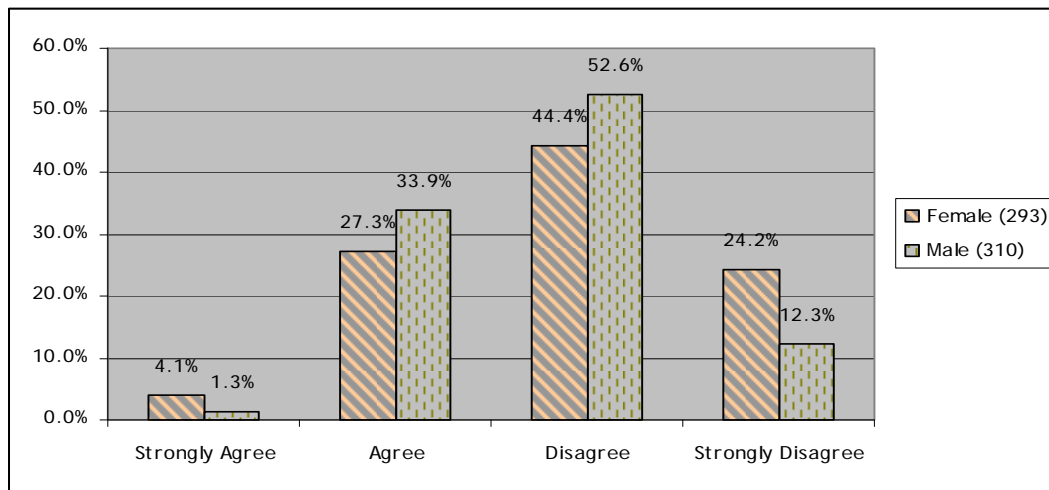
respondents who believe that GBV is acceptable under certain circumstances. No significant change in the attitude among males in this regard was noticed. The table below presents the tolerance of VAW by women to keep the family intact:

Quote #5:

It used to be a usual days for me to face violence at home of one kind or other. I couldn't help but to curse my fate. As my mother-in-law started to tune to Samajhdari, I found slow improvements towards her attitude on me as she learned on woman's rights, violence and consequences of violence. Now the violence incidences are of past and my family atmosphere is improving and getting better.

– a woman FGD participant from Mahottari district

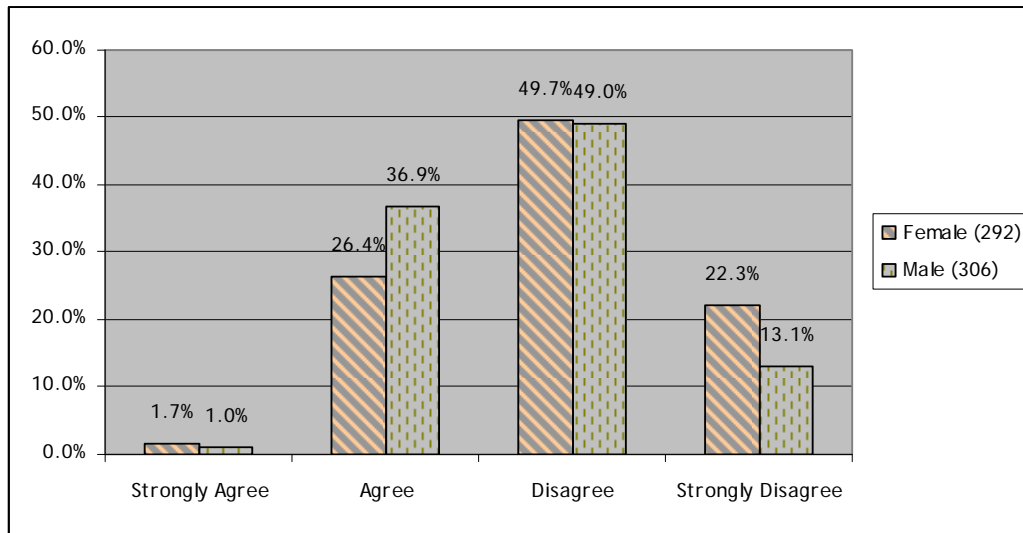
Graph #8: Tolerance of VAW by women to keep family intact



Unfortunately this target of 20% reduction was not achieved under all circumstances and the study revealed contrasting views regarding physical punishment for betrayal by a woman with a large portion of respondents (43%) still believing that if a woman cheats on her husband she deserves physical punishment (this was in fact lower in the baseline at 37%). On the other hand, both male and female respondents, in majority, were against any physical punishment to men if a husband cheats on his wife. This reflects strong patriarchal system of practices and thoughts on the superiority of the male over his counterpart, something that would certainly take longer than a 2.5 year initiative to have any impact on.

Some of the members of society still believe that there should be a need of physical punishment to women. It may be due to the legacy of the patriarchal dominating system prevailing over the centuries. But, encouragingly, nearly half of the respondents' views (above 49%) were against such violence in the pretext of any excuse. The graph below points towards the disagreement of people on physical violence against woman in the name of controlling their activities:

Graph #9: Physical Punishment as Means of Controlling Women



4.2.3 BEHAVIOR

4.2.3.1 Willingness to intervene in situations of VAW

There is a great leap towards strong agreement in the need of intervening to stop someone from beating a woman. Both male (79%) and female (89%) strongly agreed to the need for intervention to stop such violence. The figure was found to be only 13% and 26% respectively during the baseline study. Similarly, female respondents strongly agreed in the endline to the need to seek outsiders' help when they are subjected to violence. There was a marked increase in female respondents (from 22% in the baseline, to 39% in the endline) who strongly agreed women should seek help or services outside the homes if they are subject to domestic violence. This indicates that external support for the pressure to reduce VAW can develop as an effective source if domestic walls are not favorable to secure gender security.

Both male (35%) and female (49%) respondents were found to speak against physical assaults if they occurred in a public place. Such initiatives were significantly lower (7% female and 16.3% male) during the baseline study. About 45% of both male and female respondents said that they had attempted to interfere on physical violence against woman occurring also in domestic circles. In this case, an encouraging change was noticed particularly with males, which can be termed as a positive indication of the project impact. Whilst a large section of people are still hesitant to be involved in such incidences of domestic violence, overall, the tendency of efforts to reduce such VAW has been increasing due to information on women's rights and VAW issues. A brief finding of the study is presented in the table below:

Table #18: Practices to Challenge VAW

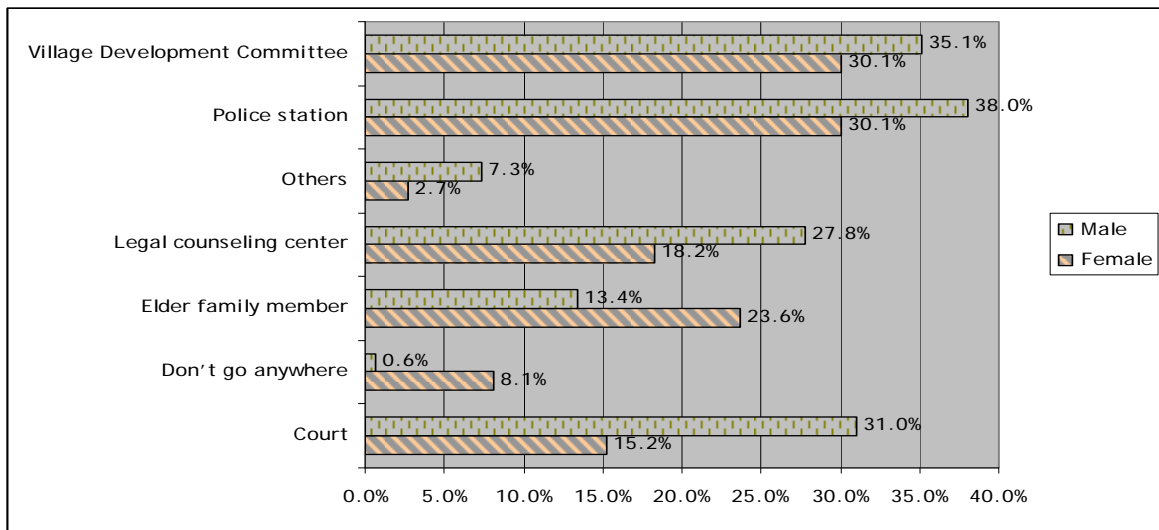
S. No.	Particulars	Sex	Baseline				Endline				High Impacts
			Sometimes	Often	Rarely	Never	Sometimes	Often	Rarely	Never	
1.	How frequently did you stop someone who was abusing his wife?	F	138	25	55	67	133	77	9	57	Sometimes
		M	117	64	41	79	141	70	1	63	Sometimes
2.	How frequently did you speak up in public against hitting or slapping?	F	109	23	46	102	10	146	50	73	Often
		M	107	51	45	99	48	110	65	50	Often

4.2.3.2 Behaviors related to Laws around VAW

The endline survey highlighted that about 4% of respondents still don't want to take any action against VAW through formal or informal institutions. The figure was significantly higher (15%) during the baseline study. However, the raised awareness level highlighted in the last section can be seen here to result in increases in persons seeking help in case of VAW. A large component of the VOICES initiative included legal literacy training for 30 women leaders (10 of whom were survivors of domestic violence), these women then trained a further 1,911 men and women in legal literacy issues related to VAW, HIV and AIDS and its intersection at the community level. These legal literacy training were focused on the issues of legal provisions for violence against women, medical services for people living with HIV and knowledge on the intersection between VAW and HIV. During the endline survey there was a marked increase in service seeking behavior, including justice against VAW, in comparison to baseline. In the case of female respondents seeking court, police and legal counseling center's help the numbers from the baseline to the endline inclined from 5% to 14%, 15% to 28% and 11% to 17% respectively. During endline only negligible respondents were found passive in taking legal action.

In terms of the kind of legal actions against the VAW people prefer, largely respondents went to the local police stations (above 30%) followed by respective VDCs, courts, legal counseling centers and some rely on elder family members for justice. Female respondents tended to take the help of courts (31%). A larger segment of male respondents like to settle the problem within the domestic walls through elders' interventions (28%), shown in the graph below:

Graph #10: Preference of Judiciary and Para-judiciary Institutions



4.2.3.3 Collective Actions against VAW

From the inception of the Voices project, it emphasized and encouraged both male and females to raise their voices against any act of VAW including conducting individual and collective actions against it.

In both the baseline and the endline surveys, most of the respondents (90% female and 88% male in the baseline, and 93% female and 96% male in the endline) agreed that collective actions are needed against VAW to reduce and discourage it. The figure signifies that there has been and continues to be a general feeling in favor of the power of unified voices in order to reduce the occurrence of VAW in communities.

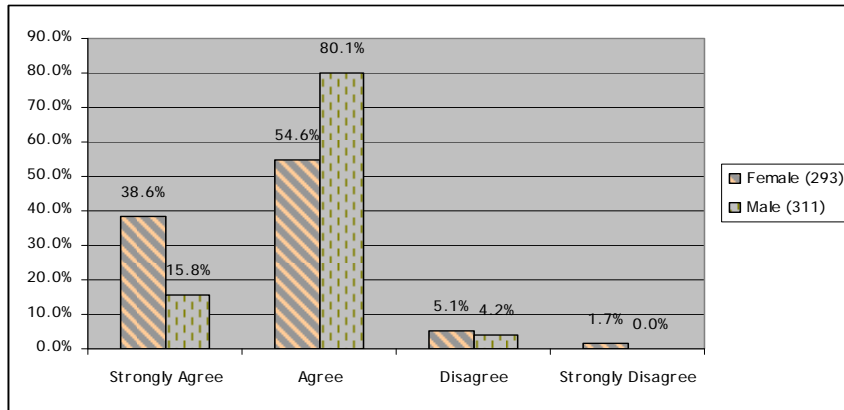
Quote #6:

We organized a street drama on the theme related to domestic violence recently. The story carried information on intersection between HIV/AIDS and VAW. The story depicted a household story where husband get infected with HIV/AIDS during his days away from home for employment. And, the story narrates the incidences of violence against women with HIV/AIDS as the drama progresses. The drama was well appreciated by the community which encouraged us to continue such initiation in future too. Thanks to 'Samajhdari' program which provided information to conduct such activity.

– an FGD participant from Mahottari district

Among the respondents in the endline, over one-third of the female and just under a fifth of the males strongly supported the idea of immediate action against the perpetrators of violence. Interestingly, women were seen to be at the forefront to take the necessary actions to punishment the perpetrators and the opinion was shared that women shouldn't hesitate to take the necessary bold steps required to decrease and discourage the VAW that prevails in the society. Women's involvement was also considered as a crucial and effective means to discourage VAW in the society in the FGD and KII sessions. Support of family was noted as crucial for woman to get involved in the community activity to decrease VAW. A minority of females and none of the male respondents stated that they strongly disagreed with initiatives to punish the criminals, as shown in the graph below

Graph #11: Collective Action against VAW



Amongst a selection of activities, many felt that mass gatherings and rallies are the most appropriate means to create awareness and challenge incidences of VAW. Training was a large component of the VOICES project and the number of people stating training as an effective awareness raising activity carried out in their society was found to double (118.8%) as compared to the baseline study.

Encouraging collective action was a central goal of the VOICES project and a larger portion (62%) of people recalled activities conducted against VAW in the community after the intervention, than before when only 45% of respondents were able to recall activities conducted in their society against violence.

Table #19: Information on Community Initiatives/Activities against VAW

S. No.	Particulars	Sex	Baseline			Endline			High Impacts
			Yes	No	N A	Yes	No	NA	
1	Can you recall if the community has conducted any activities to raise awareness against or stop violence against women?	F	106	173	17	188	99	9	Yes & No
		M	166	132	15	180	96	20	Yes
2	Is there any institution working against VAW in your community	F	120	153	23	180	96	20	No & Yes
		M	142	144	27	252	55	6	No & Yes

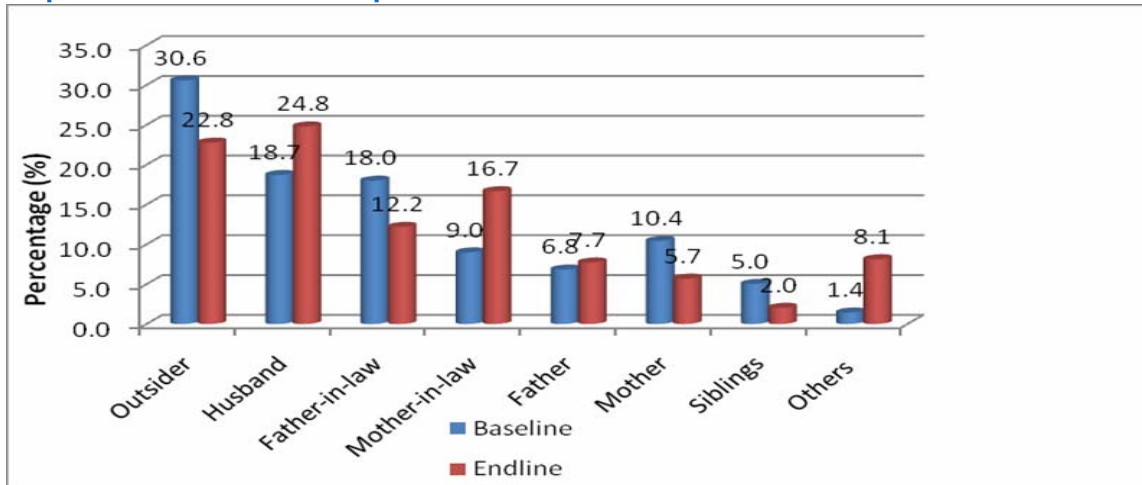
Table #20: Information on Different Activities Conducted Against VAW in the

Activities	Baseline		Endline		Endline Total-Baseline Total	Increment
	Female	Male	Female	Male		
Drama/Street Drama	8	29	46	0	9	24.3%
Interaction and Discussion	28	25	51	59	57	107.5%
Rally	14	3	37	0	20	117.6%
Training	6	10	35	0	19	118.8%

4.2.3.4 Incidences of and Reactions to VAW

In the baseline report, the majority of perpetrators of VAW were outsiders, however, in the endline the involvement of outsiders has dropped significantly (to 22.8% from 30.6%) and the role of the husband and mother-in-law has increased. Whilst the program sought to decrease the incidences of VAW, discussing inter-family VAW openly on the radio may well have encouraged more women to openly admit that they experienced violence from their husbands and mothers-in-law and may also have enabled women to understand that what they experienced in their homes, and perhaps took for granted, was in fact VAW.

Graph #12: Classification of Perpetrators of VAW



Tendency to tolerate VAW had been a common practice among majority (43.1%) of women in the baseline study. This tendency has been reduced as those experiencing violence have started to show reactions against such inhumane actions. As shown by the table below, significantly fewer women reported that they suffered violence silently from the baseline to the endline and there was a significant increase in women talking to someone such as a friend or a counselor. Similarly, whereas none of the women interviewed in the baseline reported any violence to the police or to the courts, remarkable 11% and 10% cases of women took this action in the endline. Having VAW discussed openly on the radio and giving those affected avenues for legal recourse, most certainly had the affect of lifting the taboo on talking about VAW and encouraging women to take action against it.

Table #21: Reaction Tendency of Victim of VAW

S. No.	Particulars	Baseline	Endline
1	Remained silent	65	12
2	Cried	64	43
3	Talked to a close friend/ relative	17	33
4	Went to a counselor	5	31
5	Reported to the police	0	17
6	Put up a case on the court	0	15

4.2.3.5 Bodily Autonomy of Women & Issues of Sexuality

Absolute dominance of male over sexual matters was found during the baseline study, yet in the endline, the situation has been changed significantly. The endline survey reports that 71% of females and 70% of males disagree with the statement that the men should decide when it comes to the matters of sexual activities. In the baseline, only 47% of female and 56% of males disagreed with the statement. In the endline, almost all (96% female and 95% male) objected that women

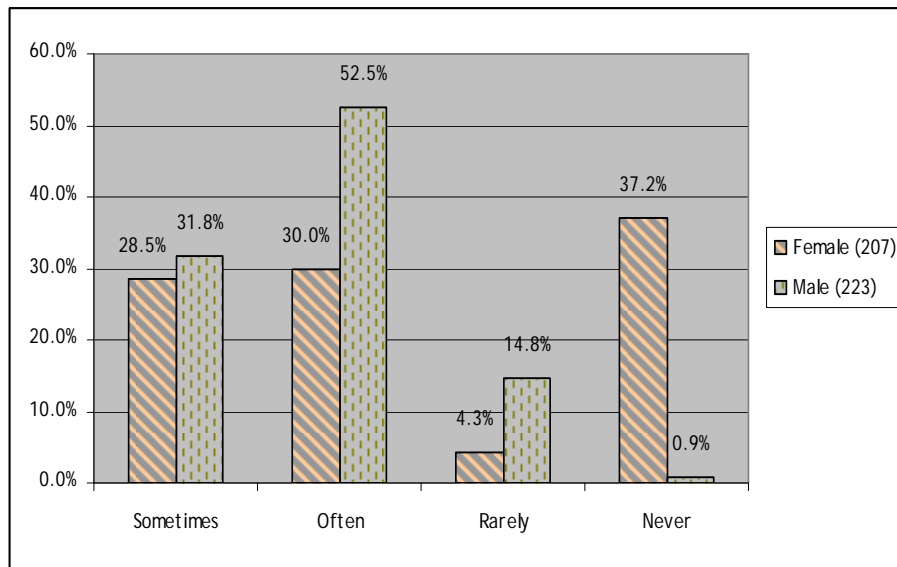
shouldn't be forced to take part in sexual activities with her partner against her will. The table below presents the control over usual sex practices:

Table #22: Control over Sex Practices

S. No.	Particulars	Sex	Baseline					Endline					High Impacts
			SA	A	D	SD	NA	SA	A	D	SD	NA	
1.	It is the man who decides when to have sex.	F	20	119	105	19	33	14	66	159	35	22	D
		M	19	116	153	19	6	7	85	207	12	2	
2.	It is ok for a man to have sex with a woman even if she tells him no	F	9	34	181	58	14	7	4	176	101	8	D
		M	11	27	180	89	6	7	8	244	53	1	

It is a common phenomenon that men play a dominating role to initiate activities related to sex matters as discussed earlier. However, out of the respondent, 52.5% male claimed in the endline survey that they have waited often if his counterpart was not ready. Similarly, 30% and 28.5% female respondents reported that their male often waited to have sex when she was not ready to get involved in. In contrast to just 0.9% male, 37.2% female revealed that their male counterpart never waited, but involved her in the sexual intercourse despite her unwillingness. The graph below presents the changing pattern of sexual intercourse:

Graph #13: Female Consensus on Readiness for Sex



Awareness on issues such as bodily autonomy and control over decision on sex and related rights of women in the society was found to be improving in the endline than that of baseline survey. This could be seen across the board, including the right of a man to get angry with a woman for refusing sex and the right of a husband or elder family member to decide how many children a woman should have. Equally encouraging was the sharp change in the number of men who thought that having sex with a sex worker did not count as being unfaithful, with a drop in the number of men who disagreed with the statement and a rise in those that agreed. At the same time the belief that sex workers were bad women also changed over the project period, with almost 50% of respondents disagreeing or strongly disagreeing with the notion, compared to just 37% in the baseline. The table below presents the sex ideology of respondents:

Table #23: Sex Ideology

S. No.	Particulars	Sex	Baseline				Endline				High Impacts
			SA	A	D	SD	SA	A	D	S D	
1	If a married man has sex with a sex worker, it does not count as being unfaithful.	F	11	65	174	37	16	43	151	79	D
		M	17	79	174	36	13	57	210	29	D
2	It is okay for a man to get angry at a woman if she won't have sex with him (control over sex).	F	18	57	158	36	21	13	239	12	D
		M	14	93	173	25	52	42	206	13	D
3	It is okay for a man to have more than one sexual partners at a time	F	5	29	189	51	5	9	162	110	D
		M	7	38	204	53	6	9	250	48	D
4	Husband and/or elder family members should decide how many children women should have	F	26	109	108	25	9	61	159	56	D
		M	27	140	101	38	13	93	179	26	D
5	A sex worker is a 'bad' woman	F	31	132	106	11	12	112	147	15	D
		M	64	141	82	16	16	162	123	10	A

4.3 HIV & AIDS

Reduction of HIV and AIDS through awareness generation was one of the twin objectives of the Voices project.

Quote #7:

A woman, mother of 4 children, of Surkhet was raped by her HIV positive brother-in-law. Her days turned gloomy with deteriorating physical and mental tortures. Her husband inflicted series of violence against her. Society awakens to rescue her and she is now finding a solace in an institution named 'AAWAJ'.

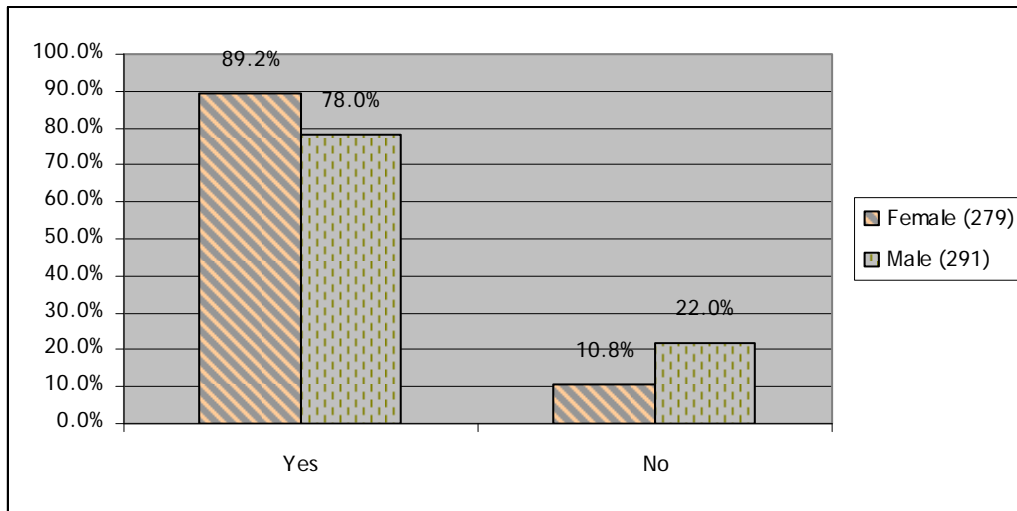
– a case study shared by an FGD participant from Surkhet district

4.3.1 KNOWLEDGE

4.3.1.1 General Knowledge/Awareness levels of HIV and AIDS

The endline survey revealed that the majority of the respondents have heard about HIV/AIDS. More women respondents (89%) in comparison to male (78%) had heard about HIV/AIDS in the baseline and this number was an increase from the baseline where 77% of women said that they had ever heard of it. Unfortunately, the number of men who had heard of HIV did decrease slightly from the baseline. This may be due to the fact that more women listened to the radio program or due to circumstances unrelated to the intervention.

Graph #14: Ever Hear of HIV/AIDS

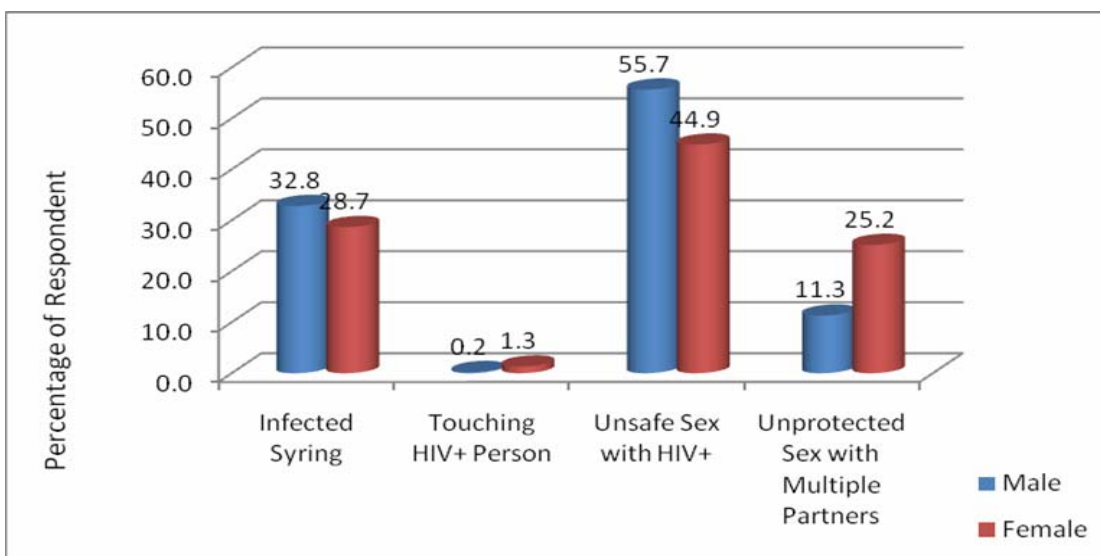


4.3.1.2 Knowledge Regarding Transmission of HIV

When asked about the means of HIV/AIDS transmission and associated risks, a majority of men (57%) and women (59%) said that ‘having unprotected sex with someone who is HIV positive’ is the major cause of transmission and risk of HIV. A surprisingly low number of men compared to women (24% compared to 44%) were aware that intravenous drug use was a means of transmission.

Overall there was little change between the baseline and the endline in the number of men and women who said that unsafe sex with a partner who is HIV positive puts you at risk of becoming infected, with figures remaining between 50-60% for both surveys. However, when the responses are broken down according to gender, women did show a slight increase in awareness of the risks of unprotected sex with an infected person in the endline (59%) compared to the baseline (45%). Almost all of the participants included in the survey were well aware that transmission of the disease is not possible just due to sharing of things excluding sharp instruments. The graph below presents the mode of transmission of HIV/AIDS as perceived by the respondents:

Graph #15: Risk Perception and Mode of Transmission of HIV/AIDS



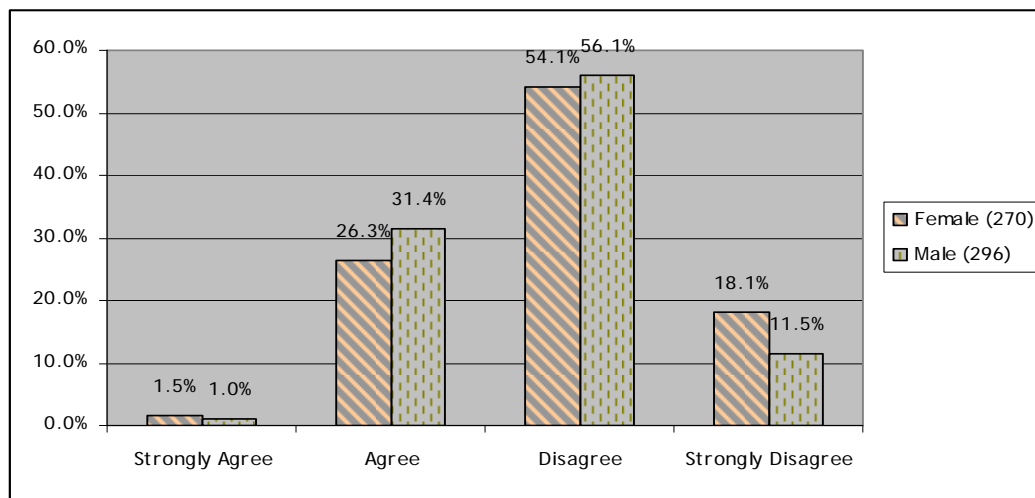
4.3.2 ATTITUDES

4.3.2.1 People's perception about HIV & AIDS

Decreasing the levels of stigma that surround those living with HIV was a major objective of the *Samajhdari* radio show. The endline survey showed positive results towards this objective with 72% of female respondents and 67% of male respondents disagreeing with the traditional perception of the disease as something that happens to bad or cursed women. This is compared to the baseline where only 47% of women and 54% of men disagreed with this view.

However, there is still work to be done as 26% of female respondents and 31% of male continue to believe that the infection is the result of the ill fate of the people. Most of the respondents disagreed that those infected with HIV/AIDS were involved in immoral activities. The graph below presents the perception of the respondents on the issue:

Graph #16: HIV Infection always happens to Cursed Women



4.3.2.2 Attitudes Related to Care and Support

Both the FGDs and KII participants reported that they were aware of the fact that a minor curable disease turns to be fatal for PLHA and degrades the health situation. Respondents in both the endline were in favor of more and special treatment and care to the PLHA so that they feel socially accepted. Similarly, the same feeling was expressed in the baseline survey which indicated that 44% of female respondents and 53% of male shared their opinion that PLHA need to get more and special health care than someone with other disease or illness. In the endline it increased to 58.5% and 74.1% respectively, indicating a reduction in stigma and a softening in approach to treatment of PLHA.

Comparative finding of the perception on the need of special care and treatment of PLHA is presented in the table below:

Table #24: Perception on Need of Special Health Care to PLHA

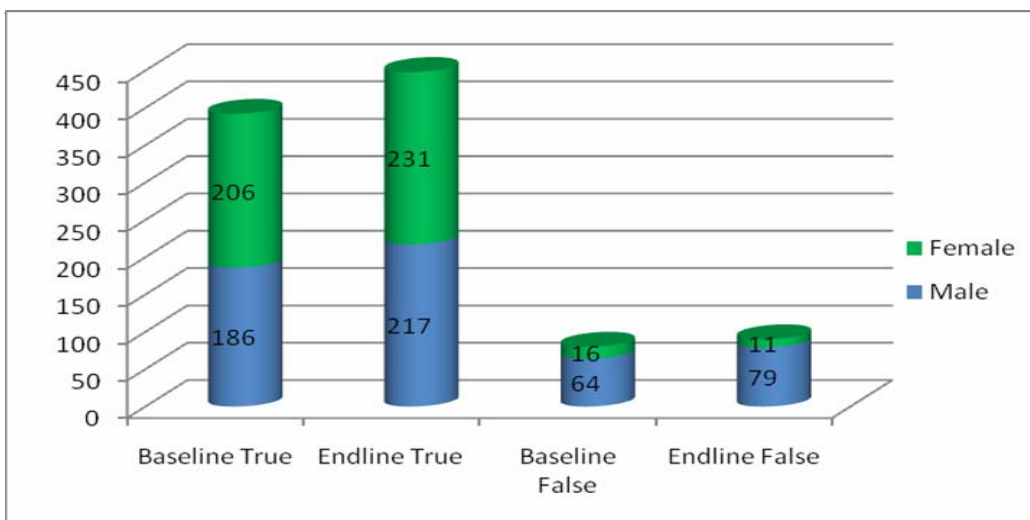
S. No.	Particulars	Baseline		Endline	
		F	M	F	M
1	Same	64	67	89	58
2	More	131	166	173	232
3	Less	15	10	3	4
4	Don't know	19	17	12	4

4.3.2.3 Attitudes related to the intersection of HIV and VAW

The endline indicated that 78% of female and 69% male agreed on the casual relationships of HIV with violence. The risk perception on the community was found to be increasing in case of violence against woman. The fact was endorsed by the baseline study as the figure for women and men who agreed on the interrelation of HIV and VAW was less at 70% and 59% respectively. The question was directly related to the perception on intersection between VAW and HIV/AIDS that was reiterated by the Voices radio program many times.

Regarding attitudes related to whether VAW was more likely to lead to HIV most of the respondents informally shared that many of the identified and disclosed cases of women living with HIV had been women who were exposed to sexual violence and physical torture. As the graph below reports most of the respondents expressed the sympathy on the cases and agreed that VAW pushes woman to the extreme end of risk prone to HIV/AIDS. Only a small number of respondents disagreed the relationships do exist.

Graph #17: Victim of VAW Highly Susceptible to HIV/AIDS



4.3.3 BEHAVIOR

4.3.3.1 Collective Action/Awareness Raising Activities related to HIV/AIDS

Community initiation of awareness activities around HIV/AIDS was considered as an effective means to raise the level of information on the issue and in the endline, 60% of female and 94% of male respondents remarked that their community has conducted awareness raising activities around HIV/AIDS in recent past. This figure was 38.9% and 44.1% respectively in baseline. This dramatic increase in the number of awareness raising activities can be seen to be a direct impact of the VOICES initiative's outreach work including training community leaders and encouraging listener groups to use the messages in the program to carry out awareness raising activities in their communities. The table below reports the HIV/AIDS related community awareness activities conducted in the respondents' communities:

Table #25: HIV/AIDS Awareness Raising Activities

S. No.	Particulars	Sex	Baseline			Endline			High Impacts
			Y	N	NA	Y	N	NA	
1.	Has your community ever conducted awareness raising activities around HIV/AIDS?	F	115	98	83	177	92	27	Y
		M	138	115	60	295	13	5	Y

During endline survey, the respondents were found to be aware on the community activities such as drama/street drama, interaction and discussion, rally and training as tools targeted for the information dissemination on HIV/AIDS. In the list, few activities such as quiz competition and pamphlet pasting were found to be held time and again in their communities. Majority of the community activities conducted at their communities as reported by respondents are presented in the table below:

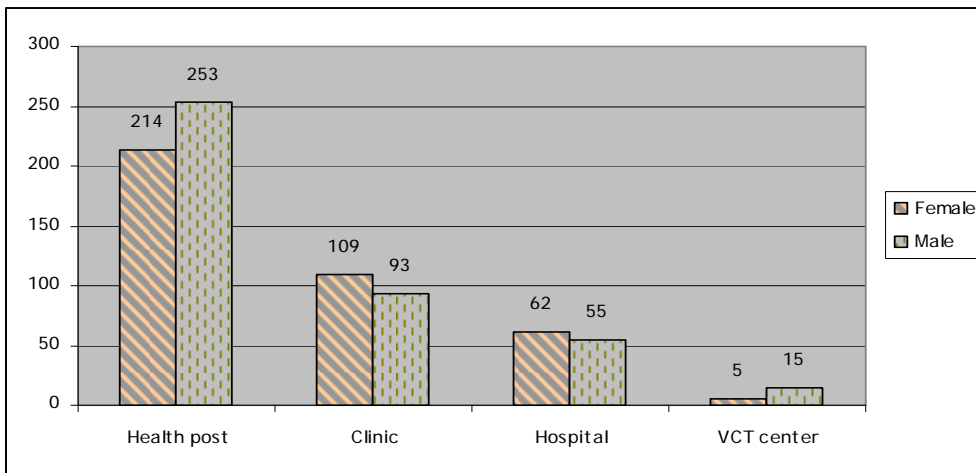
Table #26: Types of Awareness Raising Activities held in the Community

Activities	Baseline			Endline			Endline Total-Baseline Total	Increment
	Female	Male	Total	Female	Male	Total		
Drama/Street Drama	43	48	91	64	127	191	100	109.9%
Interaction and Discussion	35	25	60	59	57	116	56	93.3%
Rally	20	31	51	26	66	92	41	80.4%
Training	8	10	18	28	30	58	40	222.2%

4.3.3.2 HIV Services Uptake

It was noticed that the access to health post, clinic, and hospitals has increased significantly during endline compared to the baseline survey, although the tendency to seek services from VCT centers was observed to have decreased compared to the baseline finding. Health posts (58%) are the most common health institutions in easy access to the people as opined by the respondents. Clinics and hospitals follow the list with VCT centers at the end as shown in the graph below:

Graph #18: HIV/AIDS Referral Points



The *Samajhdari* radio program constantly aired details of the services available to PLHA including availability of counseling and clinical facilities. Efforts to provide services to the people living with HIV/AIDS have made a marked improvement as shown by the respondents. It was reported in both the FGDs and KIIs that both counseling and clinical facilities targeted to the potential and infected patients are comparatively more accessible than before. Health posts and hospitals are considered as reliable and accessible institutions to get counseling on the related matters. The table below presents the referral points for HIV/AIDS:

Quote #8:
 "Services like counseling, advocacy, VCT, referral and rehabilitation centers are more accessible than before as increased number of organizations is emerging providing such services and awareness campaigns at the community level. Because of this more people are now benefiting from these services."
 – a KII from Dadeldhura district

Table #27: HIV/AIDS Referral Points

S. No.	Particulars	Baseline		Endline	
		F	M	F	M
1	Health post	122	131	161	214
2	Clinic	13	28	26	109
3	Hospital	55	55	106	60
4	VCT center	62	69	42	6

Although the number of people who knew someone who had had a HIV test decreased from the baseline to the endline, the FGDs with listener groups showed a rise in the number of women who had asked their husbands for a blood test. Equally, gender based segregated data shows that in the endline, 11% of female and 5% of male respondents admitted that they have asked their partner to get a HIV blood test. This figure was 4% and 7% respectively in the baseline.

Quote #9:
 "Many of our husbands go to India (Bombay, now Mumbai) for work. We never asked them to have a blood test before. After listening to the radio program 'Samajhdari', we started to persuade them to have a test when they return back home. They hesitate sometime but many of them do so nowadays. The HIV testing will now help us to be safe from 'Bambaiya' disease (Bombay + HIV/AIDS)."
 – an FGD participant from Dadeldhura district

One of the reasons for this is believed to be the positive influence of having a group of women (i.e. the listener group) who decide together to approach their husbands, knowing they have each other to support that decision. Equally the focus within the *Samajhdari* radio program on asking your husband to get tested for HIV if he returns from working abroad, is thought to be another contributing factor.

4.3.3.3 HIV/AIDS Status Disclosure

The *Samajhdari* radio program as part of the VOICES initiative always emphasized that it should be voluntary thing whether a person decides to disclose his/her HIV positive status to others. However, the program and outreach activities placed more emphasis on disclosing the matter to a spouse or sexual partners.

It needs a great courage for HIV patients to disclose the status since social rejection and humiliation are hard to face. People hardly collect enough courage to challenge the deep-rooted unfavorable social perception regarding HIV cases. So, many cases pass away without notice or diagnosis. In contrast to the generalization, the survey reveals that an increase in respondents in the baseline who felt that it was advisable for people to tell others of their HIV positive status, revealing a possible increase in social acceptance and a slightly more congenial environment (either within the home or community) for those openly living with HIV.

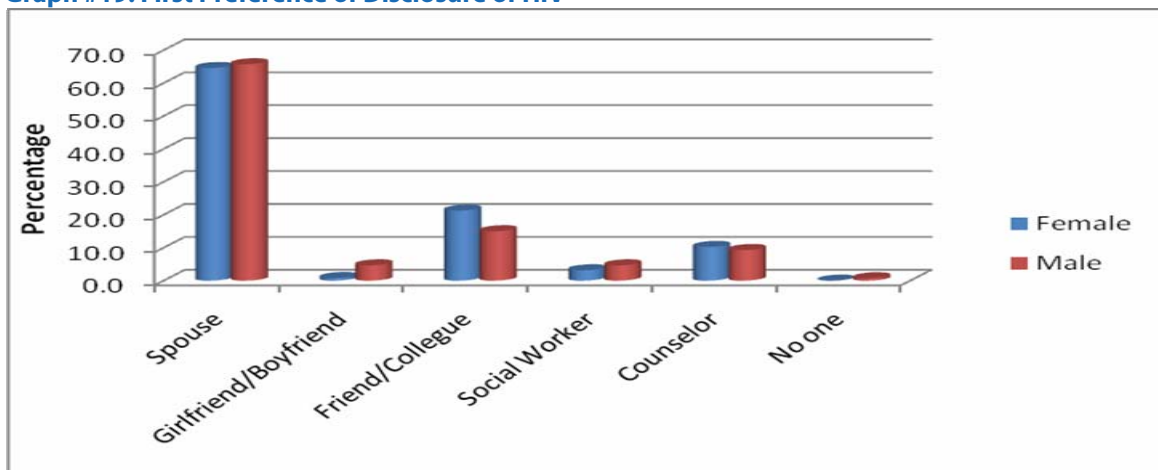
Quote #10:
Samajhdari helped us to create the environment of dialogue among the family members about the issue of HIV and AIDS.
 – a woman FGD participant from Makwanpur district

Table #28: Disclosure of HIV Status

S. No.	Particulars	Sex	Baseline				Endline				High Impacts
			Y	N	DK	NA	Y	N	DK	N A	
1.	Do you think that it is advisable for people to tell others their HIV status?	F	182	29	15	70	237	17	20	22	Y
		M	226	21	11	55	270	25	1	17	Y

The spouse was seen as the most likely person that someone would reveal their HIV status to. The Voices radio program disseminated the idea that it was a moral duty rather than a legal matter to disclose your HIV status to your spouse or sexual partner. The respondents in majority (both above 60%) would like to share the status with respective better-halves followed by their close colleagues. Thus, the percentage of people sharing the issue with spouse has increased from baseline to endline. The graph below presents the first preference to reveal the HIV positive status:

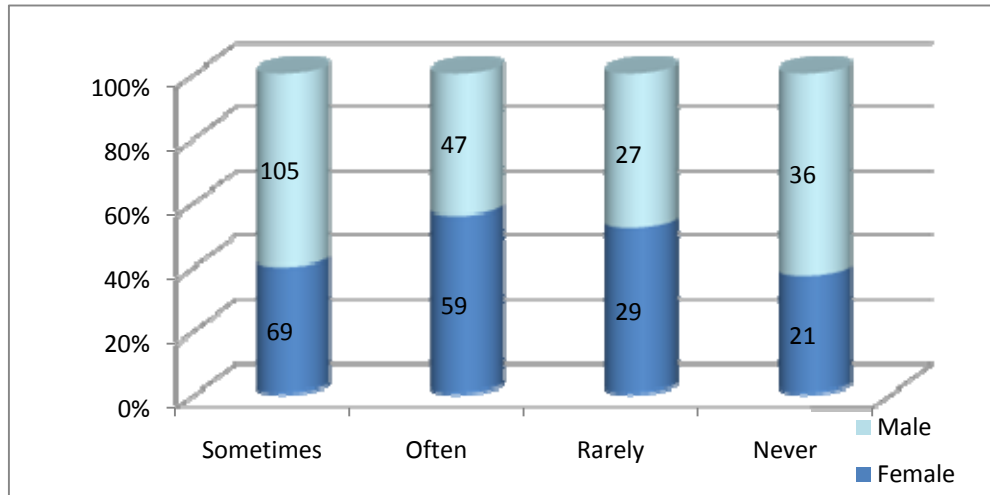
Graph #19: First Preference of Disclosure of HIV



4.3.3.4 Discussion on Sexual Issues

Gradually, people are opening up to discuss the issues of sex and STDs, particularly with their partners. It is a positive indication of the impact of the VOICES project towards generating a higher level of awareness in the society and readiness to discuss these issues within family and community groups. The graph below presents the frequency of such discussions:

Graph #20: Frequency of Discussion on HIV/AIDS, STDs and Safe Sex Practice



Although drastic changes were not observed in the frequency of talking about safe sex and interrelated issues, it was noticed that the increased discussion indicates that the respondents have started to feel comfortable to include sensitive issue in the discussion.

4.3.3.5 Safe Practice and Condom Use

Safe practice of sex is one of the most effective ways to keep HIV/AIDS at bay. The survey outputs provided significant number of respondent have positive attitude towards the use of correct and consistent use of condom in sexual intercourses. Both the male and female respondents, in baseline as well as endline survey, were found to be aware of the risk reduction with the proper use of condoms. When asked about the effect of the use of condoms, they responded that regular use of condoms reduces the risk of HIV/AIDS and other STIs. Both the surveys point out that the respondents are quite optimistic towards the appropriate use of condoms. The table below presents the higher level of awareness on the effectiveness of the regular and proper use of condoms to minimize the risk associated with unsafe sex practices:

Table #29: Knowledge on Effectiveness of Correct and Consistent Use of Condom

S. No.	Particulars	Sex	Baseline				Endline				High Impacts
			SA	A	D	SD	SA	A	D	S D	
1.	Correct and consistent use of condom decreases the risk of HIV infection?	F	71	128	20	4	42	195	17	8	A & SA
		M	103	146	8	4	51	218	17	12	A & SA

5 CONCLUSION

In Nepal, the intersection between HIV and AIDS and VAW has affected millions of men and women. HIV-infection, especially for women, can be both cause and consequence of violence from families and communities. To benefit women and men around the world, HIV-related programs should also consider this intersection as an integral part of their approaches and strategies to combat HIV and AIDS.

It is greatly realized that lack of women empowerment is the central cause for the twin pandemics of VAW and HIV/AIDS. Patriarchal society and poverty are contributing significantly for the lack of empowerment. The reasons for identifying patriarchy and poverty as being the root causes of VAW and HIV is because these are the issues that need to be addressed in order for social change to occur. They are addressed through education so that people change their individual behaviour. They are also addressed through policy so that societal behaviour can be modified.

The Voices radio program was inspiring, aspiring and encouraging to many young and old women of the country. The positive impact the radio show has diffused among many communities' people around the country will surely have lasting effect on developing a harmonious society. Many people got an insight on the vicious links between VAW and HIV/AIDS as according to the FGD participants. However, still there remains lot to achieve in this connection to make more people aware of the issues and are inspired to take collective action against the twin pandemics of VAW and HIV/AIDS. This calls for the continuation of such interventions in future, with increased resources and reach.

The Voices radio and outreach program also trained many people from the target districts including Community Reporters and Community Leaders, including PLHA and survivors of VAW. EAN's partner FM stations and outreach district

organizations also benefited from enhanced professionalism on the subject matter. Although the program has now ended, these organizations and media reporters will continue to play a crucial role in reporting and curbing such violent acts inflicted on their sisters and mothers.

The survey respondents as well as FGD participants reiterated throughout the assessment that now they can boldly speak and fight for the rights of women and those living with HIV. Throughout the survey process, individuals and groups were found motivated to involve in collective action in their communities to raise their voices and raise awareness against violence inflicted on women, particularly those living with HIV. The community members both male and female now are aware about the various major and minor acts of VAW, which were traditionally being almost taken as social norms and usual practice. Such type of voices will surely go a long way in maintaining the social harmony and strengthening the social fabric of the country.

Most noticeably, a drastic improvement was noticed in the number of women seeking legal action against VAW, which was a key focus of the VOICES project. The results also point to an increased understanding of a woman's right to say no to sex and the decrease in the acceptability of men to get angry with a woman for not having sex, from both male and female respondents. Finally, the increase in the number of women who asked their husbands to get tested for HIV (from just 4% to 11%) was seen as a big impact of the project.

Although Samajhdari stopped broadcasting in May 2010, it continues to be an important model for communications development programs around the world. In June 2010, Samajhdari was the

Quote #11:

"There could be a more violence again as situation was just beginning to get better, it will worsen once again if Samajhdari ends."

– a woman FGD participant
from Mahottari district

winner of the coveted "Special Award" at the One World Media Awards, the foremost award for media coverage of the developing world. VOICES showed that radio media and outreach is a cost-effective way to reach women and men with sensitive messages that go right to the heart of the family unit. The Community Reporters are integral to this model - their involvement allows those at the community level to come forward and share their stories, and this impact was further extended as the CRs were both living with HIV and survivors of violence. In this way the beneficiaries are able to become the change-makers in their own communities and the project was able to create an open forum for targeted audiences to share their views, experiences, suffering and joys.

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Female Interview Survey Questionnaire

Questionnaire for End Term Survey
Reducing the Twin Pandemics of HIV/AIDS and Violence Against Women (VOICES)

Questions for women in the outreach community

INDIVIDUAL CONSENT FORM

Namaste, My name is I work for Equal Access Nepal. We are conducting a survey in (location) to learn about women’s health and life experiences. You have been chosen by chance to participate in the study.

I want to assure you that all of your answers will be kept strictly secret. I will not keep a record of your name or address. You have the right to stop the interview at any time, or to skip any questions that you don’t want to answer. There is no right or wrong answers. Some of the topics may be difficult to discuss, but many women have found it useful to have the opportunity to talk.

Your participation is completely voluntary but your experiences could be very helpful to other women in Nepal.

Do you have any questions?

The interview takes approximately ... minutes to complete. Do you agree to be interviewed?

NOTE WHETHER RESPONDENT AGREES TO INTERVIEW OR NOT

[] Does not agree to be interviewed ----- Thank participant for her time and end

[] Agrees to be interviewed ----- Is this place and time okay for you?

I certify that I have read the above consent procedure to the participants

Interviewer’s signature _____

Date of interview _____

Demographics/Background

Age:	Ethnicity:
Religion:	Occupation:
Education:	Marital status: Married <input type="checkbox"/> Unmarried <input type="checkbox"/>
If Married: Daughter in-law <input type="checkbox"/>	Mother in-law <input type="checkbox"/>

Section A: General Media Access/Preferences

1. Which of the following main media sources do you:

- a) Have access to?
- b) Have in your own home?
- c) Have used / listened to in the last 7 days?

Particulars	a) Have access to?	b) Have in your own home?	c) Have used / listened to in the last 7 days?
Television			
Radio			
Newspapers			
Internet			
Telephone			
Others, specify			

d) Which of the following do you prefer as your information/entertainment source?

Nepali Television Channels	
Indian Television Channels	
Radio Nepal	
FM Radio Please specify which station _____	
Newspaper / magazine	
Others, specify _____	

Section B: Attitudes Related to Violence against Women (VAW)

I am going to read out some statements about men and women. Please tell if you agree or don't agree with the statement.

1.	Women have the same right as men to study and to work outside of the house.	a) Strongly Agree b) Agree c) Disagree d) Strongly disagree
2.	It is degrading to women for a man to tease or whistle or pass crude comments on girls and women passing by.	a) Strongly Agree b) Agree c) Disagree d) Strongly disagree
3.	A woman should obey her husband at all times.	a) Strongly Agree b) Agree c) Disagree d) Strongly disagree
4.	There are times when a woman deserves to be beaten.	a) Strongly Agree b) Agree c) Disagree d) Strongly disagree
5.	A woman should tolerate violence from her husband in order to keep her family together.	a) Strongly Agree b) Agree

		c) Disagree d) Strongly disagree
6.	If a woman cheats on a man, it is okay for him to hit her.	a) Strongly Agree b) Agree c) Disagree d) Strongly disagree
7.	If a man cheats on a woman it is okay for her to hit him.	a) Strongly Agree b) Agree c) Disagree d) Strongly disagree
8.	If a married man has sex with a sex worker, it does not count as being unfaithful	a) Strongly Agree b) Agree c) Disagree d) Strongly disagree
9.	It is okay for a woman to be punished if she neglects her children	a) Strongly Agree b) Agree c) Disagree d) Strongly disagree
10	It is okay for a man to hit his wife if he is drunk.	a) Strongly Agree b) Agree c) Disagree d) Strongly disagree
11	Woman who are sex workers do not deserve the same rights as other women	a) Strongly Agree b) Agree c) Disagree d) Strongly disagree
12	It is okay for a man to shout his wife if she burns the food.	a) Strongly Agree b) Agree c) Disagree d) Strongly disagree
13	It is okay for a man to hit his wife if she argues with him.	a) Strongly Agree b) Agree c) Disagree d) Strongly disagree
14	A wife must get her husband's permission to go outside the home.	a) Strongly Agree b) Agree c) Disagree d) Strongly disagree
15	It is okay for a man to get angry at a woman if she won't have sex with him.	a) Strongly Agree b) Agree c) Disagree d) Strongly disagree
16	It is the man who decides when to have sex.	a) Strongly Agree b) Agree c) Disagree d) Strongly disagree
17	Men need sex more than women do.	a) Strongly Agree b) Agree c) Disagree d) Strongly disagree
18	It is okay for a man to have more than one sexual partners at a time	a) Strongly Agree b) Agree c) Disagree d) Strongly disagree
19	You don't talk about sex, you just do it.	a) Strongly Agree b) Agree c) Disagree

		d) Strongly disagree
20	If you see another person beating a woman, you should intervene to stop it.	a) Strongly Agree b) Agree c) Disagree d) Strongly disagree
21	It is ok for a man to have sex with a woman even if she tells him no	a) Strongly Agree b) Agree c) Disagree d) Strongly disagree
22	Real men don't use condoms	a) Strongly Agree b) Agree c) Disagree d) Strongly disagree
23	Husband and/or elder family members should decide how many children women should have	a) Strongly Agree b) Agree c) Disagree d) Strongly disagree
24	A man using violence against his wife is a private matter, that shouldn't be discussed outside the couple.	a) Strongly Agree b) Agree c) Disagree d) Strongly disagree
25	Women should seek help and or services outside the homes if they are being subjected to violence inside the home.	a) Strongly Agree b) Agree c) Disagree d) Strongly disagree
26	Women should take collective action against violence inflicted on them.	a) Strongly Agree b) Agree c) Disagree d) Strongly disagree
27	A sex worker is a 'bad' woman	a) Strongly Agree b) Agree c) Disagree d) Strongly disagree
<p>For questions 28 – 41, please indicate IN THE LAST 2 YEARS</p> <p>When two people marry, they usually share both good and bad moments. I would now like to ask you some questions about your current relationships and how your husband, your family members and other treats you. If anyone interrupts us I will change the topic of conversation. I would again like to assure you that your answers will be kept secret, and that you do not have to answer any questions that you do not want to. May I continue?</p>		
28	Do you know what constitutes VAW?	a) Yes b) No
29	I am now going to ask you about some conditions that are true for many women about how they are treated. Please give your yes or no to these that you perceive as VAW?	(Tick one option only)
	a) Yelling by husband	a) Y N DK
	b) Yelling by family members	b) Y N DK
	c) Beating by husband	c) Y N DK
	d) Beating by other family members	d) Y N DK
	e) Sharing things by husband	e) Y N DK
	f) Husband's drinking problem	f) Y N DK
	g) Husband always coming home late	g) Y N DK
	h) Tries to restrict contact you with your family of birth	h) Y N DK
	i) Helping you in your household chores by	i) Y N DK

	<p>your husband</p> <p>j) Gets angry if you speak with another man</p> <p>k) Having sex by your husband without your will.</p> <p>l) Encourage you to study</p> <p>m) Insists on knowing where you are all the time</p> <p>n) Tries to restrict your from seeing your friend</p> <p>o) Don't want you to go in group meetings</p> <p>p) Don't allow you to work outside</p> <p>q) Pinching</p> <p>r) Whistling</p> <p>s) Use vulgar words</p> <p>t) Touch sensitive organs without your will</p> <p>u) Burning</p> <p>v) Get killed</p> <p>w) Mental torture naming family of birth</p>	<p>j) Y N DK</p> <p>k) Y N DK</p> <p>l) Y N DK</p> <p>m) Y N DK</p> <p>n) Y N DK</p> <p>o) Y N DK</p> <p>p) Y N DK</p> <p>q) Y N DK</p> <p>r) Y N DK</p> <p>s) Y N DK</p> <p>t) Y N DK</p> <p>u) Y N DK</p> <p>v) Y N DK</p> <p>w) Y N DK</p>
30	Among these which violence you suffered?	(Tick one option only)
	<p>a) Yelling by husband</p> <p>b) Yelling by other family friends</p> <p>c) Beating by husband</p> <p>d) Beating by other family members</p> <p>e) Husband's drinking problem</p> <p>f) Husband always comes home late</p> <p>g) Restricts you to meet your family of birth</p> <p>h) Becomes angry when you talk with other male</p> <p>i) Have sex without your will</p> <p>j) Insists on knowing where you are all the time</p> <p>k) Don't allow you to see your friends</p> <p>l) Don't want you to go in group meetings/trainings</p> <p>m) Don't allow you to work outside</p> <p>n) Pinching</p> <p>o) Whistling</p> <p>p) Use vulgar words</p> <p>q) Touch sensitive organs without your will</p> <p>r) Mental torture naming family of birth</p>	<p>a) Y N DK</p> <p>b) Y N DK</p> <p>c) Y N DK</p> <p>d) Y N DK</p> <p>e) Y N DK</p> <p>f) Y N DK</p> <p>g) Y N DK</p> <p>h) Y N DK</p> <p>i) Y N DK</p> <p>j) Y N DK</p> <p>k) Y N DK</p> <p>l) Y N DK</p> <p>m) Y N DK</p> <p>n) Y N DK</p> <p>o) Y N DK</p> <p>p) Y N DK</p> <p>q) Y N DK</p> <p>r) Y N DK</p>
31	How frequently did your husband yell at you?	<p>a) Often</p> <p>b) Sometimes</p> <p>c) Rarely</p> <p>d) Never</p>
32	How frequently did your family members yell at you?	<p>a) Often</p> <p>b) Sometimes</p> <p>c) Rarely</p> <p>d) Never</p>
33	How frequently did your husband hit you?	<p>a) Often</p> <p>b) Sometimes</p> <p>c) Rarely</p> <p>d) Never</p>
34	How frequently did your family member hit you?	<p>a) Often</p>

		b) Sometimes c) Rarely d) Never
35	How frequently did you stop someone who was abusing his wife?	a) Often b) Sometimes c) Rarely d) Never
36	How frequently did you speak up in public against hitting or slapping?	a) Often b) Sometimes c) Rarely d) Never
37	How many times did your husband wait to have sex when you were not willing or ready?	a) Often b) Sometimes c) Rarely d) Never
38	How frequently did you face violence against you?	a) Often b) Sometimes c) Rarely d) Never
39	Who inflicted the violence? DO NOT READ OPTIONS	a) outsider b) husband c) father in-law d) mother in-law e) father f) mother g) Siblings Others, specify _____
40	Who else in your family like father in law, mother in law, sister in law yelled at you?	a) Often b) Sometimes c) Rarely d) Never
41	How frequently you yell at your sister in law? (If interviewee is mother in law)	a) Often b) Sometimes c) Rarely d) Never
42	Who else in your family like father in law, mother in law, sister in law hit you?	a) Often b) Sometimes c) Rarely d) Never
43	How frequently you hit your sister in law? (If interviewee is mother in law)	a) Often b) Sometimes c) Rarely d) Never
44	In case husband has hit, what did you do after you were hit?	a) Remained silent b) Cried c) Talked to a close friend/ relative d) Went to a counselor e) Reported to the police f) Put up a case on the court g) Others, specify _____
45	In case in-laws have hit, what did you do after you were hit?	a) Remained silent b) Cried c) Talked to a close friend/ relative d) Went to a counselor e) Reported to the police f) Put up a case on the court g) Others, specify _____

46	What can be done at a community level to decrease or eliminate cases of violence against women in your community? DO NOT READ OPTIONS	a) Rally against VAW b) Mass gathering for raising awareness c) Stop someone who is doing violence against women d) Others, specify _____
47	Can you recall if the community has conducted any activities to raise awareness against or stop violence against women?	a) Yes b) No
48	If yes, what kind of activities? Please explain in brief.	_____ _____ _____
49	Is there any institution working against VAW in your community	a) Yes b) No c) If yes, specify _____
50	If someone wants to take legal action against VAW, where would you go? DO NOT READ OPTIONS CAN INDICATE MORE THAN ONE ANSWER	a) Court b) Police station c) Village Development Committee d) Elder family member e) Legal counseling center f) Don't go anywhere g) Others, specify _____
51	Does your husband support you to take action against violence against women in the community?	a) Yes b) No c) Don't know
52	Does your male member of the family support you to take action against violence against women in the community?	a) Yes b) No c) Don't know
53	If yes, what kind of help did they give?	a) Help to search service provider b) Go together to service provider c) Encourage to participate in community action d) Guide to take action e) Others, specify _____
54	Would you support community action by women against VAW?	a) Yes b) No
55	Is hitting a woman is a crime get punished by law?	a) Yes b) No c) Don't know
56	If a man has sex with his wife against her will, is it punishable by law?	a) Yes b) No c) Don't know
57	If yes, where did you get this information from?	a) Paper/magazine b) Community activities c) Radio program d) TV program e) Friends f) Legal Literacy Training g) Others, specify _____
58	If the answer is Radio program, which radio program?	_____ _____

59	If a man has sex with a sex worker against her will, is it punishable by law?	a) Yes b) No c) Don't know
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Section C: HIV/AIDS: Knowledge, Attitude and Behavior

1.	Have you ever heard of HIV or AIDS?	a) Yes b) No
If respondent answers No, please move to the next section		
2.	Which of the following activities increases the risk of being infected with HIV/AIDS	a) Infected syringe b) Intravenous drug use c) Touching someone who is HIV positive d) Having unprotected sex with someone who is HIV+ e) Having unprotected sex with sex workers f) Having unprotected sex with multiple partners g) Sharing a cup with someone who is HIV+
3.	Correct and consistent use of condom decreases the risk of HIV infection?	a) Strongly Agree b) Agree c) Disagree d) Strongly disagree
4.	People living with HIV/AIDS should be separated from others	a) Strongly Agree b) Agree c) Disagree d) Strongly disagree
5.	People living with HIV/AIDS do not deserve compassion or support	a) Strongly Agree b) Agree c) Disagree d) Strongly disagree
6.	Do you know anyone who has gone for an HIV test	a) Yes b) No c) Don't know.
7.	If a husband dies of AIDS related illness, it is always wife's fault	a) Strongly Agree b) Agree c) Disagree d) Strongly disagree
8.	If a husband dies of AIDS related illness, woman's in laws have the right to torment her	a) Strongly Agree b) Agree c) Disagree d) Strongly disagree
9.	Infection of HIV always happens to 'bad/cursed' or 'immoral' woman	a) Strongly Agree b) Agree c) Disagree d) Strongly disagree
10.	Do you think that it is advisable for people to tell others their HIV status?	a) Yes b) No c) Don't know
11.	If a member of your family was HIV+, would you want it to remain a secret?	a) Yes b) No c) Don't know

12.	Who would you tell first if you were infected with HIV? DO NOT READ OPTIONS SINGLE RESPONSE	a) Girlfriend/Boyfriend b) Spouse c) Colleague d) Social worker e) Counselor f) Friend g) No-one h) Others, specify _____
13.	What kinds of stigma / discrimination do People Living with HIV/AIDS (PLHA) face? DO NOT READ OPTIONS CAN INDICATE MORE THAN ONE ANSWER	a) Isolation b) Verbal abuse c) Physical abuse/ violence d) Rumors/gossips e) Get ignored f) Rejection from home g) Rejection by community h) Refusal of medical treatment / care i) Nothing will happen j)Others, specify _____
14.	(If they are treated badly)Who treats them badly? DO NOT READ OPTIONS CAN INDICATE MORE THAN ONE ANSWER	a) Family members b) Neighbors c) Community members d) Health workers e) Young people f) Everyone g) Religious groups h) Colleagues i) Others, specify _____
15.	How a family get treated whose member died of AIDS than a family whose member died of other disease?	a) Treated worse b) Treated same c) Treated better d) Don't know
16.	Please indicate the prevalence of HIV and AIDS in your community?	a) Does not exist b) Very low prevalence c) Unsure if it exists d) Does exist a bit e) High prevalence
17.	What level of health care PLHA should get than someone with another disease/illness?	a) Same b) More c) Less d) Don't know
18.	If a colleague is found HIV infected should he or she continue their work?	a) Yes b) No c) Don't know
19.	Is a woman infected with HIV treated better, same, or worse than an infected man?	a) Female treated better b) Female treated same c) Female treated worse d) Don't know
20.	A woman who is infected with HIV, would also be at risk of suffering from violence?	a) More likely b) Less likely c) No difference d) Don't know

21.	Do you think that a woman who is experiencing violence is at risk of contracting HIV?	a) More likely b) Less likely c) No difference d) Don't know
If the respondent is an unmarried, go to question no. 31		
22.	You do not have to tell me the result but have you ever ask your partner to get a HIV blood test?	a)Yes b) No c) Decline to answer
23.	If yes, why did you ask?	
24.	And did he agree to take the test? Again you do not have to tell me the result.	a)Yes b) No c) decline to answer
25.	Have your partner ever asked you to get a HIV blood test? Again you do not have to tell me the result	a)Yes b) No c) decline to answer
26.	If Yes, did you agree to take the test? Again you do not have to tell me the result	a)Yes b) No c) decline to answer
27.	If you ask your husband to use a condom, would he agree?	a)Yes b) No c) decline to answer
28.	If not, why not?	
29.	(IN THE LAST 2 YEARS) How frequently did you talk about HIV or other STIs with your husband?	a) Often b) Sometimes c) Rarely d) Never
30.	(IN THE LAST 2 YEARS) How frequently did you talk about safe sex?	a) Often b) Sometimes c) Rarely d) Never
31.	Has your community ever conducted awareness raising activities around HIV/AIDS?	a) Yes b) No
32.	If yes, what kind of activities? Please explain in brief.	_____ _____ _____
33.	For people living with HIV or worried about HIV/AIDS, where can they access services? DO NOT READ OPTIONS CAN INDICATE MORE THAN ONE ANSWER	a) Health post b) Clinic c) Hospital e) VCT center g) Others, specify _____
34.	Which services are available in your community? DO NOT READ OPTIONS CAN INDICATE MORE THAN ONE ANSWER	a) Health post b) Clinic c) Hospital e) VCT center g) Others, specify _____

Section D: Others

1.	Would you listen to the radio program dealing with issues around VAW and HIV?	a) Yes b) No
2.	Have you ever listened to the radio program 'Samajhdari'?	a) Yes b) No
3.	If yes, what does it deal in its program? DO NOT READ OPTIONS CAN INDICATE MORE THAN ONE ANSWER	a) HIV/ AIDS b) Violence against women (VAW) c) Intersection on HIV/ AIDS and VAW d) Early childhood Development e) others, specify_____
4.	What was the major learning from this program?	_____ _____ _____
5.	Is there any changes occurred due to these learning?	a) Yes b) No
6.	If yes, what kind of changes occurred? DO NOT READ OPTIONS CAN INDICATE MORE THAN ONE ANSWER	a) Took legal counseling service b) Shared the knowledge with others c) tested for HIV/ d) persuaded partner to test e) Carried out activities against HIV/AIDS and VAW f) Practiced safe sex g) Discussed with partners about sex h) others, specify_____

Thank you very much for your time.

Now that we have finished this survey I am required to mention to you that domestic violence against a woman or man is unacceptable in any circumstances and is illegal under the laws of Nepal.

Male Interview Survey Questionnaire

Questionnaire for End Term Survey
Reducing the Twin Pandemics of HIV/AIDS and Violence Against Women (VOICES)

Questions for men in the outreach community

INDIVIDUAL CONSENT FORM

Namaste, My name is I work for Equal Access Nepal. We are conducting a survey in (location) to learn about women’s health and life experiences. You have been chosen by chance to participate in the study.

I want to assure you that all of your answers will be kept strictly secret. I will not keep a record of your name or address. You have the right to stop the interview at any time, or to skip any questions that you don’t want to answer. There is no right or wrong answers. Some of the topics may be difficult to discuss, but many women have found it useful to have the opportunity to talk.

Your participation is completely voluntary but your experiences could be very helpful to other women in Nepal.

Do you have any questions?

The interview takes approximately ... minutes to complete. Do you agree to be interviewed?

NOTE WHETHER RESPONDENT AGREES TO INTERVIEW OR NOT

[] Does not agree to be interviewed ----- Thank participant for her time and end

[] Agrees to be interviewed ----- Is this place and time okay for you?

I certify that I have read the above consent procedure to the participants

Interviewer’s signature _____

Date of interview _____

Demographics/Background

Age:	Ethnicity:
Religion:	Occupation:
Education:	Marital status: Married <input type="checkbox"/> Unmarried <input type="checkbox"/>

Section A: General Media Access/Preferences

1. Which of the following main media sources do you:

- a) Have access to?
- b) Have in your own home?
- c) Have used / listened to in the last 7 days?

Particulars	a) Have access to?	b) Have in your own home?	c) Have used / listened to in the last 7 days?
Television			
Radio			
Newspapers			
Internet			
Telephone			
Others, specify			

d) Which of the following do you prefer as your information/entertainment source?

Nepali Television Channels	
Indian Television Channels	
Radio Nepal	
FM Radio Please specify which station _____	
Newspaper / magazine	
Others, specify _____	

Section B: Attitudes Related to Violence against Women (VAW)

I am going to read out some statements about men and women. Please tell if you agree or don't agree with the statement.

1.	Women have the same right as men to study and to work outside of the house.	a) Strongly Agree b) Agree c) Disagree d) Strongly disagree
2.	It is degrading to women for a man to tease or whistle or pass crude comments on girls and women passing by.	a) Strongly Agree b) Agree c) Disagree d) Strongly disagree
3.	A woman should obey her husband at all times.	a) Strongly Agree b) Agree c) Disagree d) Strongly disagree
4.	There are times when a woman deserves to be beaten.	a) Strongly Agree b) Agree c) Disagree d) Strongly disagree
5.	A woman should tolerate violence from her husband in order to keep her family together.	a) Strongly Agree b) Agree c) Disagree d) Strongly disagree

6.	If a woman cheats on a man, it is okay for him to hit her.	a) Strongly Agree b) Agree c) Disagree d) Strongly disagree
7.	If a man cheats on a woman it is okay for her to hit him	a) Strongly Agree b) Agree c) Disagree d) Strongly disagree
8.	If a married man has sex with a sex worker, it does not count as being unfaithful	a) Strongly Agree b) Agree c) Disagree d) Strongly disagree
9.	It is okay for a woman to be punished if she neglects her children	a) Strongly Agree b) Agree c) Disagree d) Strongly disagree
10.	It is okay for a man to hit his wife if he is drunk.	a) Strongly Agree b) Agree c) Disagree d) Strongly disagree
11.	Woman who are sex workers do not deserve the same rights as other women	a) Strongly Agree b) Agree c) Disagree d) Strongly disagree
12.	It is okay for a man to shout at his wife if she burns the food.	a) Strongly Agree b) Agree c) Disagree d) Strongly disagree
13.	It is okay for a man to hit his wife if she argues with him.	a) Strongly Agree b) Agree c) Disagree d) Strongly disagree
14.	A wife must get her husband's permission to go outside the home.	a) Strongly Agree b) Agree c) Disagree d) Strongly disagree
15.	It is okay for a man to get angry at a woman if she won't have sex with him.	a) Strongly Agree b) Agree c) Disagree d) Strongly disagree
16.	It is the man who decides when to have sex.	a) Strongly Agree b) Agree c) Disagree d) Strongly disagree
17.	Men need sex more than women do.	a) Strongly Agree b) Agree c) Disagree d) Strongly disagree
18.	It is okay for a man to have more than one sexual partners at a time	a) Strongly Agree b) Agree c) Disagree d) Strongly disagree
19.	You don't talk about sex, you just do it.	a) Strongly Agree b) Agree c) Disagree d) Strongly disagree
20.	If you see another person beating a woman, you should	a) Strongly Agree

	intervene to stop it.	b) Agree c) Disagree d) Strongly disagree
21.	It is ok for a man to have sex with a woman even if she tells him no	a) Strongly Agree b) Agree c) Disagree d) Strongly disagree
22.	Real men don't use condoms	a) Strongly Agree b) Agree c) Disagree d) Strongly disagree
23.	Husband and/or elder family members should decide how many children women should have	a) Strongly Agree b) Agree c) Disagree d) Strongly disagree
24.	A man using violence against his wife is a private matter, that shouldn't be discussed outside the couple.	a) Strongly Agree b) Agree c) Disagree d) Strongly disagree
25.	Women should seek help and or services outside the homes if they are being subjected to violence inside the home.	a) Strongly Agree b) Agree c) Disagree d) Strongly disagree
26.	Women should take collective action against violence inflicted on them.	a) Strongly Agree b) Agree c) Disagree d) Strongly disagree
27.	A sex worker is a 'bad' woman	a) Strongly Agree b) Agree c) Disagree d) Strongly disagree
For questions 28 – 36, please indicate IN THE LAST 2 YEARS		
28.	<p>Please give your yes or no to these that you perceive as VAW?</p> <p>x) Yelling by husband y) Yelling by family members z) Beating by husband aa) Beating by other family members bb) Sharing things by husband cc) Husband's drinking problem dd) Husband always coming home late ee) Tries to restrict contact you with your family of birth ff) Helping you in your household chores by your husband gg) Gets angry if you speak with another man hh) Having sex by your husband without your will. ii) Encourage you to study jj) Insists on knowing where you are all the time kk) Tries to restrict your from seeing your friend ll) Don't want you to go in group meetings mm) Don't allow you to work outside nn) Pinching oo) Whistling pp) Use vulgar words</p>	<p>(Tick one option only)</p> <p>x) Y N DK y) Y N DK z) Y N DK aa) Y N DK bb) Y N DK cc) Y N DK dd) Y N DK ee) Y N DK ff) Y N DK gg) Y N DK hh) Y N DK ii) Y N DK jj) Y N DK kk) Y N DK ll) Y N DK mm) Y N DK nn) Y N DK oo) Y N DK pp) Y N DK</p>

	qq) Touch sensitive organs without your will rr) Burning ss) Get killed tt) Mental torture naming family of birth	qq) Y N DK rr) Y N DK ss) Y N DK tt) Y N DK
29.	How frequently did you yell at your wife?	a) Often b) Sometimes c) Rarely d) Never
30.	How frequently did you hit your wife when you were angry?	a) Often b) Sometimes c) Rarely d) Never
31.	How frequently did you stop someone who was abusing a woman?	a) Often b) Sometimes c) Rarely d) Never
32.	How frequently did you speak up in public against hitting or slapping to a woman?	a) Often b) Sometimes c) Rarely d) Never
If the respondent is an unmarried, go to Question. 37		
33.	How many times did you wait to have sex when your wife was not willing or not ready?	a) Often b) Sometimes c) Rarely d) Never
34.	How frequently did your wife face violence against her?	a) Often b) Sometimes c) Rarely d) Never
35.	Who inflicted the violence? DO NOT READ OPTIONS	a) outsider b) myself c) father in-law d) mother in-law e) father f) mother g) Siblings Others, specify _____
36.	Do you think that community members like yourself to take any action in cases of violence against women?	a) Yes b) No
37.	If yes, which of the following action should you take in respect to violence against women in the community? DO NOT READ OPTIONS CAN INDICATE MORE THAN ONE ANSWER	a) Talk to the person who is abused b) Talk to the perpetrator c) Notify villagers d) Notify the police e) Notify the courts f) Ignore - know a problem but don't want to get involved g) Ignore - because it's not my problem h) Mobilize the community to put social pressure on the perpetrator
38.	What can be done at community level to decrease or eliminate cases of violence against women in your community? DO NOT READ OPTIONS	a) Rally against VAW b) Mass gathering for raising awareness c) Stop someone who is using violence against women d) Others, specify _____

39.	Can you recall if the community has conducted any activities to raise awareness against or stop violence against women?	a) Yes b) No
40.	If yes, what kind of activities? Please explain in brief.	_____ _____ _____
41.	Is hitting a woman a crime punishable by law?	a) Yes b) No c) Don't know
42.	If a man has sex with his wife against her will is it punishable by law?	a) Yes b) No c) Don't know
43.	If yes, where did you get this information?	a) Paper/magazine b) Community activities c) Radio program d) TV program e) friends f) Legal Literacy Training g) Others, specify _____
44.	If the answer is Radio program, which radio program?	
45.	If a man has sex with a sex worker against her will, is it punishable by law?	a) Yes b) No c) Don't know
46.	Is there any institution working against VAW in your community	a) Yes b) No c) If yes Please specify _____ -
47.	If you someone wants to take legal action against VAW, where would they go? DO NOT READ OPTIONS CAN INDICATE MORE THAN ONE ANSWER	a) Court b) Police station c) Village Development Committee d) Elder family member e) Legal counseling center f) Don't go anywhere g) Others, specify _____
48.	Do you support your wife or female member of your family to take action against violence against women in the community?	a) Yes b) No
49.	If yes, what kind of help or support?	a) Help to search service provider b) Go together to service provider c) Encourage to participate in community action d) Guide while taking action

Section C: HIV/AIDS: Knowledge, Attitude and Behavior

1.	Have you ever heard of HIV or AIDS?	a) Yes b) No
If respondent answers No, please move to the next section		
2.	Correct and consistent use of condom decreases the risk of HIV infection?	a) Strongly Agree b) Agree c) Disagree d) Strongly disagree
3.	People living with HIV/AIDS should be separated from others	a) Strongly Agree b) Agree c) Disagree d) Strongly disagree
4.	People living with HIV/AIDS do not deserve compassion or support	a) Strongly Agree b) Agree c) Disagree d) Strongly disagree
5.	Do you know of anyone who has gone for an HIV test	a) Yes b) No c) Don't know
6.	Which of the following activities increases your risk of becoming infected with HIV/AIDS	a) Intravenous drug use b) Touching someone who is HIV positive c) Having unprotected sex with someone who is HIV+ d) Having unprotected sex with sex workers e) Having unprotected sex with multiple partners d) Sharing a cup with someone who is HIV+
7.	If a woman's husband dies of AIDS related illness it is always the woman's fault	a) Strongly Agree b) Agree c) Disagree d) Strongly disagree
8.	If a woman's husband dies of AIDS related illness, her in laws have the right to torment her	a) Strongly Agree b) Agree c) Disagree d) Strongly disagree
9.	HIV happens to 'bad/cursed' or 'immoral' woman	a) Strongly Agree b) Agree c) Disagree d) Strongly disagree
10.	Do you think that it is advisable for people to tell others their HIV status?	a) Yes b) No c) Don't know
11.	If a member of your family was HIV+, would you want it to remain a secret?	a) Yes b) No c) Don't know

12.	Who would you tell first if you were infected with HIV? DO NOT READ OPTIONS SINGLE RESPONSE	a) Girlfriend/Boyfriend b) Spouse c) Colleague d) Social worker e) Counselor f) Friend g) No-one h) Other, specify_____
13.	What kinds of stigma / discrimination do People Living with HIV/AIDS (PLHA) face? DO NOT READ OPTIONS CAN INDICATE MORE THAN ONE ANSWER	a) Isolation b) Verbal abuse c) Physical abuse/ violence d) Rumors/gossips e) Rejection f) Ejection from home g) Rejection by community h) Rejection by insurance i) None k) Refusal of medical treatment / care j) Other, specify_____
14.	(if they are treated badly) Who treats them badly? DO NOT READ OPTIONS CAN INDICATE MORE THAN ONE ANSWER	a) Family members b) Neighbors c) Community members d) Health workers e) Young people f) Everyone g) Religious groups h) Colleagues i) Other, specify_____
15.	Are families who have lost members to AIDS treated worse, the same, or better than those who have lost a member to other causes?	a) Treated worse b) Treated same c) Treated better d) Don't know
16.	Please indicate the prevalence of HIV and AIDS in your community?	a) Does not exist b) Very low prevalence c) Unsure if it exists d) Does exist, but not prevalent e) high prevalence
17.	Do you think PLHA should get the same, more or less health care than someone with another chronic disease/illness?	a) Same b) More c) Less d) Don't know
18.	If a colleague is found to be infected with HIV/AIDS should he or she continue working?	a) Yes b) No c) Don't know
19.	Is a woman infected with HIV treated better, same, or worse than an infected man?	a) Female treated better b) Female treated same c) Female treated worse d) Don't know
20.	A woman who is infected with HIV, would also be at risk to violence against her?	a) Strongly Agree b) Agree c) Disagree d) Strongly disagree

21.	Do you think that a woman who is experiencing violence is at risk of contracting HIV?	a) Strongly Agree b) Agree c) Disagree d) Strongly disagree
If the respondent is an unmarried, go to Question no. 31		
22.	You do not have to tell me the result but have you ever ask your partner to get HIV blood test?	a) Yes b) No c) Decline to answer
23.	If yes why did you ask?	
24.	And did she agree to take the test? Again you do not have to tell me the result	a) Yes b) No c) Decline to answer
25.	Has your partner ever asked you to get a HIV blood test? Again you do not have to tell me the result	a) Yes b) No c) decline to answer
26.	If yes, did you agree to take the test? Again you do not have to tell me the result	a) Yes b) No c) Decline to answer
27.	If your wife asked you to use a condom, would you?	a) Yes b) No c) Decline to answer
28.	If no, why not?	
29.	IN THE LAST 12 MONTHS) How frequently did you talk about HIV or other STIs with your wife?	a) Often b) Sometimes c) Rarely d) Never
30.	IN THE LAST 12 MONTHS) How frequently did you talk about safe sex options?	a) Often b) Sometimes c) Rarely d) Never
31.	Has your community ever conducted awareness raising activities around HIV/AIDS?	a) Yes b) No
32.	If yes, what kind of activities? Please explain in brief.	_____ _____ _____
33.	For people living with HIV or worried about HIV/AIDS, where can they access services? DO NOT READ OPTIONS CAN INDICATE MORE THAN ONE ANSWER	a) Health post b) Clinic c) Hospital d) Traditional healers e) Counseling center f) Don't go anywhere g) Others, specify_____

34.	Which services are available in your community DO NOT READ OPTIONS CAN INDICATE MORE THAN ONE ANSWER	a) Health post b) Clinic c) Hospital e) VCT center g) Others, specify _____
35.	Do you support financially or otherwise your wife's health needs?	a) Yes b) No

Section D: Others

1.	Would you listen to a radio program dealing with issues around VAW and HIV?	a) Yes b) No
2.	Have you ever listened to Samajhdari radio program?	a) Yes b) No
3.	If yes, what does it deal in its program? DO NOT READ OPTIONS CAN INDICATE MORE THAN ONE ANSWER	a) HIV/ AIDS b) Violence against women (VAW) c) Intersection on HIV/ AIDS and VAW d) Early childhood Development e) others, specify _____
4.	What was the major learning from this program?	_____ _____ _____
5.	Is there any changes occurred due to these learning?	a) Yes b) No
6.	If yes, what kind of changes occurred? DO NOT READ OPTIONS CAN INDICATE MORE THAN ONE ANSWER	a) Took legal counseling service b) Shared the knowledge with others c) tested for HIV/persuaded partner to test d) Carried out activities against HIV/AIDS and VAW e) Practiced safe sex f) Discussed with partners about sex g) others, specify _____

Thank you very much for your time.

Now that we have finished this survey I am required to mention to you that domestic violence against a woman or man is unacceptable in any circumstances and is illegal under the laws of Nepal.

FGD Checklist

For Radio Listeners Group
Samajhdari Radio Program

Section A: Radio Program

1. How frequently do you listen to Samajhdari?
2. Is there any problem to listen to the radio program?
3. How frequently do you discuss in group?
4. Particularly in which topic do you discuss most?
5. Who facilitate the group discussion? What do you think about the facilitator?
6. What do you like the most about Samajhdari and why?

Section B: VAW

1. What is VAW?
2. What are the major factors in your community to instigate VAW?
3. What type of individual or collective action you or your group has conducted against VAW?
4. If you have conducted some action: What motivated you to do so?
5. What type of activities conducted by other organization against VAW in your community and can you give us some detail about these organizations (name, specific activity, duration, target group, results)?
6. What legal services are available in your community in regard to VAW? If available, please give details of the service centers and tell what services they provide.
7. What are the problems you face to access these services? How many of you have visited these centers? Why? (If reluctant to talk about, please don't personalize/pressurize)
8. What changes do you see about reporting legal cases in the service center? What would be the reason behind it?
9. What are the new things (related to VAW) you learned from Samajhdari?
10. How have you used your learning of Samajhdari in your personal or social life? Please explain.

Section C: HIV/AIDS

1. What is HIV?
2. What is AIDS?
3. What are the factors which increase the vulnerability of HIV contraction?
4. What HIV/AIDS related service available in your community? If available, please give details of the service centers.
5. What short of problems do you face to access these services?
6. How many of you have visited these centers and why? (Are they reluctant to talk to you, please don't personalize/pressurize)
7. What changes do you see about people disclosing HIV status/checking up blood? What do you think the reason behind it?
8. What are the new things (related to HIV/AIDS) you learned from Samajhdari?
9. How have you used your learning of Samajhdari in your personal or social life? Please explain.

Section D: Intersection of HIV/AIDS and VAW

1. What do you see if both HIV/AIDS and VAW put together?
2. What do you think about their relation?
3. How they are inter-related?
4. How do you learn that HIV/AIDS and VAW are inter-related?
5. Is there any woman in your community who suffered violence because of HIV/AIDS?
6. Is there any woman in your community who contracted HIV because of violence?
7. What you and your group did for them and why did you do it?

Section E: Suggestions

1. From (date?) Samajhdari Radio Program is ending, how do you feel about?
2. What is your plan to continue your group meeting and discussion in future?
3. What else you want to know from us?

KII Instrument

1. What are the services available for VAW?
2. What services available in village and in centres (NGOs and GOs)?
3. What are the services available for HIV and AIDS?
4. What services available in village and in centres (NGOs and GOs)?
5. What people know about these services?
6. What are the activities done to aware people about VAW?
7. What are the activities done to aware people about HIV and AIDS?
8. What do you think about the intersection between VAW and HIV and AIDS, how much they are interrelated?
9. What is the level of coordination between organizations working in these fields?
10. What needed more for effective coordination?
11. What changes do you see about people's service seeking behaviour?
12. What is the trend of seeking services by the people?
13. If service seeking behaviour is increasing, why?
14. If service seeking behaviour is decreasing, why?
15. What are the problems to access those services?
16. What can be done to reduce such problems?
17. In this regard, what do you think the role of radio or how it can help people?

Targeted KII:

- Outreach partners
- NGOs working for VAW
- NGOs working for HIV and AIDS
- NGOs working for Human Rights (include NGOs working for both VAW and HIV and AIDS also)
- **GOs:** Human Rights Commission, Public Health Office, District DOTS (TB) Centre, Nepal Red Cross, National Centre for AIDS and STD Control (local representative),

Thank You