

# Women in the Developmental State Project: Follow-up Survey

Interview only women who are interviewed in the Baseline Survey

## I. Consent

**Read:** Hello. My name is \_\_\_\_\_ and I am working with the Ethiopian Development Research Institute (EDRI). As you know, in collaboration with CMI, a research institute from Norway, we are conducting a survey to study the lives of women seeking work in the industrial sector in Ethiopia. We now conduct the first follow-up of the study. Accordingly, I would like to ask you some questions about you and your household, in privacy, about your current work and time use, education, health, economic and family status. The purpose is to provide information about women in Ethiopia, and to write a paper about this. We are interviewing many women like yourself in several different areas, and no names or information to identify the persons will be available to anyone else than the research team. We would, therefore, kindly request you to participate in this survey. The survey usually takes between 60 and 90 minutes to complete. The purpose is not to offer you assistance, but we would like to offer you ETB 50 for your time if you complete the questionnaire. All your answers will be kept private and confidential. Only the researchers will have access to your “identifying information”, such as your name. The information you provide will not affect your employment relationship in any way and will not be shared with your employer. Participation in this survey is voluntary, and if we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope you will participate in the survey since your views are important to our research.

At this time, do you want to ask me anything about the survey?

May I begin the interview now?

Signature of interviewer: \_\_\_\_\_ Date: \_\_\_\_\_

**If anyone else than the respondent is listening in on the interview, politely ask to be allowed to interview the respondent alone. Explain that the interview is private and confidential. Do not continue the interview if others are present.**

## General Instruction

Please use the following Codes for missing values: -77=not applicable (including skipped questions), -88=refusal -99=don't know

Please use the **Ethiopian calendar and time** throughout the survey.

## I. Identification and Tracking information

Questionnaire ID (Copy from Tracking Sheet) \_\_\_\_\_

|       |                                                                                                  |                                                                                                 |       |                                       |                              |
|-------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-------|---------------------------------------|------------------------------|
| A.1.  | Enumerator name:                                                                                 |                                                                                                 | A.1 b | Supervisor name                       |                              |
| A.2.  | Name of the firm the worker is sampled from                                                      |                                                                                                 | A.3.  | Firm ID                               | ____                         |
| A.4.  | Region                                                                                           | 01 =Afar 02 = Tigray 03 = Amhara 04=Oromia<br>05 = SNNP 06= Addis Ababa 07=Other (Specify)_____ |       |                                       | ____                         |
| A4.1  | Have you moved since the last interview?                                                         | 1 = Yes 0 = No                                                                                  |       |                                       | ____                         |
| A5.1  | If yes to A4.1 Name of the new Woreda and Kabele                                                 | a. Woreda _____<br>b. Kebele _____                                                              | C     | Name of the new village/town          | _____                        |
| A6.1  | If yes to A4 .1, is she currently living in rural or urban Kebele?                               | 1=rural 2= urban                                                                                |       |                                       | ____                         |
| A.7   | Place of birth                                                                                   | 1=rural 2=urban                                                                                 |       |                                       | ____                         |
| A.8   | Interview date(date/month/year                                                                   | ____ / ____ / ____                                                                              |       |                                       |                              |
| b1    | What is your full name (given and father's)?                                                     |                                                                                                 |       |                                       | What is respondent nik-name? |
| b2    | Respondent Id (to be filled by Verifier/Supervisor)                                              | ____                                                                                            |       |                                       |                              |
| b3    | What is your own cell phone number?                                                              | Number 1 : { _____ } Number 2 : { _____ }                                                       |       |                                       |                              |
| b4    | What is the name of your close contact?                                                          |                                                                                                 | b5    | The phone number of the close contact | { _____ }                    |
| b6    | When we contact you six months from now, who can we contact to find you?                         |                                                                                                 | b7    | Phone number of contact               |                              |
| b8    | Current address of the respondent                                                                | Woreda : { _____ }                                                                              | b9    | kebele: { _____ }                     | village :{ _____ }           |
| b10   | Are you married/living with partner?                                                             | 1 = Yes 0 = No                                                                                  |       |                                       | ____                         |
| b11   | How many children do you have?                                                                   | Write number of children                                                                        |       |                                       | ____                         |
| b12.1 | If yes to A.4 .1, description of the location of the home (please draw the map on the last page) |                                                                                                 |       |                                       |                              |
| b11   | What is the travel time if you walk by foot from your home to the closest main (asphalt) road?   | ____   minutes                                                                                  |       |                                       |                              |

|     |                                                                                                          |                |
|-----|----------------------------------------------------------------------------------------------------------|----------------|
| b12 | What is the travel time if you walk by foot from your home to the closest market?                        | ____   minutes |
| b13 | What is the travel time if you walk by foot from your home to the closest high school?                   | ____   minutes |
| b14 | What is the travel time if you walk by foot from your home to the factory where you applied for the job? | ____   minutes |

## Section A. Household Rooster: Socio-Demographic Characteristics and Occupational Status

|                 |                                                                                                                                                                                                                                                                                                                                              |                                                                                                      |                                        |                                                                        |           | If age above 15                                                                                                                                       |                                                                                                         |                                                                                                                                    | If age five or above                                   |                                                                                                             |
|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|----------------------------------------|------------------------------------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| A1<br>Member ID | A2<br>What is the <b>name</b> of the household members?<br><i>Start with the household head on the first line, followed by the respondent, then the other members of the household.</i><br><br><b>Note: Household members are all those who live under the same roof and share food for at least six months over the last twelve months.</b> | A3<br>What is the <b>relationship</b> between [name] and the head of household?<br><i>Use Code A</i> | A4<br><b>Sex</b><br>1=Female<br>0=Male | A5<br>How long has [name] lived in the household during last 12 months | A6<br>Age | A7<br><b>Ethnicity</b><br>1. Oromo<br>2. Amhara<br>3. Tigray<br>4. Harari<br>5. Somalia<br>6. Gurage<br>7. sidama<br>8. Welayta<br>9. Other (specify) | A8<br><b>Religion</b><br>1. Orthodox<br>2. Muslim<br>3. Protestant<br>4. Catholic<br>5. Other (specify) | A9<br>Marital status<br>1. Single<br>2. Married<br>3. Divorced<br>4. Separated<br>5. Widowed/<br>widower<br>6. Living with partner | A10<br>How many years of education have you completed? | A11<br>What is the <b>highest level of school/grade</b> that [name] has completed?<br><br><b>Use Code F</b> |
| 1               |                                                                                                                                                                                                                                                                                                                                              |                                                                                                      |                                        |                                                                        |           |                                                                                                                                                       |                                                                                                         |                                                                                                                                    |                                                        |                                                                                                             |
| 2               |                                                                                                                                                                                                                                                                                                                                              |                                                                                                      |                                        |                                                                        |           |                                                                                                                                                       |                                                                                                         |                                                                                                                                    |                                                        |                                                                                                             |
| 3               |                                                                                                                                                                                                                                                                                                                                              |                                                                                                      |                                        |                                                                        |           |                                                                                                                                                       |                                                                                                         |                                                                                                                                    |                                                        |                                                                                                             |
| 4               |                                                                                                                                                                                                                                                                                                                                              |                                                                                                      |                                        |                                                                        |           |                                                                                                                                                       |                                                                                                         |                                                                                                                                    |                                                        |                                                                                                             |
| 5               |                                                                                                                                                                                                                                                                                                                                              |                                                                                                      |                                        |                                                                        |           |                                                                                                                                                       |                                                                                                         |                                                                                                                                    |                                                        |                                                                                                             |
| 6               |                                                                                                                                                                                                                                                                                                                                              |                                                                                                      |                                        |                                                                        |           |                                                                                                                                                       |                                                                                                         |                                                                                                                                    |                                                        |                                                                                                             |
| 7               |                                                                                                                                                                                                                                                                                                                                              |                                                                                                      |                                        |                                                                        |           |                                                                                                                                                       |                                                                                                         |                                                                                                                                    |                                                        |                                                                                                             |
| 8               |                                                                                                                                                                                                                                                                                                                                              |                                                                                                      |                                        |                                                                        |           |                                                                                                                                                       |                                                                                                         |                                                                                                                                    |                                                        |                                                                                                             |
| 9               |                                                                                                                                                                                                                                                                                                                                              |                                                                                                      |                                        |                                                                        |           |                                                                                                                                                       |                                                                                                         |                                                                                                                                    |                                                        |                                                                                                             |
| 10              |                                                                                                                                                                                                                                                                                                                                              |                                                                                                      |                                        |                                                                        |           |                                                                                                                                                       |                                                                                                         |                                                                                                                                    |                                                        |                                                                                                             |
| 11              |                                                                                                                                                                                                                                                                                                                                              |                                                                                                      |                                        |                                                                        |           |                                                                                                                                                       |                                                                                                         |                                                                                                                                    |                                                        |                                                                                                             |

A12: How many household members in total? \_\_\_\_\_

| ID | If Age 5 to 24,<br><b>Formal schooling</b>                                                                |                                                                                                             |                                                                                                                      |                                                                          | Skip if completed<br>grade six                                                                                                                | If age 15 or above<br><b>Occupation</b>                                                               |                                                                                                                                                                                                        | <b>Health</b>                                                                                |                                                                                                        |                                                                                                                                                           |                                                                                    |                                                                            |                                                                                                                                                                                                            |
|----|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    | A12<br><b>Formal School Status</b><br>1. Never attended<br>2. Currently attending<br>3. Stopped attending | A13<br>If the answer to A12 is 2, in what type of school?<br>1=private<br>2=government<br>3=public<br>5=NGO | A14<br>If [name] has <b>never attended /stopped school</b> , what were (are) the two main reasons?<br><br>Use code D | A15<br>If stopped schooling, at what age did [name] leave formal school? | A16<br>Can [name] <b>read and write in any language</b> ?<br>1. Read and write<br>2. Read only<br>3. Write only<br>4. Neither read nor write. | A17<br>During the last 12 months, has (name) engaged in income generated activities?<br>0=No<br>1=Yes | A18. If yes, what kind of (main) activities (in terms of income and time)<br>1=farming<br>2=non-farm own business<br>3=industrial employment<br>4= other employment<br>5=Other(specify )-----<br>----- | A19<br>Is [name] currently being breast feed?<br>Ask if aged 5 or below<br><br>0=No<br>1=Yes | A20 Is [name] currently being given supplementary food?<br>Ask if aged 5 or below<br><br>0=No<br>1=Yes | A21.Has [name] experienced illness/injury that made him/her unable to perform normal activities for at least 5 days in the last 30 days?<br>0=No<br>1=Yes | A22.If yes to A21, was treatment sought at a health facility?<br><br>0=No<br>1=Yes | A23. If not, why was treatment not sought at a health facility? Use Code E | A24, if yes to A22, where?<br>1.govt hospital<br>2.private hospital<br>3. health post<br>4.govt health centre<br>4.1.private clinic<br>5. NGO Hospital<br>6. NGO Clinic/health centre<br>7. other(specify) |
| 1  |                                                                                                           |                                                                                                             | _ / _                                                                                                                |                                                                          |                                                                                                                                               |                                                                                                       |                                                                                                                                                                                                        |                                                                                              |                                                                                                        |                                                                                                                                                           |                                                                                    |                                                                            |                                                                                                                                                                                                            |
| 2  |                                                                                                           |                                                                                                             | _ / _                                                                                                                |                                                                          |                                                                                                                                               |                                                                                                       |                                                                                                                                                                                                        |                                                                                              |                                                                                                        |                                                                                                                                                           |                                                                                    |                                                                            |                                                                                                                                                                                                            |
| 3  |                                                                                                           |                                                                                                             | _ / _                                                                                                                |                                                                          |                                                                                                                                               |                                                                                                       |                                                                                                                                                                                                        |                                                                                              |                                                                                                        |                                                                                                                                                           |                                                                                    |                                                                            |                                                                                                                                                                                                            |
| 4  |                                                                                                           |                                                                                                             | _ / _                                                                                                                |                                                                          |                                                                                                                                               |                                                                                                       |                                                                                                                                                                                                        |                                                                                              |                                                                                                        |                                                                                                                                                           |                                                                                    |                                                                            |                                                                                                                                                                                                            |
| 5  |                                                                                                           |                                                                                                             | _ / _                                                                                                                |                                                                          |                                                                                                                                               |                                                                                                       |                                                                                                                                                                                                        |                                                                                              |                                                                                                        |                                                                                                                                                           |                                                                                    |                                                                            |                                                                                                                                                                                                            |
| 6  |                                                                                                           |                                                                                                             | _ / _                                                                                                                |                                                                          |                                                                                                                                               |                                                                                                       |                                                                                                                                                                                                        |                                                                                              |                                                                                                        |                                                                                                                                                           |                                                                                    |                                                                            |                                                                                                                                                                                                            |
| 7  |                                                                                                           |                                                                                                             | _ / _                                                                                                                |                                                                          |                                                                                                                                               |                                                                                                       |                                                                                                                                                                                                        |                                                                                              |                                                                                                        |                                                                                                                                                           |                                                                                    |                                                                            |                                                                                                                                                                                                            |
| 8  |                                                                                                           |                                                                                                             | _ / _                                                                                                                |                                                                          |                                                                                                                                               |                                                                                                       |                                                                                                                                                                                                        |                                                                                              |                                                                                                        |                                                                                                                                                           |                                                                                    |                                                                            |                                                                                                                                                                                                            |
| 9  |                                                                                                           |                                                                                                             | _ / _                                                                                                                |                                                                          |                                                                                                                                               |                                                                                                       |                                                                                                                                                                                                        |                                                                                              |                                                                                                        |                                                                                                                                                           |                                                                                    |                                                                            |                                                                                                                                                                                                            |
| 10 |                                                                                                           |                                                                                                             | _ / _                                                                                                                |                                                                          |                                                                                                                                               |                                                                                                       |                                                                                                                                                                                                        |                                                                                              |                                                                                                        |                                                                                                                                                           |                                                                                    |                                                                            |                                                                                                                                                                                                            |
| 11 |                                                                                                           |                                                                                                             | _ / _                                                                                                                |                                                                          |                                                                                                                                               |                                                                                                       |                                                                                                                                                                                                        |                                                                                              |                                                                                                        |                                                                                                                                                           |                                                                                    |                                                                            |                                                                                                                                                                                                            |

## Section B. Living Standard of the household and housing conditions

|     |                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                          |  |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| B1  | What is the type of tenancy of your home? 1=own 2=rented from government/Kebele 3=rented from private person 4=provided for free or subsidized by employer 5= Other, specify: _____ |                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| B2  | How many rooms does your house have? _____                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| B3  | Do you have a separate room which serves as a kitchen? _____ 1=Yes 0=No                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| B4  | What is the main construction material of the <b>roof</b> of the main house where the household is living? _____                                                                    | 1 = Corrugated iron sheet<br>2 = Concrete/cement<br>3 = Thatch<br>4 = Wood & mud<br>5 = Reed/bamboo<br>6 = Plastic canvas<br>7 = Asbestos<br>8 = Bricks<br>9 = Other (specify)                                                                                                                                                                                                                           |  |
| B5  | What is the primary construction material of the <b>external wall</b> of the main household dwelling? _____                                                                         | 1 = Wood and mud<br>2 = Wood and thatch<br>3 = Wood only<br>4 = Stone only<br>5 = Stone and mud<br>6 = Stone and cement<br>7 = Blocks plastered with cement<br>8 = Blocks unplaster<br>9 = Bricks<br>10 = Mud bricks<br>11 = Steel<br>12 = Cargo container<br>13 = Parquet or polished wood<br>14 = Chip wood<br>15 = Corrugated iron sheet<br>16 = Asbestos<br>17 = Reed/bamboo<br>18 = Other (specify) |  |
| B6  | What is the primary construction material of the <b>floor</b> of the main household dwelling? _____                                                                                 | 1=Earth/Sand<br>2= Dung<br>3=Wood Planks<br>4=Parquet or polished wood<br>5=Palm /bamboo<br>6=Vinyl or Asphalt stripes<br>7=Ceramic tiles<br>8=Cement<br>9=Other (specify):                                                                                                                                                                                                                              |  |
| B7  | What is the main <b>source of drinking water</b> for the household? _____                                                                                                           | 1 = Tap inside the house<br>2 = Private tap in the compound<br>3 = Shared tap in the compound<br>4 = Communal tap outside the compound<br>5 = Water from kiosks<br>6 = Protected well (private)<br>7 = Protected well (shared)<br>8 = Unprotected well<br>9=Protected spring<br>10=unprotected spring<br>11= River/lake/pound<br>12 = Rain water<br>13= Other (specify)                                  |  |
| B8  | What type of <b>toilet</b> does the household use? _____                                                                                                                            | 1 = Flush toilet (private)<br>2 = Flush toilet (shared)<br>3 = Pit latrine (private and ventilated)<br>4 = Pit latrine (shared and ventilated)<br>5 = Pit latrine (private and not ventilated)<br>6 = Pit latrine (shared and not ventilated)<br>7 = Bucket<br>8 = Field/forest<br>9 = Others (specify)                                                                                                  |  |
| B9  | What is the <b>primary fuel</b> used in cooking/energy source? _____                                                                                                                | 1 = Collected fire wood<br>2 = Purchased fire wood<br>3 = Charcoal (either purchased or collected)<br>4 = Crop residue (either purchased or collected )<br>5 = Dung/manure (either purchased or collected )<br>6 = Saw dust<br>7 = Butane gas<br>8 = Kerosene<br>9 = Electricity<br>10 = Bio-gas<br>11 = None<br>12 = Other                                                                              |  |
| B10 | What is the household's main <b>lighting source</b> ? _____                                                                                                                         | 1 = Firewood<br>2 = Paraffin, gas lantern<br>3 = Electricity<br>4 = Solar<br>5=Torch/battery<br>6 = Other (specify)                                                                                                                                                                                                                                                                                      |  |

## Section C. Ownership of Assets and Consumer Durable

| Serial No. | Item                                                  | C1.<br>How many of the following items<br>does your household own?<br><br>(write number of items) | C2.<br>Who owns the asset?<br><br>Use Code B | C3.<br>If you ever needed to, could you sell this item<br>without getting permission from other hh member?<br>0=Yes<br>1=No, only if permission from husband<br>2= No, only if permission from other male member<br>3= No, only if permission from other female<br>member<br>4 = No, only if permission from male and female<br>members |
|------------|-------------------------------------------------------|---------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1          | Diesel mill                                           |                                                                                                   |                                              |                                                                                                                                                                                                                                                                                                                                         |
| 2          | Satellite dish                                        |                                                                                                   |                                              |                                                                                                                                                                                                                                                                                                                                         |
| 3          | Modern Stove                                          |                                                                                                   |                                              |                                                                                                                                                                                                                                                                                                                                         |
| 4          | Electric mitad                                        |                                                                                                   |                                              |                                                                                                                                                                                                                                                                                                                                         |
| 5          | Television                                            |                                                                                                   |                                              |                                                                                                                                                                                                                                                                                                                                         |
| 6          | Radio                                                 |                                                                                                   |                                              |                                                                                                                                                                                                                                                                                                                                         |
| 7          | Jewelry/Gold ( <b>monetary value</b> in C1)           |                                                                                                   |                                              |                                                                                                                                                                                                                                                                                                                                         |
| 8          | Wrist Watches                                         |                                                                                                   |                                              |                                                                                                                                                                                                                                                                                                                                         |
| 9          | Cattle                                                |                                                                                                   |                                              |                                                                                                                                                                                                                                                                                                                                         |
| 10         | Pack animal (horse, donkey, mule)                     |                                                                                                   |                                              |                                                                                                                                                                                                                                                                                                                                         |
| 11         | Sheep or goats                                        |                                                                                                   |                                              |                                                                                                                                                                                                                                                                                                                                         |
| 12         | Beehive                                               |                                                                                                   |                                              |                                                                                                                                                                                                                                                                                                                                         |
| 13         | Mobile phone                                          |                                                                                                   |                                              |                                                                                                                                                                                                                                                                                                                                         |
| 14         | Refrigerator                                          |                                                                                                   |                                              |                                                                                                                                                                                                                                                                                                                                         |
| 15         | Hand or animal cart                                   |                                                                                                   |                                              |                                                                                                                                                                                                                                                                                                                                         |
| 16         | Sewing machine or weaving equipment                   |                                                                                                   |                                              |                                                                                                                                                                                                                                                                                                                                         |
| 17         | Motor cycle                                           |                                                                                                   |                                              |                                                                                                                                                                                                                                                                                                                                         |
| 18         | Bajaj                                                 |                                                                                                   |                                              |                                                                                                                                                                                                                                                                                                                                         |
| 19         | Motor vehicle (Car or Truck)                          |                                                                                                   |                                              |                                                                                                                                                                                                                                                                                                                                         |
| 20         | Land area with certificate (use <b>Hectare</b> in C1) |                                                                                                   |                                              |                                                                                                                                                                                                                                                                                                                                         |

21. Ask the following questions for last “**Meher**” only if the household have engaged in farming.

| 21.1 Fertilizer (e.g., urea and dap) use and cost |                          |                                | 21.2 Pesticide and herbicide use and cost           |                              |                                | 21.3 Improved seed use and cost            |                          |                                | 21.4 Hired labor                                     |                                                                |
|---------------------------------------------------|--------------------------|--------------------------------|-----------------------------------------------------|------------------------------|--------------------------------|--------------------------------------------|--------------------------|--------------------------------|------------------------------------------------------|----------------------------------------------------------------|
| 1=Yes 0=No                                        |                          |                                | 1=Yes 0=No                                          |                              |                                | 1=Yes 0=No                                 |                          |                                | 1=Yes 0=No                                           |                                                                |
| I. have your household used fertilizer?           | ii.If yes quantity in KG | iii. if yes, money spent(birr) | I. have your household used pesticide or herbicide? | ii.If yes quantity in liters | iii. if yes, money spent(birr) | I. have your household used improved seed? | ii.If yes quantity in KG | iii. if yes, money spent(birr) | I. Have your household hired any agricultural labor? | II: if yes, money spent (birr) and/or value of in-kind payment |
|                                                   |                          |                                |                                                     |                              |                                |                                            |                          |                                |                                                      |                                                                |

## Section D. Intra-Household Income

D1.Who was the primary and secondary breadwinner of the household during the last six months? Use code B    D.1 primary|\_\_|    D.2 secondary|\_\_|

D3. How much income (cash and in kind) did you and other household members obtained from the following sources:

|                                     | <b>D4.Previous six months (total)</b> |             |            | <b>D5. Last six month (total)</b> |             |           |
|-------------------------------------|---------------------------------------|-------------|------------|-----------------------------------|-------------|-----------|
| <u>Net</u> Income from<br>(in birr) | I. Respondent                         | II. Husband | III. other | I. Respondent                     | II. husband | II. Other |
| 1.Factory Job employment            |                                       |             |            |                                   |             |           |
| 2. Other wage employment            |                                       |             |            |                                   |             |           |
| 3. self- employment                 |                                       |             |            |                                   |             |           |
| 4.Remittances                       |                                       |             |            |                                   |             |           |
| 5. Government or NGO transfer       |                                       |             |            |                                   |             |           |
| 6. Other (specify).....             |                                       |             |            |                                   |             |           |

## Section E1. Recurrent Expense

| Name of good or service |                                                                                                    | E1.A<br>Last month, how much did your household spend on [name of good/service]?<br>(In cash or value of in-kind payment) | E1.B<br>How much of the purchase of [name of good/service] was financed from your income | E1.C<br>How much of the purchase of [name of good/service] was financed from your partner/husband's income? |
|-------------------------|----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| 01                      | House rent                                                                                         |                                                                                                                           |                                                                                          |                                                                                                             |
| 02                      | Water (bottled, piped or from tank)                                                                |                                                                                                                           |                                                                                          |                                                                                                             |
| 03                      | Electricity                                                                                        |                                                                                                                           |                                                                                          |                                                                                                             |
| 04                      | Charcoal or firewood                                                                               |                                                                                                                           |                                                                                          |                                                                                                             |
| 05                      | Other fuel, such as paraffin or kerosene                                                           |                                                                                                                           |                                                                                          |                                                                                                             |
| 06                      | Household products and toiletries (laundry soap, toilet paper, brooms, matches, tooth paste, etc.) |                                                                                                                           |                                                                                          |                                                                                                             |
| 08                      | Men's personal care item                                                                           |                                                                                                                           |                                                                                          |                                                                                                             |
| 09                      | Women's personal care item                                                                         |                                                                                                                           |                                                                                          |                                                                                                             |
| 10                      | Children's personal care item                                                                      |                                                                                                                           |                                                                                          |                                                                                                             |
| 11                      | Recreation                                                                                         |                                                                                                                           |                                                                                          |                                                                                                             |
| 12                      | Costs related to social & religious activities such as funeral, wedding etc.                       |                                                                                                                           |                                                                                          |                                                                                                             |
| 13                      | Transportation fares                                                                               |                                                                                                                           |                                                                                          |                                                                                                             |
| 14                      | Mobile card                                                                                        |                                                                                                                           |                                                                                          |                                                                                                             |
| 15                      | Household help/remittance                                                                          |                                                                                                                           |                                                                                          |                                                                                                             |
| 16                      | Food expenses                                                                                      |                                                                                                                           |                                                                                          |                                                                                                             |
| 17                      | Tobacco, Shisha and alcoholic drinks                                                               |                                                                                                                           |                                                                                          |                                                                                                             |

18. What is the monetary estimate of the food consumed at home last month which is **not purchased** by the household member? \_\_\_\_\_

**Probe:** This includes own produced food items (teff, vegetable etc.) and food transfers from non-household member and government



## Section E2. Infrequent Expense (last 6 months)

| Name of good or service |                                                                    | E2.A<br><br>In the last six months, how much did your household spend on [name of good/service]?<br><br><i>(In cash or value of in-kind payment)</i> | E2.B<br><br>How much of the purchase of [name of good/service] was financed from your income(s)? | E3.C<br><br>How much of the purchase of [name of good/service] was financed from your partner/husband income(s)? |
|-------------------------|--------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| 01                      | Men's clothing and footwear                                        |                                                                                                                                                      |                                                                                                  |                                                                                                                  |
| 02                      | Women's clothing and footwear                                      |                                                                                                                                                      |                                                                                                  |                                                                                                                  |
| 03                      | Children's clothing& footwear (excluding school uniforms)          |                                                                                                                                                      |                                                                                                  |                                                                                                                  |
| 04                      | Men's health expenditure (medicine, doctor fee, hospital charges)  |                                                                                                                                                      |                                                                                                  |                                                                                                                  |
| 05                      | Women's health expenditure                                         |                                                                                                                                                      |                                                                                                  |                                                                                                                  |
| 06                      | Children's health expenditure                                      |                                                                                                                                                      |                                                                                                  |                                                                                                                  |
| 07                      | Children schooling expense (school fee, uniform, stationary, etc.) |                                                                                                                                                      |                                                                                                  |                                                                                                                  |
| 08                      | Men's school expense                                               |                                                                                                                                                      |                                                                                                  |                                                                                                                  |
| 09                      | Women's school expense                                             |                                                                                                                                                      |                                                                                                  |                                                                                                                  |

10. Do you, your husband, son(s), daughter(s) have at least two sets of clothes? (0=No, 1=Yes)

10.1 You |\_\_|      10.2 Husband/partner |\_\_|      10.3 Sons |\_\_|      10.4 Daughters |\_\_|

11. Do you, your husband, son(s), daughter(s) have at least two pairs of shoes or sandals? (0=No, 1=Yes)

11.1 You |\_\_|      11.2 Husband/partner |\_\_|      11.3 Sons |\_\_|      11.4 Daughters |\_\_|

## Section F1.Diet Diversity and Food Consumption

| Name of food |                                                                                 | F1.A. In a normal non-fasting week how many days the house hold members have eaten meals containing (name of food)? | F1.B In a normal non-fasting week, how many meals have eaten by the HH members contained [name of food]? | F1.C in atypical non-fasting month, how much the household spends on (name of food) |
|--------------|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 01           | Any food made from grains/cereals (Injera, bread, spaghetti, rice biscuit etc.) |                                                                                                                     |                                                                                                          |                                                                                     |
| 02           | Tubers and Roots (e.g., potatoes, sweet potato, carrot)                         |                                                                                                                     |                                                                                                          |                                                                                     |
| 03           | Other vegetables (cabbage, lettuce, tomatoes, onions)                           |                                                                                                                     |                                                                                                          |                                                                                     |
| 04           | Fruits                                                                          |                                                                                                                     |                                                                                                          |                                                                                     |
| 05           | Any Meat (beef, poultry, mutton)                                                |                                                                                                                     |                                                                                                          |                                                                                     |
| 06           | Eggs                                                                            |                                                                                                                     |                                                                                                          |                                                                                     |
| 07           | Fish                                                                            |                                                                                                                     |                                                                                                          |                                                                                     |
| 08           | Pulses/Legumes (beans, lentils, peas)                                           |                                                                                                                     |                                                                                                          |                                                                                     |
| 09           | Packed foods                                                                    |                                                                                                                     |                                                                                                          |                                                                                     |
| 9            | dairy products except butter                                                    |                                                                                                                     |                                                                                                          |                                                                                     |
| 10           | Oil, fat, butter                                                                |                                                                                                                     |                                                                                                          |                                                                                     |
| 11           | Sweeteners (sugar, honey)                                                       |                                                                                                                     |                                                                                                          |                                                                                     |
| 12           | Other/ Miscellaneous                                                            |                                                                                                                     |                                                                                                          |                                                                                     |

13. How many meals did you, your husband, son(s), daughter(s) eat yesterday?

13.1 You|\_\_|      13.2 Husband/partner |\_\_|      13.3 Sons|\_\_|      13.4 Daughters|\_\_|

14. In a normal week, how many times per day on average you, your husband, sons and daughters in your household usually eat?

14.1 You|\_\_|      14.2 Husband/partner |\_\_|      14.3 Sons|\_\_|      14.4 Daughters|\_\_|

15. In a normal week, on how many days did you, your husband, sons and daughters go to sleep hungry?

15.1 You|\_\_|      15.2 Husband/partner |\_\_|      15.3 Sons|\_\_|      15.4 Daughters|\_\_|

## Section F2. Household Food Insecurity and Access Scale

|   | In the last 30 days,                                                                                                                     | F2.A<br>Did this happen<br>1=Yes<br>0=No | F2.B<br>If yes, How often did this happen?<br>1= Rarely (once or twice in the past 30 days)<br>2 = Sometimes (3-10 times in the past 30 days)<br>3 = Often (more than 10 times in the past 30 days) |
|---|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Did you worry that your household would not have enough food due to lack of resources?                                                   |                                          |                                                                                                                                                                                                     |
| 2 | Were you or any household member not able to eat the kinds of foods you preferred because of a lack of resources?                        |                                          |                                                                                                                                                                                                     |
| 3 | Did you or any household member have to eat only a few kinds of foods (limited variety) on a daily basis because of a lack of resources? |                                          |                                                                                                                                                                                                     |
| 4 | Did you or any household member have to eat food that you did not want to eat because of a lack of resources?                            |                                          |                                                                                                                                                                                                     |
| 5 | Did you or any household member eat smaller meals (portion size) than you felt you needed because there was not enough food?             |                                          |                                                                                                                                                                                                     |
| 6 | Did you or any household member eat fewer meals in a day because there was not enough food?                                              |                                          |                                                                                                                                                                                                     |
| 7 | Was there ever no food at all in your household because there were no resources to get it?                                               |                                          |                                                                                                                                                                                                     |
| 8 | Did you or any household member go to sleep hungry at night because there was not enough food?                                           |                                          |                                                                                                                                                                                                     |
| 9 | Did you or any household member go a whole day without eating anything because there was not enough food?                                |                                          |                                                                                                                                                                                                     |

## Section SC: Saving and Credit

1. Do you have a bank or microfinance saving account? (0=No, 1=Yes) |\_\_|
2. Do any other members of this household have a bank or microfinance saving account? (0=No, 1=Yes) |\_\_|
3. How much cash did you earn over the last 30 days from all activities? |\_\_\_\_\_|
4. How much did you save over the last 30 days? |\_\_\_\_\_|
5. If your **household** needed 500 birr, 3000 Birr and 10,000 birr respectively for a small business idea, do you think you would be able to borrow it within a month? (0=No 1=yes)
  - 5.1. 500 birr |\_\_|
  - 5.2. 3000 birr |\_\_|
  - 5.3. 10,000 birr |\_\_|
6. If you needed 200 birr for an emergency, from how many people or institution could you obtain it within three days? |\_\_|

7. Do you currently owe a person or institution more than 100 Birr? (0=No, 1=Yes) |\_\_\_|

8. If yes, who (is) are the organizations or people you owe this money to? |\_\_\_\_\_| (1= friends 2=relatives 3=Equip 4= Iddir 5= money lenders 6=MFI 7= formal banks)

9. How much do you owe in total? |\_\_\_\_\_| (in birr)

10. Have you given any loan of at least 100 birr to another household? (0=No, 1=Yes) |\_\_\_|

13. If yes to G1.10, how much over the last six months in total? |\_\_\_\_\_| (in birr)

14. Do you think you can open a saving account with an amount as low as 50 birr in any of the banks? |\_\_\_| 1= Yes 0= No 3. Don't know

### Section FH. Additional Fitness and Health related questions

| G1. | Physical fitness                                                                                                 | 1=Easy 2=Slightly difficult<br>3=Very difficult 4=Unable |
|-----|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 1   | Are you able to walk for 2 kilometers? <i>(pick a Landmark that is 2km distance from the interview location)</i> |                                                          |
| 2   | Are you able to carry a 20-liter container of water for 20 meters?                                               |                                                          |
| 3   | Are you able to carry out your usual daily activities by yourself?                                               |                                                          |
| 4   | Will you be able to stand at a workbench or assembly line for 6 to 8 hours?                                      |                                                          |

G2. How long does it take to walk to the nearest health facilities? (In minutes) |\_\_\_\_\_|

G3. How long on average will it take to get treatment (including travel and waiting time) from the nearest health facility (hospital, clinic, health post)[in minutes]? |\_\_\_\_\_|

### Section H. Happiness

H.1 ...is your life compared to other people in your village? |\_\_\_| (1=Much better 2=Better 3=Same 4=Worse 5=Much worse)

H.2...do you rate your living conditions compared to other Ethiopians? |\_\_\_| (1=Much better 2=Better 3=Same 4=Worse 5=Much worse)

H.3 ....do you think your life will be in the future compared to now? |\_\_\_\_\_| (1=Much better 2=Better 3=Same 4=Worse 5=Much worse)

|                                                                          |       |                                                                                          |
|--------------------------------------------------------------------------|-------|------------------------------------------------------------------------------------------|
| H.4 Overall, how SATISFIED are you with your life as a whole these days? | _____ | Use a scale from 0 to 10<br>0 means not at all satisfied,<br>10 is completely satisfied. |
| H.5 Overall, how WORRIED are you with your life as a whole these days?   | _____ |                                                                                          |
| H.6 Overall, how MISERABLE are you with your life as a whole these days? | _____ |                                                                                          |
| H.7 How satisfied are you with the economic condition of this country?   | _____ |                                                                                          |
| H.8 How satisfied are you with your own living conditions?               | _____ |                                                                                          |

H9. How often during the past month did you feel sad, worried, tense, or anxious? |\_\_\_|

1= All of the time, 2=Most of the time, 3= Some of the time, 4= occasionally, 5= Never

H10. Looking back, how do you rate the economic conditions in the country compared to same time last year? |\_\_\_|

(1=Much better 2=Better 3=Same 4=Worse 5=Much worse, 6=Don't know)

H11. Looking back, how do you rate your own living conditions compared to same time last year? |\_\_\_|

(1=Much better 2=Better 3=Same 4=Worse 5=Much worse, 6= Don't know)

H12. Looking ahead, how do you expect the economic conditions in the country to be around the same time next year? |\_\_\_|

(1=Much better 2=Better 3=Same 4=Worse 5=Much worse, 6=Don't know)

H13. Looking ahead, how do you expect your own living conditions to be around same time next year? |\_\_\_|

(1=Much better 2=Better 3=Same 4=Worse 5=Much worse, 6= Don't know)

H.14. What about the overall direction of the country? Would you say that the country is going in the wrong direction or going in the right direction? |\_\_\_|

(Right direction=1, wrong direction =0, not going in any direction=2, don't know =3)

## Section TU. Time Use

I1. How many hours did you or your family member spend on the following activities over the last **seven days**?

| ACTIVITY                                                                                 | You | Husband | Oldest daughter | Oldest son | Younger daughters<br>(average) | Younger sons<br>(average) |
|------------------------------------------------------------------------------------------|-----|---------|-----------------|------------|--------------------------------|---------------------------|
| 1. Paid work /income generating activities                                               |     |         |                 |            |                                |                           |
| 2. Work outside home but unpaid<br>(Apprenticeship, work at family business & farm etc.) |     |         |                 |            |                                |                           |
| 3. Work inside the home(unpaid)*                                                         |     |         |                 |            |                                |                           |
| 4. Sleeping                                                                              |     |         |                 |            |                                |                           |
| 5. Eating and drinking                                                                   |     |         |                 |            |                                |                           |
| 6. Personal care                                                                         |     |         |                 |            |                                |                           |
| 7. School (include homework)                                                             |     |         |                 |            |                                |                           |
| 8. Travel time                                                                           |     |         |                 |            |                                |                           |
| 9. Social and religious activities                                                       |     |         |                 |            |                                |                           |
| 10. Leisure time(watching TV, reading magazine, playing,<br>exercising, recreation etc.) |     |         |                 |            |                                |                           |
| 11. Maximum                                                                              | 168 | 168     | 168             | 168        | 168                            | 168                       |

\*Note : All nonpaid and non-leisure activities such as fetching water and firewood, cooking, cleaning and related activities, etc.

## Section J. Intra-household Decision Making and Domestic Responsibility Allocation

### J1. Who in your household usually has the final say about the following decisions?

| Decision-Making |                                                                      | J1A<br>Household Member<br><br>Use Code B | J1.B if she is <b>not</b> a sole decision maker,<br>How much <b>input does the respondent</b> have in this decision?<br>Code : 1=no input 2=little 3=some<br>4=a lot |
|-----------------|----------------------------------------------------------------------|-------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 01              | Whether to send or not send children to school                       |                                           |                                                                                                                                                                      |
| 02              | What to do if a child falls sick                                     |                                           |                                                                                                                                                                      |
| 03              | What to do if the respondent falls sick                              |                                           |                                                                                                                                                                      |
| 04              | Whether to have children or to have more children                    |                                           |                                                                                                                                                                      |
| 05              | Which family planning methods to use                                 |                                           |                                                                                                                                                                      |
| 06              | Whether or not you should earn money outside the house               |                                           |                                                                                                                                                                      |
| 07              | Whether you can visit your family or relatives?                      |                                           |                                                                                                                                                                      |
| 08              | The use of the wife's earned income                                  |                                           |                                                                                                                                                                      |
| 09              | The use of the man's /husband's earned income                        |                                           |                                                                                                                                                                      |
| 10              | Purchase of small daily food purchases                               |                                           |                                                                                                                                                                      |
| 11              | Purchase of bulk or expensive food items                             |                                           |                                                                                                                                                                      |
| 12              | Large purchases of items like furniture, cattle, TV, or other assets |                                           |                                                                                                                                                                      |
| 13              | Purchase of children clothing and shoe                               |                                           |                                                                                                                                                                      |
| 14              | Whether to open bank account or borrow money                         |                                           |                                                                                                                                                                      |
| 15              | Whether to start a new business                                      |                                           |                                                                                                                                                                      |

|     |                                                                                                                                                                                                                                                                                                                                                |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| J2. | Do you have any money of your own that you alone can decide how to use? <input type="checkbox"/> 0 = No 1= Yes                                                                                                                                                                                                                                 |
| J3. | In some situations when you and your husband/partner make decisions together you might want different things. In such situations, would you agree that how much influence each of you has over the decision is affected by how much income you earn? <input type="checkbox"/><br>(1=Agree, 2= strongly agree 3= disagree 4= strongly disagree) |

J4. Who in your household is primarily responsible for the following domestic chores?

(Code: 1=you 2= Husband 3= oldest daughter 4= young daughter 5= oldest Son 6=respondent relative 7= husband relative 8= domestic helper 9=other(specify ))

1. Fetching water? |\_\_\_| 4. Fetching firewood/charcoal? |\_\_\_|
2. Cooking? |\_\_\_| 5. Cleaning, washing, and ironing? |\_\_\_|
3. Regular food shopping? |\_\_\_| 6. Caring for children? |\_\_\_|

#### Section GA: Gender Attitude

| <b>Enumerator:</b> "I will read some statements about men and women. Please say whether you strongly disagree, disagree, agree or strongly agree with these statements."<br>(1=strongly agree      2=agree      3=disagree      4=strongly disagree) |                                                                                                           |     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----|
| 1                                                                                                                                                                                                                                                    | It is better to send a son to school than it is to send a daughter                                        | ___ |
| 2                                                                                                                                                                                                                                                    | It is okay for women to work outside of the home                                                          | ___ |
| 3                                                                                                                                                                                                                                                    | It is okay for women to earn more money than men.                                                         | ___ |
| 4                                                                                                                                                                                                                                                    | Women have a right to decide what to do with the money they earn.                                         | ___ |
| 5                                                                                                                                                                                                                                                    | It is okay for women to travel or to leave the house for several nights to do business.                   | ___ |
| 6                                                                                                                                                                                                                                                    | Men should be responsible to help with childcare when his wife is busy with business or factory job       | ___ |
| 7                                                                                                                                                                                                                                                    | Men should be responsible to help with domestic duties when his wife is busy with business or factory job | ___ |
| 8                                                                                                                                                                                                                                                    | The important decisions of the family should be made by the men of the family only.                       | ___ |
| 9                                                                                                                                                                                                                                                    | A wife should tolerate being beaten by her husband/partner to keep the family together                    | ___ |
| 10                                                                                                                                                                                                                                                   | Woman should seek help if she encounters sexual harassment                                                | ___ |
| 11                                                                                                                                                                                                                                                   | Woman should seek legal recourse if she encounters sexual harassment                                      | ___ |

#### Section KA. Employment History, Earning and Perception

|      |                                                                                                                                                                                |                                                                                                                                                                                              |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. 1 | Did you start working at <b>Factory X (Same as in A2)</b>  ___  <b>If no, Skip</b> to section KB                                                                               | 0=No 1=Yes                                                                                                                                                                                   |
| 2. 1 | Are you still working there?  ___                                                                                                                                              | 0=No 1=Yes                                                                                                                                                                                   |
| 3.1  | <div></div> <div>If not, why did you quite?  ___ </div>                                                                                                                        | 1=they fired me<br>2= salary is less attractive<br>3=longer working hour<br>4=no future prospect<br>5=less secured job<br>6=work environment is less attractive<br><br>7=other(specify)..... |
| 4.1  | How much is the basic payment (salary /wage) per month from this job?  _____                                                                                                   | In birr                                                                                                                                                                                      |
| 5.1  | What is the monetary value of additional benefits from this job?  _____ <br><b>This includes bonuses ,medical and transport allowance, meal subsidy ,overtime payment etc.</b> | In birr                                                                                                                                                                                      |

|      |                                                                                                                                                                                                       |                 |
|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| 6.1a | How many days a week do you work in this job?  ____                                                                                                                                                   | Number of days  |
| 6.1b | How many hours a day do you work in this job (on average)?  ____                                                                                                                                      | Number of hours |
| 7.   | What is the next best alternative job available to you now (if you quite the job at the factory)?  ____                                                                                               | Use code C      |
| 8.   | How much could you earn (basic payment) from the alternative job per month?  _____                                                                                                                    | In birr         |
| 9.   | What would be the monetary value of the expected additional benefits from the alternative Job?  _____ <br>This includes bonuses ,medical and transport allowance, meal subsidy ,overtime payment etc. | In birr         |
| 10.  | What is the current occupation of your husband?                                                                                                                                                       | Use Code C      |
| 11.  | How much is the basic payment your husband earns from this Job?  _____                                                                                                                                | In birr         |
| 12.  | What is the monetary value of additional benefits he obtained from his job?  _____ <br>This includes bonuses ,medical and transport allowance, meal subsidy ,overtime payment etc.                    | In birr         |
| 13.  | What is the occupation of your father?  _____                                                                                                                                                         | Use code C      |
| 14.  | What is the occupation of your mother?  _____                                                                                                                                                         |                 |
| 23   | Taking all things together, would you say you are.....about working at the factory?  ____ <br>(1=Very happy,2=Quite happy,3=Not very happy,4=Not at all happy,-99= Don't know (don't read))           |                 |
| Scal | On a scale of 1 to 10, with 1 being the worst possible job you are qualified for and 10 being the best possible job you are qualified for, where would you place this factory job ?  _____            | 10 point scale  |
| 24   | Is your husband/partner happy, unhappy or OK about you working at the factory?  ____ <br>(1= Very happy, 2= Happy, 3= OK, 4= Unhappy, 5= Very unhappy)                                                |                 |
| 25   | Have you had any health related issues as a result from working in this job?  ____                                                                                                                    | 1=Yes 0=No      |
| 26   | If yes to 25, specify.....                                                                                                                                                                            |                 |

### Section KB. Employment History, Earning and Perception

|     |                                                                                                                                                                                    |                |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| 1.  | Have you had any other formal salaried job with salary since the last interview  ____                                                                                              | 0=No 1=Yes     |
| 2.  | If yes, when did you start working in that job?  __ _  /  __ _                                                                                                                     | (month/year)   |
| 2.1 | Are you still working there?  ____                                                                                                                                                 | 0=No 1=Yes     |
| 2.2 | If no, why did you quit?  ____                                                                                                                                                     | Use code KA3.1 |
| 3.  | What occupation is/was that job?  ____                                                                                                                                             | use code C     |
| 4.  | How much is/was the basic payment (salary /wage) per month from that job?  _____                                                                                                   | In birr        |
| 5.  | What is/was the monetary value of additional benefits from that job?  _____ <br><b>This includes bonuses ,medical and transport allowance, meal subsidy ,overtime payment etc.</b> | In birr        |
| 5.4 | Have you had any health related issues as a result from working in this job?  ____                                                                                                 | 1=Yes 0=No     |



|     |                                                                                                                                                                                    |                   |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| 5.7 | If yes to 5.4, specify.....                                                                                                                                                        |                   |
| 6.  | Are you applying for jobs?                                                                                                                                                         | 0=No 1=Yes        |
| 7.  | On how many days have you visited job vacancy boards in the last 4 weeks?  ____                                                                                                    | days              |
| 8.  | On how many days have you gone to work sites to enquire about work in the last 4 weeks?  ____                                                                                      | days              |
| 9.  | How many relatives, friends or acquaintances did you ask for help getting a job in the last 4 weeks?  ____                                                                         | people            |
| 10. | How many times have you applied for a formal wage-paying job in the last four weeks?  ____                                                                                         | applications      |
| 13. | What is the current occupation of your husband?  ____                                                                                                                              | Use Code C        |
| 14. | How much is the basic payment your husband earns from this Job?  _____                                                                                                             | In birr           |
| 15. | What is the monetary value of additional benefits he obtained from his job?  _____ <br>This includes bonuses ,medical and transport allowance, meal subsidy ,overtime payment etc. | In birr           |
| 16  | What is the occupation of your father?  ____                                                                                                                                       | <b>Use code C</b> |
| 17  | What is the occupation of your mother?  ____                                                                                                                                       |                   |

## Section L. Marriage and Fertility

*Now I would like to ask you some questions about marriage and the behavior of husband and wives.*

|                                                                                                       |                                                                                                                                                                                                                                                |                                                                                |
|-------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| 1.                                                                                                    | In your opinion, what is the optimal age to marry for women?                                                                                                                                                                                   | __ __  years old                                                               |
| 2.                                                                                                    | In your opinion, what is the optimal age to marry for men?                                                                                                                                                                                     | __ __  years old                                                               |
| Do you agree or disagree with the following statements?<br>Select one alternative for each statement. |                                                                                                                                                                                                                                                |                                                                                |
| 3.                                                                                                    | Women who work for a salary outside the home are more respected in the local community.  ____                                                                                                                                                  | 1=Agree<br>0=Disagree<br>3=I don't know/not sure/depends                       |
| 4.                                                                                                    | In my village, it is generally preferred that married women should work on household tasks such as taking care of children, collecting firewood, cleaning and cooking, and that they should not take salaried employment away from home.  ____ | 1=Agree<br>0=Disagree<br>3=I don't know/not sure/depends                       |
| 5.                                                                                                    | Is there a legal age to get married in Ethiopia?  ____                                                                                                                                                                                         | 1= Yes<br>0= No >>>skip to question 7<br>2= I don't know >>>skip to question 7 |
| 6.                                                                                                    | <i>If yes:</i> What is the legal age to get married for women in Ethiopia?                                                                                                                                                                     | ____  years old                                                                |

*I would like to ask you some questions about pregnancies and children.  
Remember that these answers will not be shared with your employer or anyone else.*

| 7.1     | Are you pregnant now, or have you been pregnant since we last interviewed you?<br> ____                                                                                                                                                                                                                                                                       | (Yes=1, No=0)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |        |                     |                         |        |                     |                     |         |  |  |  |  |                       |         |  |  |  |  |                  |         |  |  |  |  |                       |         |  |  |  |  |                         |         |  |  |  |  |                      |  |  |  |  |  |                         |
|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------------------|-------------------------|--------|---------------------|---------------------|---------|--|--|--|--|-----------------------|---------|--|--|--|--|------------------|---------|--|--|--|--|-----------------------|---------|--|--|--|--|-------------------------|---------|--|--|--|--|----------------------|--|--|--|--|--|-------------------------|
| 8.      | Do you have any sons or daughters to whom you have given birth who are alive, but <i>not</i> living with you?  ____                                                                                                                                                                                                                                           | ____  (Yes=1, No=0)<br><i>If No&gt;&gt;&gt;skip to question 10</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        |                     |                         |        |                     |                     |         |  |  |  |  |                       |         |  |  |  |  |                  |         |  |  |  |  |                       |         |  |  |  |  |                         |         |  |  |  |  |                      |  |  |  |  |  |                         |
| 9.      | <i>If she has children, not living with her:</i> For each of these children, can you tell me the age, the sex and with whom he/she/they live with?<br><br><i>Code for sex : 1=female 0=male</i>                                                                                                                                                               | <table border="1"> <thead> <tr> <th></th><th>A. Years</th><th>B. Months</th><th>C. Sex</th><th>D. Child lives with</th><th>Code for lives with</th></tr> </thead> <tbody> <tr> <td>Child 1</td><td></td><td></td><td></td><td></td><td>01= Biological father</td></tr> <tr> <td>Child 2</td><td></td><td></td><td></td><td></td><td>02= grandparents</td></tr> <tr> <td>Child 3</td><td></td><td></td><td></td><td></td><td>03= other relative(s)</td></tr> <tr> <td>Child 4</td><td></td><td></td><td></td><td></td><td>04= Friend of parent(s)</td></tr> <tr> <td>Child 5</td><td></td><td></td><td></td><td></td><td>05= Foster parent(s)</td></tr> <tr> <td></td><td></td><td></td><td></td><td></td><td>06=other (specify)_____</td></tr> </tbody> </table> |        | A. Years            | B. Months               | C. Sex | D. Child lives with | Code for lives with | Child 1 |  |  |  |  | 01= Biological father | Child 2 |  |  |  |  | 02= grandparents | Child 3 |  |  |  |  | 03= other relative(s) | Child 4 |  |  |  |  | 04= Friend of parent(s) | Child 5 |  |  |  |  | 05= Foster parent(s) |  |  |  |  |  | 06=other (specify)_____ |
|         | A. Years                                                                                                                                                                                                                                                                                                                                                      | B. Months                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | C. Sex | D. Child lives with | Code for lives with     |        |                     |                     |         |  |  |  |  |                       |         |  |  |  |  |                  |         |  |  |  |  |                       |         |  |  |  |  |                         |         |  |  |  |  |                      |  |  |  |  |  |                         |
| Child 1 |                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |        |                     | 01= Biological father   |        |                     |                     |         |  |  |  |  |                       |         |  |  |  |  |                  |         |  |  |  |  |                       |         |  |  |  |  |                         |         |  |  |  |  |                      |  |  |  |  |  |                         |
| Child 2 |                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |        |                     | 02= grandparents        |        |                     |                     |         |  |  |  |  |                       |         |  |  |  |  |                  |         |  |  |  |  |                       |         |  |  |  |  |                         |         |  |  |  |  |                      |  |  |  |  |  |                         |
| Child 3 |                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |        |                     | 03= other relative(s)   |        |                     |                     |         |  |  |  |  |                       |         |  |  |  |  |                  |         |  |  |  |  |                       |         |  |  |  |  |                         |         |  |  |  |  |                      |  |  |  |  |  |                         |
| Child 4 |                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |        |                     | 04= Friend of parent(s) |        |                     |                     |         |  |  |  |  |                       |         |  |  |  |  |                  |         |  |  |  |  |                       |         |  |  |  |  |                         |         |  |  |  |  |                      |  |  |  |  |  |                         |
| Child 5 |                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |        |                     | 05= Foster parent(s)    |        |                     |                     |         |  |  |  |  |                       |         |  |  |  |  |                  |         |  |  |  |  |                       |         |  |  |  |  |                         |         |  |  |  |  |                      |  |  |  |  |  |                         |
|         |                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |        |                     | 06=other (specify)_____ |        |                     |                     |         |  |  |  |  |                       |         |  |  |  |  |                  |         |  |  |  |  |                       |         |  |  |  |  |                         |         |  |  |  |  |                      |  |  |  |  |  |                         |
| 10.     | <i>If she has a child/children living with her:</i><br><b>10.a: If she works at the factory:</b><br>Who takes care of the child/children living with you when you are at work? can be multiple<br> _____ <br><br><b>10.b: If she does not work at the factory:</b><br>Who usually takes care of the child/children living with you? can be multiple<br> _____ | 1.  __  Mother of respondent<br>2.  __  Husband<br>3.  __  Children can take care of themselves<br>4.  __  Older daughter(s)<br>5.  __  Older son(s)<br>6.  __  Relative(s)<br>7.  __  Maid<br>8.  __  Neighbor(s)<br>9.  __  Paid caretaker, how much does that cost per month?<br>Birr  __ _ _ _ _ <br>10.  __  Other (Specify)_____                                                                                                                                                                                                                                                                                                                                                                                                                           |        |                     |                         |        |                     |                     |         |  |  |  |  |                       |         |  |  |  |  |                  |         |  |  |  |  |                       |         |  |  |  |  |                         |         |  |  |  |  |                      |  |  |  |  |  |                         |
| 11.1    | Have you pulled any household member from school to fill in your forgone                                                                                                                                                                                                                                                                                      | ____  (Yes=1, No=0) If no>>>skip to question 13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |        |                     |                         |        |                     |                     |         |  |  |  |  |                       |         |  |  |  |  |                  |         |  |  |  |  |                       |         |  |  |  |  |                         |         |  |  |  |  |                      |  |  |  |  |  |                         |
| 12      | <i>If yes, who?</i>  _____                                                                                                                                                                                                                                                                                                                                    | 1.  __  Oldest daughter<br>2.  __  Oldest son<br>3.  __  Younger daughters<br>4.  __  Younger sons<br>5.  __  Other(specify) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        |                     |                         |        |                     |                     |         |  |  |  |  |                       |         |  |  |  |  |                  |         |  |  |  |  |                       |         |  |  |  |  |                         |         |  |  |  |  |                      |  |  |  |  |  |                         |
| 13.1    | Imagine that you got a child next year, how long do you think you would stay home with your child?                                                                                                                                                                                                                                                            | 1.  __ _  years    2.  __ _  months 3.  __ _  weeks<br>4.  __  would not return to work >>>skip to question 15.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |        |                     |                         |        |                     |                     |         |  |  |  |  |                       |         |  |  |  |  |                  |         |  |  |  |  |                       |         |  |  |  |  |                         |         |  |  |  |  |                      |  |  |  |  |  |                         |

|      |                                                                                                                              |                                                                                                                                                                                                                                                                                                                                        |
|------|------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 14.1 | <i>If wanting to return:</i><br>Who would be home with that child if you return/start to work? Can be multiple<br><br> _____ | 1.  __  Mother of respondent    2.  __  Husband<br>3.  __  Children can take care of themselves<br>4.  __  Older daughter(s)    5.  __  Older son(s)<br>6.  __  Relative(s)            7.  __  Neighbor(s)<br>8.  __  Maid<br>9.  __  Paid caretaker, how much does that cost per month? Birr  _____ <br>10.  __  Other (Specify_____) |
|------|------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                         |                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                               |                                                |
|---------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| 15.                                                     | <i>If she has living children:</i> If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? |                                                                                                                                                                                                                                                                                                                                                               | _____  children                                |
| 16.                                                     | <i>If she does not have any living children:</i> If you could choose exactly the number of children to have in your whole life, how many would that be?                                               |                                                                                                                                                                                                                                                                                                                                                               | _____  children                                |
| 17.                                                     | How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or a girl?                                               |                                                                                                                                                                                                                                                                                                                                                               | _____  boys<br> _____  girls<br> _____  either |
| 18.                                                     | What age do you think is a good age for a woman to have her first child?                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                               | _____  years old                               |
| Do you agree or disagree with the following statements? |                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                               |                                                |
| 19.                                                     | A woman has to have children in order to be happy in life.     _____  ( 0=disagree, 1=agree, 3= I don't know/not sure/depends)                                                                        |                                                                                                                                                                                                                                                                                                                                                               |                                                |
| 20.                                                     | I think women should be able to take employment if she wants, even when she has children younger than...<br><br>20.a  _____ <br><br>20.b  _____ <br><br>20.c  _____                                   | a. Younger than 1 year old<br>1=Agree    ,if agree >>>skip to question 21<br>0=Disagree<br>3=I don't know/not sure/depends<br><br>b. Younger than 7 years old<br>1=Agree    ,if agree >>>skip to question 21<br>0=Disagree<br>3=I don't know/not sure/depends<br><br>c. Younger than 15 years old<br>1=Agree<br>0=Disagree<br>3=I don't know/not sure/depends |                                                |

Now I would like to ask you some questions about contraceptive methods and family planning.



|     |                                                                                                                                                                                                     |                                                                                                                                                                                     |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|     | methods of contraceptives together since we last interviewed you?  ____                                                                                                                             |                                                                                                                                                                                     |
| 27. | If you need to visit a health center or doctor for any reason, are you permitted (by your husband) to visit the health clinic alone, or only together with your husband or with anybody else?  ____ | 1= Alone >>>skip to question 29<br>2= With husband >>>skip to question 29<br>3= With any other                                                                                      |
| 28. | <i>If other:</i> Who usually visits the health clinic with you?  ____                                                                                                                               | 1.  __  Mother<br>3.  __  Female friend<br>5.  __  Older brother<br>7.  __  Other (non-relative), specify _____<br>2.  __  Father<br>4.  __  Older sister<br>6.  __  Other relative |

|     |                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 29. | Do you use any method to avoid pregnancy?  ____                                                                                              | (Yes=1, No=0)<br>If No>>>skip to question 32                                                                                                                                                                                                                                                                                                                                                                                                  |
| 30. | <i>If yes:</i> Which ones do you use?  ____,____ <br>Do not prompt alternatives                                                              | 1.  __  Female sterilization<br>2.  __  Male sterilization<br>3.  __  Pill<br>4.  __  IUD<br>5.  __  Injectable<br>6.  __  Implants<br>7.  __  Male condom<br>8.  __  Female condom<br>9.  __  Lactational amenorrhea (LAM)<br>10.  __  Emergency contraception<br>11.  __  Standard days method<br>12.  __  Rhythm (traditional)<br>13.  __  Withdrawal (traditional)<br>14.  __  Other (Specify_____)<br>15.  __  Don't know/Don't remember |
| 31. | Why do you use contraceptive methods?<br><br> ____,____,____,____,____,____,____ <br><i>Do not prompt, choose all relevant alternatives.</i> | 1.  __  Do not want any more children<br>2.  __  Want to delay (next) pregnancy<br>3.  __  I am not in a steady relationship<br>4.  __  Want to protect myself against STI/HIV<br>5.  __  Partner insists<br>6.  __  health worker/parent/other make me use it.<br>7.  __  Avoid health complications<br>8.  __  Regulate period<br>9.  __  Other reason? (Specify_____)                                                                      |
| 32. | <i>If not using any method:</i> Why do you not use contraceptive methods?<br><br> ____,____,____,____,____,____,____                         | 1.  __  Not sexually active<br>2.  __  Want a child<br>3.  __  Don't know where I can get it<br>4.  __  Cannot afford/ don't have time to get it<br>5.  __  Husband will not let me<br>6.  __  Don't like the side effects                                                                                                                                                                                                                    |

|     |                                                                                                                               |                                                                                                                                                                                        |
|-----|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|     | <i>Do not prompt, choose all relevant alternatives.</i>                                                                       | 7.  __  Not important for me<br>8.  __  Religion or other social pressure<br>9.  __  Don't think contraceptive method's should be used at all<br>10.  __  Other reason? (Specify_____) |
| 33. | Does your husband/partner want the same number of children that you want, or does he want more or fewer than you want?<br> __ | 1= Same number<br>2= More children<br>3= Fewer children<br>4= Don't know                                                                                                               |

## Section M. Domestic relations

**Read:** Now I would like to ask you questions about some other important aspects of a woman's life. You may find some of these questions very personal. However, your answers are crucial for helping to understand the condition of women in Ethiopia. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else in your household will know that you were asked these questions. If I ask you any question you don't want to answer, just let me know and I will go on to the next question.

**Read:** In your opinion, is a husband justified in beating his wife in the following situations (what is justifiable for her, not what others think is justifiable)

|                                         |               |    |
|-----------------------------------------|---------------|----|
| 1. If she goes out without telling him? | Yes=1<br>No=0 | __ |
| 2. If she neglects the children?        |               | __ |
| 3. If she argues with him?              |               | __ |
| 4. If she refuses to have sex with him? |               | __ |
| 5. If she burns the food?               |               | __ |

6. **Read:** Please tell me if you agree or disagree with the statement: "A wife should tolerate being beaten by her husband/partner to keep the family together" (Agree =1, Disagree=0 It depends=3) |\_\_| (if she say it depends, write 3, but do not mention this option)

|                                                                                                                                                                   |       |         |                                    |       |         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------|------------------------------------|-------|---------|
| <b>Read:</b> I am going to ask you about some situations which happen to some women. Please tell me if these apply to your relationship with your husband/partner |       |         |                                    |       |         |
| 7. He (is/was) jealous or angry if you (talk/talked) to other men?                                                                                                | Yes=1 | 7a.  __ | If <b>Yes</b> ,<br>ask:Did<br>this | Yes=1 | 7b.  __ |
| 8. He frequently (accuses/accused) you of being unfaithful?                                                                                                       |       | 8a.  __ |                                    |       | 8b.  __ |
| 9. He (does/did) not permit you to meet your female friends?                                                                                                      |       | 9a.  __ |                                    |       | 9b.  __ |

|                                                                               |      |          |                                  |      |          |
|-------------------------------------------------------------------------------|------|----------|----------------------------------|------|----------|
| 10. He (tries/tried) to limit your contact with your family?                  | No=0 | 10a.  __ | happen during the last 3 months? | No=0 | 10b.  __ |
| 11. He insists/insisted on knowing where you are/were at all times?           |      | 11a.  __ |                                  |      | 11b.  __ |
| 12. He controlled your behavior in other ways. If yes => 12.a, Specify: _____ |      | 12.b  __ |                                  |      | 12c  __  |

**Read:** Now I need to ask some more questions about your relationship with your husband/partner. Did your husband/partner ever:

|                                                                                      |       |          |                                                           |       |          |                                                                                            |       |          |
|--------------------------------------------------------------------------------------|-------|----------|-----------------------------------------------------------|-------|----------|--------------------------------------------------------------------------------------------|-------|----------|
| 13. say something to humiliate you in front of others?                               | Yes=1 | 13a.  __ | If Yes, ask:<br>Did this happen during the last 3 months? | Yes=1 | 13b.  __ | If Yes last 3 months, ask:<br>Had he been drinking alcohol in at least one of these cases? | Yes=1 | 13c.  __ |
| 14. threaten to hurt or harm you or someone you care about?                          |       | 14a.  __ |                                                           |       | 14b.  __ |                                                                                            |       | 14c.  __ |
| 15. insult you or make you feel bad about yourself?                                  |       | 15a.  __ |                                                           |       | 15b.  __ |                                                                                            |       | 15c.  __ |
| 16. do other things that scare you or make you not feel safe? If yes, specify: _____ | No=0  | 16a.  __ |                                                           | No=0  | 16b.  __ |                                                                                            | No=0  | 16c.  __ |

|                                                                    |       |          |                                                           |       |          |                                                                                             |       |          |
|--------------------------------------------------------------------|-------|----------|-----------------------------------------------------------|-------|----------|---------------------------------------------------------------------------------------------|-------|----------|
| 17. push you, shake you, or throw something at you?                | Yes=1 | 17a.  __ | If Yes, ask:<br>Did this happen during the last 3 months? | Yes=1 | 17b.  __ | If Yes, last 3 months, ask:<br>Had he been drinking alcohol in at least one of these cases? | Yes=1 | 17c.  __ |
| 18. slap you?                                                      |       | 18a.  __ |                                                           |       | 18b.  __ |                                                                                             |       | 18c.  __ |
| 19. twist your arm or pull your hair?                              |       | 19a.  __ |                                                           |       | 19b.  __ |                                                                                             |       | 19c.  __ |
| 20. punch you with his fist or with something that could hurt you? | No=0  | 20a.  __ |                                                           | No=0  | 20b.  __ |                                                                                             | No=0  | 20c.  __ |
| 21. kick you, drag you, or beat you up?                            |       | 21a.  __ |                                                           |       | 21b.  __ |                                                                                             |       | 21c.  __ |
| 22. try to choke you or burn you on purpose?                       |       | 22a.  __ |                                                           |       | 22b.  __ |                                                                                             |       | 22c.  __ |
| 23. threaten or attack you with a knife, gun, or other weapon?     |       | 23a.  __ |                                                           |       | 23b.  __ |                                                                                             |       | 23c.  __ |
| 24. physically force you to have sexual intercourse with           |       | 24a.  __ |                                                           |       | 24b.     |                                                                                             |       | 24c.  __ |

|                                                                                            |  |          |  |  |          |  |  |          |
|--------------------------------------------------------------------------------------------|--|----------|--|--|----------|--|--|----------|
| him when you did not want to?                                                              |  |          |  |  | __       |  |  |          |
| 25. physically force you to perform any other sexual acts you did not want to?             |  | 25a.  __ |  |  | 25b.  __ |  |  | 25c.  __ |
| 26. force you with threats or in any other way to perform sexual acts you did not want to? |  | 26a.  __ |  |  | 26b.  __ |  |  | 26c.  __ |
| 27. other violent acts against you that we have not mentioned?<br>If yes, specify: _____   |  | 27a.  __ |  |  | 27b.  __ |  |  | 27c.  __ |

**If No** to all of the violence questions (13-27), go to Question 35. **If No** to all drinking alcohol when violent last 3 months (13-27), go to Question 29.

28. Has your husband also been violent against you when he has not been drinking alcohol? (1= Yes, 2= No) |\_\_|

29. How many days during the last 30 days did your husband/partner act violently towards you? |\_\_|

30. Did you get injured from any of his violent behavior during the last 3 months? (e.g. pain lasting more than a day, broken bones or loss of consciousness)(1 = Yes, 2= No) |\_\_|

31. Did you seek any help from others during the last 3 months to stop your husband/partner's violent behavior? **Probe:** Did she call the attention of neighbors or relatives to stop her husband/partner including screaming to call their attention, did she take her traditional dispute mechanisms, did she go to formal institutions like police, the family courts, or others? |\_\_\_\_\_| can be multiple  
(**1=yes**, involved neighbors/relatives, **2=yes**, traditional dispute solving, **3=yes**, police or formal dispute resolving like family court, **4= Yes**, got help from others, **5=No**)

32. Why did the violence occur? Explain

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33. During the last three months when your husband/partner was violent towards you, did you hit back/resist? (Yes=1, No=0) |\_\_|

34a. Do you think that it was wrong of your husband/partner to hit or harass you? (Yes=1, No=0) |\_\_|

34b. **If Yes:** Why? Explain

---

35. **Is your husband/partner often angry, frustrated, or stressed?** (Yes=1, No=0) |\_\_|

36. **If Yes:** Is your husband/partner often frustrated because of:

36a. Low income: |\_\_| (Yes=1, No=0)

36b. Poor harvest: |\_\_| (Yes=1, No=0)

36c. Lack of food: |\_\_| (Yes=1, No=0)

36d. Low status in the village: |\_\_| (Yes=1, No=0)



- 36e. Conflict with others: ☐ (Yes=1, No=0)
- 36f. Problems with gossip/rumors: ☐ (Yes=1, No=0)
- 36g. You disobeyed your husband/partner: ☐ (Yes=1, No=0)
- 36h. You disobeyed the elders: ☐ (Yes=1, No=0)
- 36i. You refused to have sex with your husband/partner: ☐ (Yes=1, No=0)
- 36j. You quarreled over money: ☐ (Yes=1, No=0)
- 36k. You did not perform your responsibilities well: ☐ (Yes=1, No=0)
- (responsibilities like cooking, cleaning, taking care of children, elderly or sick, participate in church/mosque or community activities like weddings, funerals etc.)
- 36l. Other reason, specify \_\_\_\_\_

37. Do you punish your children physically sometimes? (Yes=1, No=0) ☐
38. Does your husband/partner punish your children physically sometimes? (Yes=1, No=0) ☐
39. As far as you know, did your father ever beat your mother? (Yes=1, No=0) ☐

## Section N. Networks and participation

1. Do you attend meetings in the Kebele? ☐ Yes=1, No=0
2. If yes, how often? ☐

Code: 1=Every week, 2= Twice a month, 3= Once a month, 4=quarterly 5=Twice a year, 6= Once a year 7=other(specify)\_\_\_\_\_

### Code for Discussion Topic (C4):

1=wedding 2=funerals 3=child birth 4=saving, credit and finance 5=starting up joint business 6=women's right  
 7= property (ownership, inheritance) 8=occupational safety and health 8.1= Freedom of association and collective bargaining 9= payments (wage/salary, bonus, overtime payment) 10= harassment 11=political issues 12=religious issues 13= grievances and dispute resolution 14=agricultural innovation 15= other development related issues 16=other issues (specify)\_\_\_\_\_

### Code for Sources of Information (C5)

1=Family members 2=Media 3= Kebele 4= NGO 5=Colleagues 6=friends 7=other (specify)

| Network (read out)             | A. Does this exist in your neighborhood or workplace? (Yes=1, No=0) | B. Are you currently member of the specified network? (Yes=1, No=0) | C.If yes to 2B, ask the following                   |                                                     |                                                                |                                                                                                |                                                                                                  | D. If you are not from this area, were you a member of the specified network in the place of origin? 1= yes 0=no | E. if yes to D, are you still a member of this network in the place of origin? (Yes=1, No=0) |
|--------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------|-----------------------------------------------------|----------------------------------------------------------------|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
|                                |                                                                     |                                                                     | C1. How long since she became a member? (in months) | C2. How often do you meet? Use codes of question 2. | C3.Do you have an important role in the network? (Yes=1, No=0) | C4. What do you mainly discuss in this network? (use Code C4) Choose Three major topic at most | C5. If you discuss about rights in the network, what are the sources of information? Use code C5 |                                                                                                                  |                                                                                              |
| 1. Mahiber(tswa...etc)         |                                                                     |                                                                     |                                                     |                                                     |                                                                |                                                                                                |                                                                                                  |                                                                                                                  |                                                                                              |
| 2.Other religious associations |                                                                     |                                                                     |                                                     |                                                     |                                                                |                                                                                                |                                                                                                  |                                                                                                                  |                                                                                              |
| 3.Women's association          |                                                                     |                                                                     |                                                     |                                                     |                                                                |                                                                                                |                                                                                                  |                                                                                                                  |                                                                                              |
| 4.Microfinance cooperative     |                                                                     |                                                                     |                                                     |                                                     |                                                                |                                                                                                |                                                                                                  |                                                                                                                  |                                                                                              |
| 5.One-to-five networks         |                                                                     |                                                                     |                                                     |                                                     |                                                                |                                                                                                |                                                                                                  |                                                                                                                  |                                                                                              |
| 6.Development teams            |                                                                     |                                                                     |                                                     |                                                     |                                                                |                                                                                                |                                                                                                  |                                                                                                                  |                                                                                              |
| 7.Idir                         |                                                                     |                                                                     |                                                     |                                                     |                                                                |                                                                                                |                                                                                                  |                                                                                                                  |                                                                                              |
| 8.Equb                         |                                                                     |                                                                     |                                                     |                                                     |                                                                |                                                                                                |                                                                                                  |                                                                                                                  |                                                                                              |
| 9.Trade union                  |                                                                     |                                                                     |                                                     |                                                     |                                                                |                                                                                                |                                                                                                  |                                                                                                                  |                                                                                              |
| 10.Informal Workers group      |                                                                     |                                                                     |                                                     |                                                     |                                                                |                                                                                                |                                                                                                  |                                                                                                                  |                                                                                              |
| 11.Users association           |                                                                     |                                                                     |                                                     |                                                     |                                                                |                                                                                                |                                                                                                  |                                                                                                                  |                                                                                              |
| 12.customary institution       |                                                                     |                                                                     |                                                     |                                                     |                                                                |                                                                                                |                                                                                                  |                                                                                                                  |                                                                                              |

|                    |  |  |  |  |  |  |  |  |  |
|--------------------|--|--|--|--|--|--|--|--|--|
| 13.Other (specify) |  |  |  |  |  |  |  |  |  |
|--------------------|--|--|--|--|--|--|--|--|--|

21. Do you usually follow the radio, TV, newspapers or other media outlets? |\_\_\_\_| (yes=1, No=0>>> If no, skip to 22.

21.1 If yes, which news do you usually follow? |\_\_\_\_| (Code: 1=local, 2= national, 3=international)

21.2 If yes, which of the media outlets do you use? |\_\_\_\_| (Code: 1=TV, 2=radio, 3=newspaper, 4=websites/internet, 5=social media)

22. Which types of information (news) in the media are of interest for you? |\_\_\_\_|

(Code: 1= Business=1, 2=Political, 3=Sport, 4=Entertainment, 5=Development 6= other news (specify)\_\_\_\_\_ 7= None

23. How interested would you say you are in politics and government? |\_\_\_\_|

(Code: 1= very much very interested 2=somewhat interested 3= not very interested 4= not at all interested)

Here is a list of actions that people sometimes take as citizens. For each of these, please tell me whether you, personally, have done any of these things during the past year. [If Yes, read out options 2-4]. If not, would you do this if you had the chance? [For No, read out options 0 and 1]

|                                               | A. did you did this last year<br>1=Yes, often 2=Yes, several times<br>3= Yes, sometimes 4=yes, rarely5=Not at all | B. If not, would you do this if<br>you had the chance?<br>1=yes 2= no |
|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| 28.Attended a community meeting               |                                                                                                                   |                                                                       |
| 29.Got together with others to raise an issue |                                                                                                                   |                                                                       |

## Section CS: Cognitive skills

| Enumerator: Please Use the translated version. Please Stop this test after 6 minutes and move on to the next part. |                                                                                                                                                                                          |       |
|--------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| 1                                                                                                                  | If you buy goods for 600 Birr and then sell them for 650 Birr, what is your profit?                                                                                                      | _____ |
| 2                                                                                                                  | IF you earn 100 Birr a day for 30 days what is your total monthly income?                                                                                                                | _____ |
| 3                                                                                                                  | Selam bought a 1000 birr dress at a 20% discount. How much did she pay for the dress?                                                                                                    | _____ |
| 4                                                                                                                  | What is 5 times 10, divided by 2?                                                                                                                                                        | _____ |
| 5                                                                                                                  | Suppose you have 5000 birr in a savings account. The account earns 4 percent interest per year. How much would you have in the account at the end of the year?" [Write down the answer.] | _____ |

## Section TR: Risk and Time Preference

|   |                                                                                                                                                                                                                                           |       |
|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| 1 | Would you prefer to get 1000 birr now, or receive payments of 100 birr each week for the next 12 weeks?<br>1=first option 2=second option 3=either is fine                                                                                | _____ |
| 2 | Do you often spend money on things and regret it later? 1=yes 0=No                                                                                                                                                                        | _____ |
| 3 | When you start something and it becomes difficult, will you continue doing it? 1=yes 0=No                                                                                                                                                 | _____ |
| 4 | Would you rather have 500 birr for sure? Or would you rather flip a coin, and win 1000 birr if the head turns up or 0 birr if the head turns down? 1=first option 2=second option 3=either is fine                                        | _____ |
| 5 | Suppose you have money to do business. Which business will you take? 1= business that can give high profits, but there is an equal chance you can lose your money anytime. Or 2= business with low profit, but you can't lose your money. | _____ |
| 6 | Suppose there are two jobs. One pays 1000 birr per month but it can end anytime. The other pays 700 birr per month and you can keep the job as long as you want. Which job will you take? 1=first option 2=second option 3=either is fine | _____ |

## Conclusion

1. Ask if you can take the picture of the respondent so that it is easier for us to find her for follow-up interview. | \_\_\_\_ | (Yes=1, No=0) If yes, take her picture.
2. In what language was this survey conducted? | \_\_\_\_ | (1= Amharic 2= Tigrigna 3= Oromigna 4=other (specify)..... )
3. Did the respondent have lots of trouble understanding the questions? 0=Not at all 2=yes some problem 3= Yes ,major problem
4. Map. Please draw a map of where the respondent is living. Use landmark such as churches, mosques, main roads, schools, Kebele offices, shops and other things that can help us find her house.

## Codes

|                                         |                |                                                           |                             |                         |
|-----------------------------------------|----------------|-----------------------------------------------------------|-----------------------------|-------------------------|
| <b>A:Relation to head</b><br>01= Father | <b>CODE B:</b> | <b>C: Main Activity</b><br><i>Agriculture and Fishing</i> | <b>D: not attend school</b> | <b>E:Reason for not</b> |
|-----------------------------------------|----------------|-----------------------------------------------------------|-----------------------------|-------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 02= Mother<br>03= Parents<br>04= Maternal grandparent<br>05= Paternal grandparent<br>06= Current Spouse/Partner<br>07= Former Spouse/Partner<br>08= Brother<br>09= Sister<br>10= Cousin<br>11= Maternal aunt or uncle<br>12= Paternal aunt or Uncle<br>13= Son<br>14= Daughter<br>15= Grandchild<br>16= Step Mother<br>17= Step Father<br>18= Half-Brother/Sister<br>19= Mother in Law<br>20= Father in Law<br>21= Brother/Sister in Law<br>22= Co-Wife<br>23= Other Relative<br>24= Current Neighbor<br>25= Former Neighbor<br>26= Friend from School<br>27= Friend from Work / Colleague<br>28= Friend from Church<br>29= Other Friend<br>30= Teacher/School official<br>31= Village elder/ Guide/ Liguru<br>32= No One/None<br>33= Self<br>34= Other (specify) | <b>OWNER AND DECISION-Maker</b><br><br>01 = Respondent<br>02=husband/partner<br>03=other female member<br>04=other male member<br>12=respondent and husband jointly<br>13=respondent and other female jointly<br>14=respondent and other male member<br>23=husband and other female jointly<br>24=husband and other male jointly<br>34=other male and female member | 01= Farmer<br>02= Agricultural laborer<br>03= Livestock care/Sheppard<br>04= Fishing<br><i>Retail and commercial</i><br>05= Sell own agricultural products in market<br>06= Hawking clothes, food, other items<br>07= Own shop (retail)<br>08= Work in other person's shop (retail)<br>09= Own other commercial or financial business<br>10= Work in other person's commercial or financial business<br><i>Unskilled trades</i><br>11= Domestic work (house boy/girl)<br>12= Hotel, restaurant or tourism job<br>13= Watchman<br>14= Vehicle taxi work<br>15= Bicycle taxi work<br>16= Unskilled construction laborer<br><i>Skilled and semi-skilled trades</i><br>17= Barber or hairdresser<br>18= Tailor or seamstress<br>19= Butcher<br>20= Mechanic<br>21= Welder<br>22= Skilled construction work (carpenter, mason, plumber, electrician, etc)<br>23= Factory job<br><i>Professionals</i><br>24= Teacher<br>25= Clerical and secretarial work<br>26= Salaried professional<br>27= NGO field worker | 1=Family could not afford<br>2= Got pregnant<br>3=Got married<br>4=Completed schooling cycle<br>5=Too many domestic responsibilities<br>6=Poor performance<br>7=School too far/no school in vicinity<br>8=No interest in school<br>9=Parents did not approve/see benefit<br>10=Migration<br>11=Death/separation of parents<br>12=Sickness or disability<br>13=No school places available<br>14=Other (specify) | <b><i>sought treatment</i></b><br><br>1 = Don't know where nearest health center is<br>2 = Takes too much time to reach health center<br>3 = Transportation to health center is too costly<br>4 = Can't afford the fees/medicines<br>5 = Work/ household work/ other responsibilities<br>6 = Family, social or religious pressures<br>7 = Preferred other local or traditional treatments<br>8 = Did not want to take child(ren) to health center<br>9 = Recovered without treatment<br>10 = Other (specify)<br><br><b>F. Highest Level of Education</b><br>1=No education<br>2=religious education<br>3=education through literacy campaign<br>4= primary incomplete<br>5= primary completed<br>6= High school incomplete<br>7=High school completed(new curriculum)<br>8=High school completed(old curriculum)<br>9=Preparatory incomplete<br>10= Preparatory completed |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|  |  |                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                       |
|--|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  |  | 28= Nurse or health technician<br>29= Doctor<br>30= Police officer/military officer<br>31= Other government job<br>32= Computer/ electronics technician or repair<br>40= Other (specify)<br>50= Student<br>60= No job |  | 11= 10 +1 Vocational (old)<br>12= 10 +2 Vocational (old)<br>13= 10 +3 Vocational (old)<br>14=Vocational school level1<br>15=Vocational school level 2<br>16=Vocational school level 3<br>17=Vocational school level 4<br>18=Vocational school level 5<br>19=college/university drop out<br>20= Diploma<br>21=B.A/B.sc<br>22=M.sc and above<br>23= <b>Kindergarten</b> |
|--|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|