

# **GENDER EQUALITY AND GENDER RELATIONS IN AZERBAIJAN: CURRENT TRENDS AND OPPORTUNITIES**

Findings from the Men  
and Gender Equality Survey (IMAGES)

United Nations Population Fund (UNFPA) Azerbaijan  
State Committee of the Republic of Azerbaijan for Family, Women and Children's Affairs  
International organization "Promundo"  
International Center for Social Research (ICSR)

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## ABOUT THE INTERNATIONAL MEN AND GENDER EQUALITY SURVEY (IMAGES)

The International Men and Gender Equality Survey (IMAGES) – created and coordinated by Promundo and the International Center for Research on Women (ICRW) – is one of the most comprehensive studies ever on men’s and women’s practices and attitudes as they relate to gender norms, attitudes toward gender equality policies, household dynamics including caregiving and men’s involvement as fathers, intimate partner violence, health, and economic stress. As of 2016, it had been carried out in 17 countries, with another seven countries approved for data collection in the near future, and 10 additional partner studies have been inspired in part by IMAGES.

## ABOUT THE PARTNERS:

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The State Committee of the Republic of Azerbaijan for Family, Women and Children's Affairs (SCFWCA) has the lead responsibility for policy on women and gender equality. It was established by the Presidential Decree at the ministerial level on 6 February, 2006, and replaced the State Committee for Women’s Issues, which had been operating as a state body on women’s issues since 1998. The SCFWCA is the only national machinery responsible for formulating and pursuing State policy on all aspects of women’s rights and empowerment, along with the implementation of CEDAW.

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### INTERNATIONAL CENTER FOR SOCIAL RESEARCH (ICSR)

ICSR is a local non-governmental organization specialised in data collection and research.

The views expressed in this report are those of the authors and do not necessarily represent those of the SCFWCA or UNFPA.

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## LIST of ACRONIMS

<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>CEDAW</b>	Convention on Elimination of All Forms of Discrimination Against Women
<b>CESD</b>	Center for Epidemiologic Studies Depression (Scale)
<b>DHS</b>	Demographic and Health Survey
<b>GEM</b>	Gender-Equitable Men (Scale)
<b>IMAGES</b>	International Men and Gender Equality Survey
<b>HIV</b>	Human Immunodeficiency Virus
<b>ICSR</b>	International Center for Social Research
<b>ICRW</b>	International Center for Research on Women
<b>IPV</b>	Intimate Partner Violence
<b>IUD</b>	Intrauterine Device
<b>PSU</b>	Primary Sampling Unit
<b>SCFWCA</b>	State Committee for Family, Women and Children's Affairs
<b>SD</b>	Standard Deviation
<b>STI</b>	Sexually Transmitted Infection
<b>UNDP</b>	United Nations Development Programme
<b>UNFPA</b>	United Nations Population Fund
<b>UNFPA EECARO</b>	UNFPA Eastern Europe and Central Asia Regional Office
<b>UNICEF</b>	United Nations Children's Fund
<b>WHO</b>	World Health Organization

## SUMMARY OF FINDINGS

### Background

The International Men and Gender Equality Survey (IMAGES) was conducted in Azerbaijan from April to July 2016. The study aimed to understand men's practices and attitudes as they relate to gender equality, roles and dynamics, parenting and caregiving, household relationship dynamics, health (including sexual and reproductive health and rights), and son preference. The study consisted of both a quantitative survey, as well as a qualitative component consisting of semi-structured interviews with respondents living in urban areas. The qualitative research focused on exploring men's and women's gender roles, beliefs, and perceptions in terms of sexual and reproductive health-related decision-making (including son preference), intimate partner violence, early marriage, and family planning.

### Key Findings

**Rigid notions of gender and gender equality are pervasive.** What it means to be a man or a woman are deeply entrenched in the minds of Azerbaijani men and women. IMAGES data show that men in Azerbaijan are more likely to report agreeing with rigid or traditional notions of gender compared to women. Masculinity\* in particular is strongly associated with a man's ability to financially support his family.

**Many men are skeptical of gender equality and women's rights, while others believe such movements have not gone far enough.** Though large proportions of both men and women in this study felt that gender equality had come far enough, the vast majority believe that more needs to be done to promote equality. However, more men need to be brought on board; overall, men were more likely than women to report negative attitudes towards the promotion of rights for women.

**Women still do the majority of the care work, but men also participate albeit in limited ways.** Men's participation across all caregiving tasks is lower than women's, although men tended to report higher rates for their own participation than women reported about men. Respondents indicated that women mainly performed tasks related to the physical care of the child, while tasks related to spending time with the child were more often shared equally or done together.

**Many men are pushing back against harmful notions of masculinity and this is indicative of the positive trends in the dynamics of gender relations.** Over half of men believe that men ought to share the housework (e.g. doing dishes, cleaning, and cooking), and almost all men agreed that providing day-to-day care for children is as important as providing for them financially. There also seems to be clear recognition by large numbers of men that their participation as fathers is not fulfilling if they are only limited to economic or "productive" roles. Over one third of men said that they spend too little time with children because of work and similar proportions of men reported they would work less if it meant they could spend more time with their children.

**Men continue to dominate decision-making power in intimate relationships.** Men traditionally have more influence in all measured decision-making spheres, except in areas with greater female participation, such as children's health. There are also incongruencies in perceptions of who makes decisions primarily along gender lines; for example, in sexual and reproductive health decision-making, most men reported the decision to use condom was made by themselves or jointly, all the women surveyed reported that condom use was their decision or a joint decision.

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\* The concept of "masculinity" used in the report encompasses the traditional male gender roles associated with being a family's breadwinner, head of household, parent and main decision-maker in a family

***Men's participation as fathers is a missed opportunity to engage them in gender equality.*** A majority of men and women report that they either accompanied or were accompanied, respectively, to at least one antenatal care visit, and approximately one in five men reportedly accompanied them to every visit. However, few men actually participate in the visit with the health provider. The vast majority either dropped their partner off, waited outside, or stayed in the waiting room. This represents a missed opportunity, as well as an important possible entry point for engaging men in health services, maternal, newborn, and child health, and gender equality: many men are in the periphery, waiting to be called in.

***Men who had fathers who participated in caregiving and domestic chores and those men who have more positive attitudes towards gender equality were more likely to be gender equitable men themselves.*** Men who have more gender-equitable attitudes were more likely to report greater participation in the daily care of children. Men who observed their fathers participating in domestic duties were much more inclined to engage in the daily care of their own children, highlighting an intergenerational transmission of care.

***Men's childhood experiences of violence are gendered.*** Men in particular reported that they suffered more severe forms of physical violence as children, with six times more men than women reporting childhood beatings with hard objects and four times more men reporting beatings that left marks or bruises on their bodies.

***Several factors were consistently associated with men's perpetration of all types of violence.***

(1) Witnessing violence against their mother and experiencing physical violence in childhood were associated with a greater likelihood of intimate partner violence, confirming findings from other studies around the world about the harmful intergenerational cycles of violence. (2) Men with less equitable gender attitudes as measured by the GEM scale, and specifically men who endorsed statements about violence against women (e.g., "a woman should tolerate violence to keep her family together" and "there are times when a woman deserves to be beaten") were also more likely to have perpetrated intimate partner violence. (3) Economic stress was also a factor: Men who reported difficulty making ends meet and who felt stressed or depressed because of not having enough work or income (and in some cases, having too much work) reported more use of violence. (4) Finally, men with lower levels of education were generally more likely to use violence.

***None of the men nor the women in our sample reported incidences of violence against women that they witnessed.*** These findings show that while many men and women are uncomfortable with violence and potentially ready to intervene, few actually turn to official reporting structures to do so. Less than 60 percent of men and women were aware of laws on domestic violence.

***There are stark differences between men and women in preferred numbers of sons versus daughters, which may highlight how men are a strong driving force behind son preference in Azerbaijan.*** Judging by the data, one can say that the main motivation for the desire to have sons is to carry on the family name or lineage and that many men and women consider daughters to be a burden. This supports existing research on gender-biased sex selection in the Caucasus region showing that sons are viewed as assets and pillars of the household, whereas daughters are often considered liabilities who cease to belong to their native family after marriage.

***Men need, but do not often seek as often as women do, physical and mental health services.*** Research shows that there are clear gender differences in the way men and women view their overall health status. In general, men tended to report better current overall health compared with women. However, men were less likely than women to report ever seeking health services, including preventative care. These gaps in health-seeking behavior widen with age.

# 1. INTRODUCTION

## 1.1. Context: Men and Gender Relations in Azerbaijan

Significant efforts have been made to advance gender equality in Azerbaijan within the past several decades. The country's Constitution explicitly mentions the right to equality between all men and women and the provision is further reinforced through the series of normative acts adopted or revised thereafter. The most recent overview of the demographic situation in the country has highlighted several important areas of progress that include longer life expectancy for both men and women and higher literacy rates among women. The findings also indicate that the women are now more likely to marry at an older age as compared to the early 20th century, have less children, have nearly equal chances of residing in either rural or urban areas, are more engaged in income generating activities outside of household.<sup>1</sup>

Nevertheless, the findings also highlight that gender inequality is still among the factors that continue to affect both the formation of and relationships within families, as well as society at large. Despite the existing legal provisions on equal rights, women have limited access to economic resources as compared to men. In addition to this, women also lack opportunities and the skills necessary to fully participate in decision-making in personal, public, and political life. A complex interplay of different factors including interlinkages between gender and societal norms and institutions continues to confine women to the household where they are valued only for their reproductive capacity.<sup>2</sup>

The situation is further exacerbated by the unequal distribution of household responsibilities that many women must shoulder in addition to earning an income to support the family. Significant shifts in both personal and social norms are necessary to address these inequalities.

In the past decade, there has been increasing recognition among practitioners, researchers, policymakers, decision-makers, and activists of the crucial role that men play in promoting gender equality. The need to transform men's gender-inequitable practices in relation to violence, health, and family life – and make efforts to dismantle the underlying factors that prompt and perpetuate these practices – is now reflected in the global gender equality agenda. This is because men's conceptualizations of gender norms have an enormous impact on their behavior in ways that are often harmful to women and girls. For example, if it is the norm that men are in charge of sexual and intimate relationships, then women will lack autonomy and may experience physical and sexual violence. Such norms are also often harmful to men and boys themselves; if norms on the gendered division of labor stipulate that it is not manly to take care of children, generations of men will have reduced empathetic ties towards younger people. In addition, failure to engage men as partners and allies in gender equality unfairly burdens women and girls with the task of ending global injustices and also misses opportunities to tap into men's own self-interest in change.<sup>3</sup>

Though many stakeholders agree that men and boys must be engaged in gender equality, there is a lack of research within the Azerbaijani context on how men conceptualize, act on, and become involved in achieving it. It is necessary to understand how and why men become gender-conscious and contribute to the equality agenda by taking parental leave, equitably sharing childcare and housework responsibilities with women, speaking out about the ways gender inequality limits their opportunities as men, supporting the development and implementation of legislation and policies to foster gender equality, and serving as role models for the promotion of gender equality in the family, workplace, and society at large. In

<sup>1</sup> UNFPA/UNDP (2015) Population Situation Analysis: Beyond the Demographic Transition in Azerbaijan Baku, Azerbaijan

<sup>2</sup> Ibid

<sup>3</sup> Barker et al. (2011); Heilman et al. (2014).

short, there is a substantial lack of concrete, reliable empirical data about current attitudes, perceptions, and practices on gender equality in contemporary Azerbaijani society. The International Men and Gender Equality Survey (IMAGES) aims in part to fill in the knowledge gaps and establish an actionable policy agenda.

## 1.2. Problem Statement and Research Questions

The purpose of IMAGES is to understand men's and women's practices and attitudes in order to inform policy development and interventions that promote gender equality, sexual and reproductive health, and violence prevention, including efforts that involve boys and men. While there are several research reports dedicated to gender relations in Azerbaijan, as described above, there is a paucity of comprehensive, up-to-date data on multiple facets of gender relations from the perspectives of both men and women. The IMAGES-Azerbaijan study is unique and significant in its scope, including quantitative and qualitative studies of the current state of men's and women's perceptions and practices on a broad range of important issues related to gender equality. It fills existing gaps in terms of specific, in-depth knowledge about men's role in relation to gender equality in Azerbaijan.

The study – and this report – aim to address the following research questions:

- How are gender roles, relations, and dynamics – in particular masculinities and men's roles – shaped and constructed in the context of Azerbaijan?
- How does this relate to the use of gender-based violence, to sexual and reproductive health and rights, and to equality in different social spheres such as the home, caregiving, public life, and others?

Specific topics include gender relations, childhood experiences, household dynamics, parenting and caregiving practices, use and experience of violence, sexual and reproductive health beliefs and practices, and men's and women's attitudes toward policies to promote gender equality.

## 1.3. Conceptual Framework

"Gender" refers to "the widely shared expectations and norms within a society about appropriate male and female roles, responsibilities and behaviors, and the ways in which women and men interact with each other."<sup>4</sup> Therefore, gender encompasses masculinities and femininities, power relations between women and men, and structural contexts that reinforce and create these power relations. This study is framed within this understanding of gender as relational and structural, and within the field of "masculinities," which seeks to understand how men are socialized, how men's roles are socially constructed (in constant interaction with women's roles), and how these roles and power dynamics change over the lifecycle and in different social contexts.<sup>5</sup> This concept of masculinities also enjoins us to examine the diversity of men, and the pressures they may perceive to adhere to specific versions of manhood – particularly the widespread belief that being a man means being a provider or having stable employment – and to understand how these roles and power dynamics change historically and by social context, and within the various domains where social meanings of gender and gender-based inequalities are constructed.<sup>6</sup> In addition, recent research from around the world has documented the emergence of new forms of masculinities that are less oppressive and authoritarian, in which men are redefining for themselves what it means to be men. All of these reasons affirm the need to better understand men's attitudes and practices related to gender equality especially in settings where progress is more limited.<sup>7</sup>

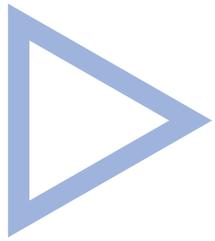
<sup>4</sup> Gupta (2000), cited in Barker et al. (2011).

<sup>5</sup> Connell (1994).

<sup>6</sup> Barker & Pawlak (2011).

<sup>7</sup> Barker (2000); Connell (2005); Sideris (2004), cited in Levtoev et al. (2014).

In keeping with a relational perspective, IMAGES research was conducted with both women and men, with an understanding that men's and women's understanding and reports of their respective practices may be different.<sup>8</sup> By including and comparing responses from women and men, the report does not take the approach that either men's or women's responses are necessarily more valid. Where women's and men's reports of a given practice significantly differ, we reflect on why this may be the case.



## 2. RESEARCH METHODS

IMAGES Azerbaijan was a mixed-methods study that included both a quantitative survey and qualitative interviews. In this section, we describe the methods used to collect and analyze the data presented in this report.

### 2.1. Research Sites and Sampling



#### 2.1.1. Quantitative Study

Quantitative data were collected from men and women between the ages of 18 and 59 in three urban and rural regions of Azerbaijan:

- \* The Baku-Absheron region, including the cities Baku and Sumgayit and the Absheron administrative district;
- \* The Ganja-Gazakh region, including the city Ganja and the Agstafa, Gazakh, and Tovuz administrative districts; and
- \* The Aran region, including the city Shirvan and Sabirabad, Saatli and Imishli administrative districts.

These areas were selected to represent geographic and urban/rural diversity.

A two-stage random sampling methodology was used. In the first stage, 30 primary sampling units (PSUs) were randomly selected (21 for sampling male respondents and nine for sampling female respondents). This selection was proportionate to the population for each of the three areas where selection occurred. In the second stage, 30 potential respondents were randomly selected within each PSU and 10 interviews were conducted. The larger number of pre-selected respondents was included to account for expected levels of non-response.

The total response rate was 73.8 percent (71.1 percent for men and 80.7 percent for women). Reasons for refusal included sickness, unavailability of respondents (i.e., out of town or not at home), refusal to open the door or participate in the survey, and premature termination of the survey. Additional information about sampling can be found in Annex 1.

#### 2.1.2. Qualitative Study

The main goal of the qualitative research was to gain a deeper understanding of men's and women's experiences around fertility, family planning, contraception use, early marriage, son preference, and family formation issues.

Qualitative data collection was conducted with 12 men and 12 women between the ages of 29 and 40 who

<sup>8</sup> Barker et al. (2011).

already had children. Given the parameters of the study, young and unmarried men and women were not involved in this component of the study.

The sampling process for qualitative interviews was informal – participants were found through personal contacts of the researcher. Additionally, respondents who participated in the interviews were not selected to participate in the quantitative research. In order to maintain confidentiality and the safety of respondents, it was important that the interviewed women and men did not belong to the same family. In-depth interviews were optimal for collecting data on individuals' personal histories, perspectives, and experiences, particularly if some topics were considered culturally sensitive to discuss. Three types of data were analyzed: field notes, audio recordings, and transcripts. Oral informed consent was collected before the start of the interview. All qualitative interviews were conducted in urban areas (Baku and Sumgayit).

## 2.2. Methods and Procedures

### 2.2.1. Quantitative Study

To collect quantitative data, researchers used a version of the IMAGES questionnaire that was adapted by Promundo-US, the International Center for Social Research (ICSR), and United Nations Population Fund (UNFPA) Azerbaijan in close collaboration with the State Committee for Family, Women and Children's Affairs of the Republic of Azerbaijan. The questionnaire was adapted to reflect issues of specific relevance to the current context of Azerbaijan, including attitudes related to gender, early marriage, and sex-selective abortion, among others. Questionnaires were translated into Azerbaijani and pre-tested with 20 respondents from different socio-demographic groups. After pre-testing, the wording of questionnaire items was corrected and revised.<sup>9</sup>

Data collection was completed between February and April 2016 with 631 men and 271 women between the ages of 18 and 59. For each respondent, one of 14 trained interviewers with experience in quantitative surveying and gender issues administered the paper-based questionnaire face-to-face in the respondent's household. Given the sensitive nature of the questions, and in accordance with typical IMAGES procedures, participants and interviewers were sex-matched so that female interviewers only interviewed women and male interviewers only interviewed men.

The project coordinator and three fieldwork supervisors regularly assessed data quality, including through reviews of completed questionnaires and back-checks of about 20 percent of all surveys. Double-entry of data was implemented to detect technical errors during data entry.

### 2.2.2. Qualitative Study

Qualitative data were collected through semi-structured, in-depth interviews conducted in the respondents' homes by sex-matched interviewers. Data was collected between December 2015 and January 2016. Respondents were asked about their relationship histories and experiences with marriage, fertility and contraception, pregnancy, and child-rearing. Interviews lasted on average 25 to 30 minutes, and were recorded and subsequently transcribed. Researchers used the findings from the qualitative analysis to triangulate the data obtained from the quantitative survey to ensure validity and reliability of collected information in multiple domains. Interviews were conducted confidential and matched by sex. Interviews were recorded & transcribed. Qualitative data also helped contextualize and improve understanding of some of the nuanced processes around sexual and reproductive health decision-making, including family formation, son preference, early marriage, and gender equality.

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<sup>9</sup> For more details on the adaptation process, please see Annex 2.

### 2.3. Ethical Considerations

The study followed standard ethical procedures for research on violence. Researchers sampled men and women in different clusters to avoid interviewing men and women in the same households. All respondents were fully informed about the purpose and procedures of this study and were told that their participation in the survey was voluntary and that they had the right to terminate the survey at any point or refuse to answer any questions. Confidentiality of the interviews was strictly guarded. Prior to data collection, interviewers received training on gender, violence, ethical procedures in gender and masculinities research, and how to ask sensitive questions and respond to respondents in distress.

### 2.4. Data Analysis

This report presents findings from both the qualitative and quantitative research. For the quantitative research, researchers present primarily descriptive statistics and bivariate analyses. Data were analyzed using the Statistical Package for the Social Sciences (SPSS), generating descriptive tables and figures, and using t-tests, chi-squared tests, and regression analysis methods to test associations between variables of interest.

For the qualitative research, researchers use a deductive approach and framework analysis. Considering that the qualitative research is a component of a larger quantitative study, research questions were used to group the data and gradually look for similarities and differences beginning with more general and open-ended questions and then moving towards more precise and emerging information. Researchers labeled and coded the structured data and identified a framework for further analysis. Then after identifying the main themes, researchers aimed to address the research questions.

## 3. RESEARCH FINDINGS

### 3.1. Characteristics of the Sample

Table 1 presents the demographic characteristics of the quantitative sample. Approximately one-third of all respondents (both men and women) resided in rural areas. The age distribution among men and women in the sample was roughly the same, with a mean age of 39.8 for both. Only slightly more men than women had at least secondary education or more, though women were substantially more likely to have less than completed secondary schooling (8.1 percent of women compared to only 2.5 percent of men). More than one-third of the surveyed women had never worked, while nearly all men had been employed in the past. While a much larger proportion of men than women reported being currently formally or informally employed, approximately half of men reported that their employment was not “mostly stable,” compared to only 30 percent of women. However, when asked whether they were frequently stressed or depressed because of not having enough work or income, men and women reported similar levels of distress (61.1 percent of men and 57.4 percent of women – results not shown in table). Slightly more than three-quarters of men, and two-thirds of women reported being married, and approximately even proportions of men and women reported being single at the time of the survey. Nearly all respondents were Muslim.

**Table 1. Quantitative sample characteristics**

	Men		Women	
	N	%	N	%
<b>Type of settlement</b>				
Capital city	171	27.1	71	26.2
Large city (population 100,000 to 1,000,000)	140	22.2	50	18.5
Small town (population less than 100,000)	100	15.8	60	22.1
Rural	220	34.9	90	33.2
<b>Age group</b>				
18-24	68	10.8	34	12.5
25-34	173	27.4	71	26.2
35-49	218	34.5	89	32.8
50-59	172	27.3	77	28.4
<b>Level of education</b>				
Elementary or less	4	0.6	5	1.8
Incomplete secondary	12	1.9	17	6.3
Complete secondary	321	50.9	129	47.6
Vocational specialized	132	20.9	62	22.9
Higher	162	25.7	58	21.4
<b>Employment status</b>				
Never worked	1	0.2	97	35.8
Student	13	2.1	13	4.8
Unemployed	73	11.6	49	18.1
Formally employed	220	34.9	69	25.5
Informally employed	303	48.0	29	10.7
Retired	21	3.3	8	3.0
Studying and working	0	0.0	1	0.4
On maternity or other leave	0	0.0	5	1.8
<b>Employment situation is mostly stable (agree or strongly agree)</b>	<b>265</b>	<b>49.3</b>	<b>78</b>	<b>70.9</b>
<b>Marital status</b>				
Currently in a registered marriage	490	77.7	186	68.6
Currently in an unregistered marriage (kebin)	14	2.2	6	2.2
Single	114	18.1	51	18.8
Separated or divorced	7	1.1	13	4.8
Widowed	6	1.0	15	5.5
<b>Religion</b>				
Islam	620	98.2	298	98.9
Orthodox Christianity	1	0.2	2	0.7
No religion (atheist/agnostic)	10	1.6	1	0.4
<b>TOTAL (N)</b>	<b>631</b>		<b>271</b>	

**3.1.1. Characteristics of the Qualitative Survey Sample**

Qualitative survey participants included 12 men between the ages of 29 and 39 and 12 women between ages 30 and 40. The mean age for men was 32.5 and for women 35.8. Approximately 80 percent of the men and 65 percent of women had a higher education. The average age of marriage was 26 for the men and 22 for the women; the average age at which they had their first child was 27 for the men and 23 for the women.

### 3.2. Gender-Related Attitudes

Attitudes and norms about appropriate roles for men and women shape people's behaviors and practices in all aspects of their lives. This section presents respondents' attitudes about gender relations, gender roles, and gender equality. Rigid notions of gender – what it means to be a man or a woman – are deeply entrenched in the minds of Azerbaijani men and women. Still, the data presented in Table 2 show that in general men in Azerbaijan were more likely to report agreeing with rigid or traditional notions of gender compared to women.

**Table 2. Attitudes about gender roles and responsibilities**

	Men	Women
<b>Gender roles and responsibilities</b>		
A woman's most important role is to take care of her home and cook for her family.*	69.9	41.3
If there are children in the household, women should not work at all outside of home.	57.2	37.2
Changing diapers, giving a bath, and feeding kids are the mother's responsibility.*	93.4	82.3
A man should have the final word about decisions in his home.*	91.2	75.3
Men have to share the work around the house with women, such as doing dishes, cleaning, or cooking.	53.4	72.3
Men do not know how to take care of babies.*	73.7	73.1
Providing daily care for children is as important as providing for them financially.	90.1	97.0
If money for schooling is scarce, it is better to spend it on boys.	37.2	21.4
A man who does not have an income is of no value.	52.9	47.6
A good woman never questions her husband's opinions and decisions even if she disagrees with him.	76.2	79.6
A divorced woman has no value.	33.4	34.3
<b>Sexuality and reproduction</b>		
Men need sex more than women do.*	60.6	63.9
Men are always ready to have sex.*	69.9	77.5
A man needs other women even if things with his wife are fine.*	43.6	33.1
A woman should remain a virgin until marriage.	98.8	98.1
I would be outraged if my wife/husband asked me to use a condom.*	49.5	25.5
A couple should decide together if they want to have children.*	95.7	94.9
It is a woman's responsibility to avoid getting pregnant.*	35.1	19.6
Women who carry condoms on them are "easy."*	76.1	60.3
Only when a woman has a child is she a real woman.	16.7	14.8
A real man produces a male child.	39.0	23.2

\* Azerbaijan adaptation of Gender-Equitable Men (GEM) scale item included in the composite measure presented in Section 3.2.1

Masculinity is strongly associated with a man's ability to financially support his family – approximately half of both the men and women agreed that "a man who does not have an income is of no value." Furthermore, there was widespread support for the notion that "being a man" means having decision-making power in the home – more than 90 percent of male respondents and three-quarters of female respondents agreed. Traditional notions about the role of women were also common. A large proportion of both men and women agreed that "a good woman never questions her husband's opinions and decisions even if she disagrees with him." This suggests that for the majority of respondents, femininity is strongly associated with character traits such as obedience and submissiveness to men.

Additionally, men – and women to a lesser extent – considered domestic chores and caregiving to be a part of a woman’s role, sometimes over and above working outside of the home. Almost 70 percent of men and approximately 40 percent of women either agreed or strongly agreed that a woman’s main role is to cook for the family and care for the home. Additionally, 57.2 percent of men and 37.2 percent of women thought women should not work if there are children in the home. Similarly, changing diapers, giving children baths, and feeding children were considered to be the mother’s responsibility by the overwhelming majority of men and women (93.4 percent and 82.3 percent, respectively).

Nevertheless, the findings reveal a possible shift in these attitudes. Over half of the men and three quarters of the women believed that men ought to share the housework (e.g. doing dishes, cleaning, and cooking), and almost all men and women agreed that providing day-to-day care for children is as important as providing for them financially. These views could represent entry points for interventions geared toward shifting attitudes on men’s and women’s roles in household tasks and caregiving. However, competing viewpoints (for example, that men do not know how to take care of babies, which approximately three-quarters of the men and women agreed with), would need to be addressed first.

Attitudes on sexuality and reproduction also reflect ideas about how men and women should behave. In Azerbaijan, as in many other countries, hegemonic masculinity is associated with powerful, uncontrollable sexuality, while women’s sexuality is seen as passive and their virginity a mark of honor.<sup>10</sup> Nearly two-thirds of male and female survey respondents agreed that men need sex more than women do, and 69.9 percent of men and 77.5 percent of women agreed men are always ready to have sex. Nearly half of men and one-third of women also agreed that a man needs more than one sexual partner. There was even stronger agreement on women’s sexuality, with nearly all respondents – both men and women – agreeing that a woman should remain a virgin until marriage, and large proportions agreeing that women who carry condoms are “easy” or promiscuous.

While nearly all men and women agreed that decisions about having children should be made jointly, a substantial proportion (35.1 percent of men and 19.6 percent of women) still reported that it is the woman’s responsibility to avoid getting pregnant.

### **3.2.1. Gender-Equitable Men (GEM) Scale**

To better assess men’s and women’s gender attitudes across multiple domains, the Gender-Equitable Men (GEM) scale was adapted to the Azerbaijani context. The GEM scale consists of a set of items measuring attitudes related to gender roles, sexuality, violence, and caregiving. It has been widely used and validated in other studies in more than 20 countries.<sup>11</sup> The GEM scale is constructed as a continuous variable, the sum of responses to selected attitudinal items, with higher scores reflecting more equitable attitudes. GEM scores in Azerbaijan, where the scale included 11 items, could range from 11 to 44.<sup>12</sup>

Table 3 presents GEM scores by key demographic variables. The GEM scale composite score indicates that women hold more gender-equitable views than men in Azerbaijan. GEM scores also varied by respondents’ age and education level; younger and more educated respondents generally held more equitable views, though differences by age were not statistically significant. Among men, the youngest age group (18 to 24 years old) held the most equitable views, though their GEM score is still lower than that of the least gender-

<sup>10</sup> UNDP Azerbaijan (2007).

<sup>11</sup> Pulerwitz & Barker (2008); Singh et al. (2013).

<sup>12</sup> In the case of IMAGES Azerbaijan, the construction of the GEM scale involved the following steps: (1) removing several items that were not clearly understood, were clearly gendered, or had substantial amounts of missing data; (2) running a factor analysis on a polychoric correlation matrix of the remaining items on the men’s dataset, forcing a one-factor solution (factors with a loading greater than 0.35 were retained, and all others were dropped before analysis was re-run); and (3) testing the resulting model on women’s data. Additional items that did not load to satisfaction were dropped. Alpha for the measures resulting from the two models was 0.78 for both men’s and women’s measures

equitable women (the oldest age group, 50 to 59). Among women, support for gender equity increased slightly among younger generations. The mean GEM scores for both men and women were highest for those with higher levels of education. Scores for respondent groups with incomplete secondary education or less should be interpreted with caution due to the small number of respondents.

**Table 3. Mean Gender-Equitable Men (GEM) scores by key demographic variables\***

	Men's mean scores	Women's mean scores
Sex	27.29	30.02
Age group		
18-24	28.02	31.75
25-34	27.50	30.03
35-49	26.76	30.18
50-59	27.48	29.12
Education		
Elementary or less	26.25	31.60
Incomplete secondary	24.08	30.12
Complete secondary	26.41	29.09
Vocational specialized	27.74	29.74
Higher	28.94	32.19

\*GEM scores could range from 11 to 44, with higher scores indicating more gender-equitable attitudes

### 3.2.2. Attitudes toward Gender Equality

The survey also assessed men's and women's attitudes towards gender equality and policies promoting women's rights. As shown in Table 4, attitudes were mixed: While large proportions of both men (59.9 percent) and women (48.3 percent) felt that gender equality had come far enough, the vast majority (78.9 percent of men and 89.7 percent of women) believed that more needs to be done to promote equality. Overall, men were more likely to report negative attitudes towards the promotion of rights for women. A greater proportion of men than women agreed that when women work they are taking jobs away from men, that women's rights mean that men lose rights, and that equality has come far enough or has been achieved already.

In the context of a highly competitive and somewhat unstable labor market – in which masculinity is strongly tied to being the financial provider – it may be that the idea of women competing for jobs is more salient for unemployed men or men with insecure employment. Indeed, men who reported that their employment was stable were less likely to agree that “when women work, they are taking jobs away from men” compared to men who reported unstable employment (17.4 percent versus 30.8 percent,  $p < .01$ ).

**Table 4. Attitudes about gender equality**

	Men	Women
When women work, they are taking jobs away from men.	24.4	13.7
When women get rights, they are taking rights away from men.	22.4	13.7
Rights for women mean that men lose out.	26.3	24.7
Gender equality has come far enough already.	59.9	48.3
Gender equality has already been achieved for the most part.	46.8	33.1
There is a need for more work to promote gender equality.	78.9	89.7
Work to achieve gender equality today benefits mostly well-to-do people.	33.1	31.3

**3.2.3. Attitudes about Women in Leadership**

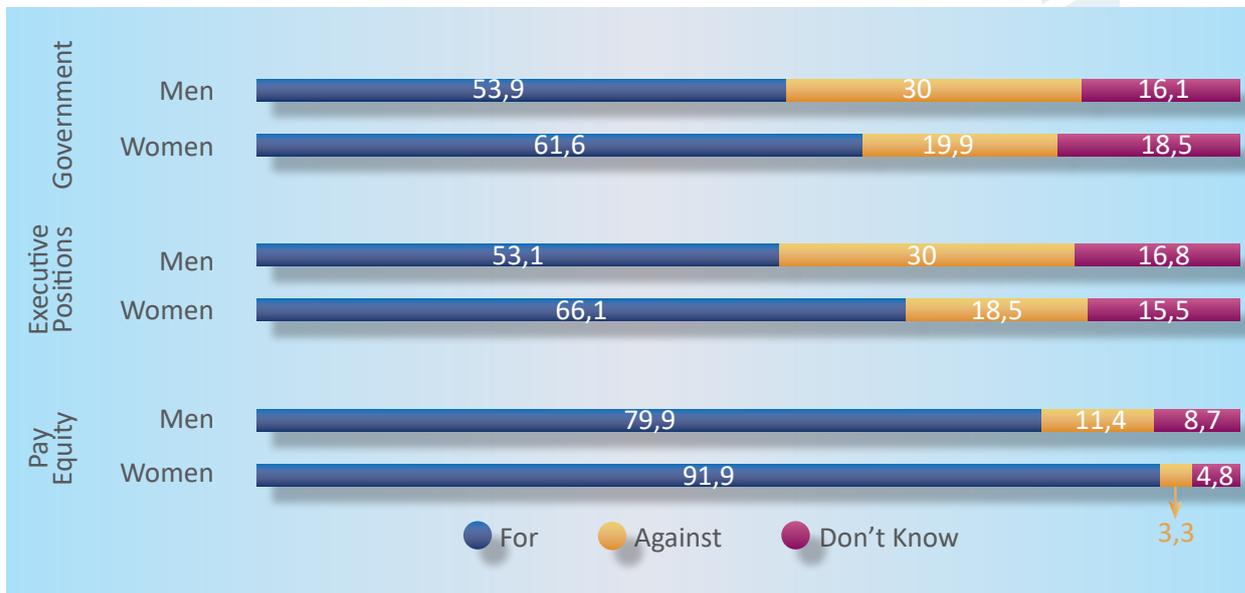
Women's participation in politics and in leadership positions remains a topic of contention in Azerbaijan, demonstrated by substantial differences in men's and women's survey responses. While 58.5 percent of men and 47.9 percent of women thought that "women should leave politics to men," more than three quarters of men (77.6 percent) compared to just over half of women (53.5 percent) expressed agreement with the statement that "men make better political leaders than women." While 55.3 percent of men agreed that "women are too emotional to be leaders in their communities," just 29.2 percent of women shared this view. Interestingly, women in Baku, the capital, were much more likely to agree with this statement compared to women living elsewhere.<sup>13</sup> Men's responses differed little by area of residence.

However, women were more likely than men to support equal opportunities for women in politics: 76.3 percent agreed that "women should have the same chance of being elected to political office as men," whereas only 53.9 percent of men supported this statement. Additionally, the vast majority of women (88.6 percent) agreed that "a woman with the same qualifications (knowledge and skills) can do as good a job (with the same success) as a man," compared to only 67.1 percent of men.

Respondents were also asked about their opinions on policies related to gender equality (see Figure 1). The proportion of women who supported the idea of a gender quota system for leadership positions (in government or executive positions) exceeded that of men. Similarly, a greater proportion of women than men believe in pay equity – that equal work deserves equal pay. Still, more than half of men supported establishing a quota system guaranteeing a fixed number of government and leadership positions for women, which may indicate that some men recognize the existing gender imbalance in government and leadership positions and are not necessarily against filling this gap.

Interestingly, about a fifth of the women surveyed did not support a quota system for women in government or executive positions. As one female participant in the qualitative interviews put it, "[Women] do not want to have/get any concessions."

<sup>13</sup> The proportion of women who agreed with this statement was 13.3 percent in small cities, 24.0 percent in large cities and 27.0 percent in rural areas.

**Figure 1. Views on quotas for women in positions of power**

### 3.3. Childhood Experiences

Indisputably, childhood experiences are one of the most important factors influencing a person's growth and development; this includes their attitudes and behaviors, especially on gender equality and the gender-equitable division of power and labor in their adult lives. The family environment, in particular, has a great impact on the socialization of boys and girls, and can influence their gender-related behavior, attitudes, values, and views. Boys and girls see, learn, and imitate patterns of behavior (e.g. respect, care, support or humiliation, aggression, and violence) regarding their own and other genders.

This section presents survey data on respondents' childhood experiences, including the characteristics of their family of origin, the gendered dynamics in their childhood household, and their relationship with their family as they were growing up. Findings related to respondents' experiences of violence in the home during childhood are presented in a later section dedicated to violence.

#### 3.3.1. Characteristics of Family of Origin

Family structure is important because the presence and involvement of both parents in a child's education, upbringing, and care can be a protective factor against a variety of negative outcomes during childhood and later in life. Particularly, paternal presence and involvement are key to establishing patterns of gender equity early in a child's life and to promoting early childhood development.<sup>14</sup>

The vast majority of respondents (88.8 percent of men and 90.0 percent of women) reported growing up with both parents; fewer than one in 10 respondents said they lived mostly or only with their mother, and very few (less than 1 percent) grew up mostly with their fathers. The education level of respondents' parents was generally lower than that of the respondents themselves, with respondents' fathers having higher levels of education than their mothers. Among both male and female respondents, approximately half of mothers had completed secondary school and more than 25 percent had some specialized or higher education. As for fathers, approximately 45 percent of respondents reported their fathers completed secondary education; and 43.2 to 49.6 percent reported their fathers had vocational or higher education (see Table 5).

<sup>14</sup> Levto et al. (2015).

**Table 5. Respondent's mother's and father's education**

Question	Men (%)	Women (%)
<b>What level of schooling did your mother complete?</b>		
Elementary or less	9.1	3.4
Incomplete secondary	12.9	13.5
Complete secondary	50.6	55.1
Vocational specialized	14.0	15.7
Higher	13.4	12.4
<b>What level of schooling did your father complete?</b>		
Elementary or less	2.9	1.5
Incomplete secondary	7.5	5.7
Complete secondary	46.4	43.2
Vocational specialized	26.4	24.6
Higher	16.8	25.0

When asked about hardships experienced during childhood, approximately one quarter of men (27.3 percent) and of women (24.7 percent) reported not having had enough to eat at any time before the age of 18. There were age-related differences among both male and female respondents: generally, older respondents were more likely to report lack of food compared to younger respondents:

- For men: 11.8 percent of respondents aged 18 to 24, 26.0 percent aged 25 to 34, 28.9 percent aged 35 to 49, and 32.6 percent aged 50 to 59 reported not having enough to eat at some point during childhood.
- For women: 14.7 percent of respondents aged 18 to 24, 12.7 percent aged 25 to 34, 30.3 percent aged 35 to 49, and 33.8 percent aged 50 to 59 reported not having enough to eat.

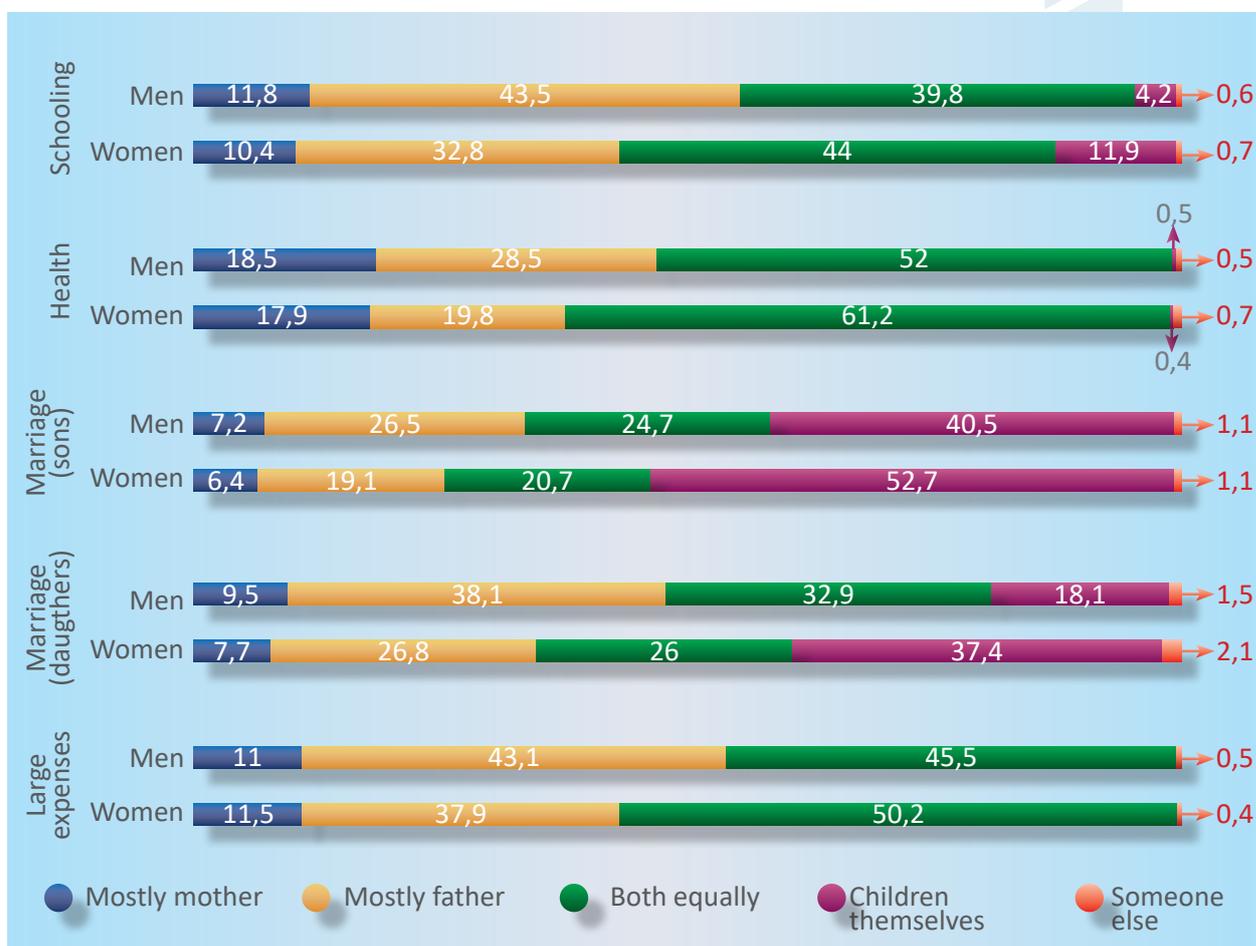
Only a very small proportion of men (3.8 percent) and women (4.5 percent) reported that they had to live in different households before the age of 18, suggesting that most of the sample experienced a stable housing situation while growing up.

### **3.3.2. Gendered Dynamics in the Childhood Home**

#### **3.3.2.1. Decision-Making in the Childhood Home**

Decision-making patterns in the household are an indicator of gendered power dynamics underlying household relations in the respondents' childhood homes. As shown in Figure 2, respondents reported that fathers were more often the primary decision-makers in their childhood homes. With the exception of children's health where joint decision-making was more common, overall, approximately half or less of all male and female respondents answered that decisions were made jointly in most decision-making domains. Of those who claimed that decisions were typically made by a single parent, the proportion of men and women reporting that decisions were made mostly by the father was consistently much greater than the proportion reporting decisions were made mostly by the mother. For example, 43.5 percent of men said that it was mostly their father who had the final word in their household about decisions involving their sisters' and brothers' schooling, while only 11.8 percent said that it was mostly their mother. Similarly, 32.8 percent of women said that their father had the final word in this regard, while only 10.4 percent said that it was mostly their mother.

**Figure 2. Final say on decisions in childhood home\***



When it comes to decision-making power, respondents said in respect to decisions regarding marriage, children played a more prominent role. When asked who had the final word in their household about decisions involving sons' marriages, 40.5 percent of male respondents and 52.7 percent of female participants responded that it was the children themselves who made those decisions. However, this proportion shrunk when asked about daughters' marriages – only 18.1 percent of men and 37.4 percent of women declared it was the children themselves who made that decision, revealing a tendency to control women's marital choice.

In general, these data reflect the traditional gender power dynamics within families. Men traditionally have more influence in all spheres, with greater female participation in the decision-making process in such areas as children's health. Overall, 11.7 percent of men and 6.3 percent of women reported that their father had the final word about every listed household decision, whereas 62.9 percent of men and 58.3 percent of women reported that their fathers had the final word in at least one of the household decisions. These figures reveal that while only a minority of fathers retained control of all decisions in the childhood home, the majority of fathers dominated decision-making in at least one domain. In general, men were more likely to attribute more decision-making power to their fathers compared to women, who generally reported more joint decision-making or decision-making by the children themselves.

Generally, there is an intergenerational shift among respondents for all the decision-making domains examined both according to men and women respondents, signaling the gradual transition from traditional approaches of power-sharing in the household toward more modern arrangements among younger generations. For example, according to male respondents, the primacy of fathers' decision-making regarding sons' marriages decreased from 33.7 percent for men aged 50 to 59 to 16.3 percent for men aged 25 to 34. For female respondents, it decreased from 21.3 percent among women aged 50 to 59

to 9.6 percent for those aged 25 to 34. The trend is similar for decisions made about daughters' marriages, proposing a hopeful outlook for the future of gender equity in the home.

### 3.3.2.2. Fathers' Participation in Household Tasks

The survey participants were asked to recall whether their fathers ever participated in domestic tasks and childcare – with particular attention to activities that are traditionally considered women's responsibilities – to better understand whether the equitable household division of labor was modeled in the respondents' childhood homes.

As presented in Table 6, findings indicate that the fathers of both male and female respondents took part in all types of household and childcare tasks with varying degrees of involvement. According to both male and female respondents, almost all fathers participated in shopping for household items, confirming popular notions that activities outside the home are traditionally the man's responsibility. The second-most highly reported activity was helping children with homework – more than 70 percent of both male and female respondents reported that their father contributed in this way. Similarly high proportions of respondents reported that their fathers took care of them or their siblings.

A much smaller proportion of respondents reported participation of fathers in more traditionally feminine domestic tasks. Between 2.4 and 41.9 percent of fathers ever participated in tasks such as food preparation, cleaning the house, cleaning the bathroom, and washing clothes, with the fewest fathers participating in washing clothes or cleaning the bathroom. When aggregated, 57 percent of men and 63 percent of women said that in their childhood home, the father never performed any of these four domestic duties. This supports the existence of deep-rooted inequalities in household labor division along gender lines. Men's and women's reports of their fathers' participation were generally quite similar.

**Table 6. Father's participation in household tasks in the childhood home**

	Men (%)	Women (%)
Prepare food	41.9	37.1
Clean the house	17.8	13.0
Wash clothes	2.4	2.4
Clean the bathroom or toilet	3.4	2.7
Take care of you or your siblings	68.1	69.4
Shop for household items	96.4	96.2
Help with homework	70.8	73.4

### 3.3.2.3. Own Participation in Household Tasks as a Child

The survey participants were also asked to recall whether they ever participated in various household tasks before the age of 18 (see Table 7). Similar to their fathers, most male respondents reported ever participating in shopping for household items when they were children (88.7 percent). In contrast, only 15.1 percent of female participants reported ever engaging in the same activity. Similar proportions of men and women reported helping other children with homework. Participation in all other household tasks was substantially lower for men than for women, whereas a high proportion of women reported participating in all other household tasks. Parallels can be drawn between male participants as children and their fathers, in that they participated the least in traditionally feminine domestic labor such as washing clothes and cleaning the bathroom or toilet (around 6 percent for each task, compared with 73.9 percent and 75.3 percent respectively for women).

**Table 7. Own participation in household tasks before the age of 18**

	Men (%)	Women (%)
Prepare food	44.0	81.9
Clean the house	36.9	92.6
Wash clothes	6.3	73.9
Clean the bathroom or toilet	6.4	75.3
Take care of your siblings	50.1	62.9
Shop for household items	88.7	15.1
Help with homework	55.5	57.9

Women may have been expected, and taught by mothers to clean, cook, do the laundry, and take care of their younger brothers and sisters. This might have served a dual purpose whereby mothers both gained assistance in completing day-to-day household tasks and transmitted the skills that their daughters might need in their future roles as mothers and wives. These gendered notions of the domestic role of women might explain why 94 percent of women reported participating in one or more of four domestic tasks (prepare food, clean the house, wash clothes, and clean the bathroom or toilet) as children compared to only 54 percent of men.

When childhood participation in household tasks is disaggregated by the age of respondents, the lack of difference among generations points at the stability of this unequal division of labor. Only among younger men (ages 18 to 24) was there an increase in childhood participation in household labor, but the rates for women were just as high in this age group as all others. Additionally, childhood participation in household tasks varied slightly when comparing rural and urban areas. More male respondents in small towns and fewer male respondents in Baku, the capital city, reported performing these tasks. The gendered pattern whereby many more women than men did domestic work as children persisted across all four types of settlements (rural, urban with population under 100,000, urban with population between 100,000 and 1,000,000, and urban with a population greater than 1,000,000).

### 3.4. Current Relationship Dynamics



This section focuses on gender dynamics in the respondents' current or most recent intimate relationships. It looks more closely at characteristics of the couples, as well as their decision-making patterns, division of labor and participation in household tasks, and relationship quality. Overall, the findings suggest that Azerbaijani couples often follow traditional gendered power structures and model their behavior in the home accordingly – and that they are satisfied with these dynamics.

#### 3.4.1. Couple Characteristics

Characteristics of respondents' current or most recent intimate partner are presented in Table 8. Generally, men tended to be older than their female partners – more than 40 percent of both men and women reported that the man in the couple was five or more years older than the women. Only 12.1 percent of women and 18.1 percent of men said that the woman was the same age as or older than the male partner. Men and women reported similar levels of schooling as their partners, although one in four men, and one in four women indicated that they have more schooling than their partners.

In terms of employment status, male respondents said 32.0 percent of female partners had never worked, another 32.1 percent were unemployed, and the remainder were either formally or informally employed, and a small proportion were studying, retired, or on leave. On the other hand, female respondents characterized their male partners as formally or informally employed in 86.8 percent of cases. Both men and women reported the earning capacity of men to be higher – 81.4 percent of male respondents said that they earn more money than their female partner, while an almost equivalent proportion of women reported that their male partner earned more than they do.

**Table 8. Characteristics of current or most recent intimate partner (percent of men and women respondents)**

	Men (%)	Women (%)
<b>Age difference between partners</b>		
Man is same age or female partner is older	18.1	12.1
Man is one to four years older than partner	40.0	41.7
Man is five to nine years older than partner	31.2	31.6
Man is 10 or more years older than partner	10.8	14.6
<b>Difference in the level of education</b>		
Couples have the same amount of schooling	61.4	54.8
Man has more schooling	25.7	22.6
Woman has more schooling	12.9	22.6
<b>Employment status of partner</b>		
Never worked	32.0	0.0
Student	0.7	0.9
Unemployed	32.1	5.9
Formally employed	20.8	38.6
Informally employed	11.0	48.2
Retired	1.4	6.4
Studying and working	0.5	0.0
On maternity or other leave	1.4	0.0
<b>Earning money</b>		
Couples earn the same amount	11.2	11.4
Man earns more money	81.4	78.1
Woman earns more money	7.5	10.5

Earning patterns are congruent with gender roles on “providing” for the household. The overwhelming majority of men reported that their main role is that of “provider” or “bread-winner” in the family (93 percent), while only 6 percent of women claimed this role.

#### **3.4.2. Decision-Making and Power Dynamics in the Household**

Respondents were asked about decision-making in their current or most recent intimate relationship, as shown in Table 9. According to the data, more than half of both male and female respondents said that they make decisions jointly in most domains, with the exception of decision-making about women’s work outside the house (only 33.7 percent of men and 42.7 percent of women believed this decision was made jointly). Nonetheless, there were some gendered patterns favoring men whenever the decision was attributed to one person over the other. For example, while 65.3 percent of men and 66.8 percent of women claimed to make decisions about spending time with family, friends and relatives jointly, 27.4 percent of men and 24.1 percent of women reported that men made the final decision. Comparatively, only 2.7 percent of men and 7.3 percent of women reported that it was in fact women who made this decision. A similar pattern was observed for decisions about women’s work outside the home, and spending money on large investments.

Interestingly, men and women at times perceived their decision-making power differently. For example, when asked who makes decisions about spending money on food and clothing, over a fourth of men and women attributed that power to themselves, and only 6.7 percent of men and 15.0 percent of women thought the final decision was made by their partner. A similar, although less marked pattern was found in relation to decision-making around how to spend free time.

**Table 9. Final say on decisions in current or most recent intimate relationship**

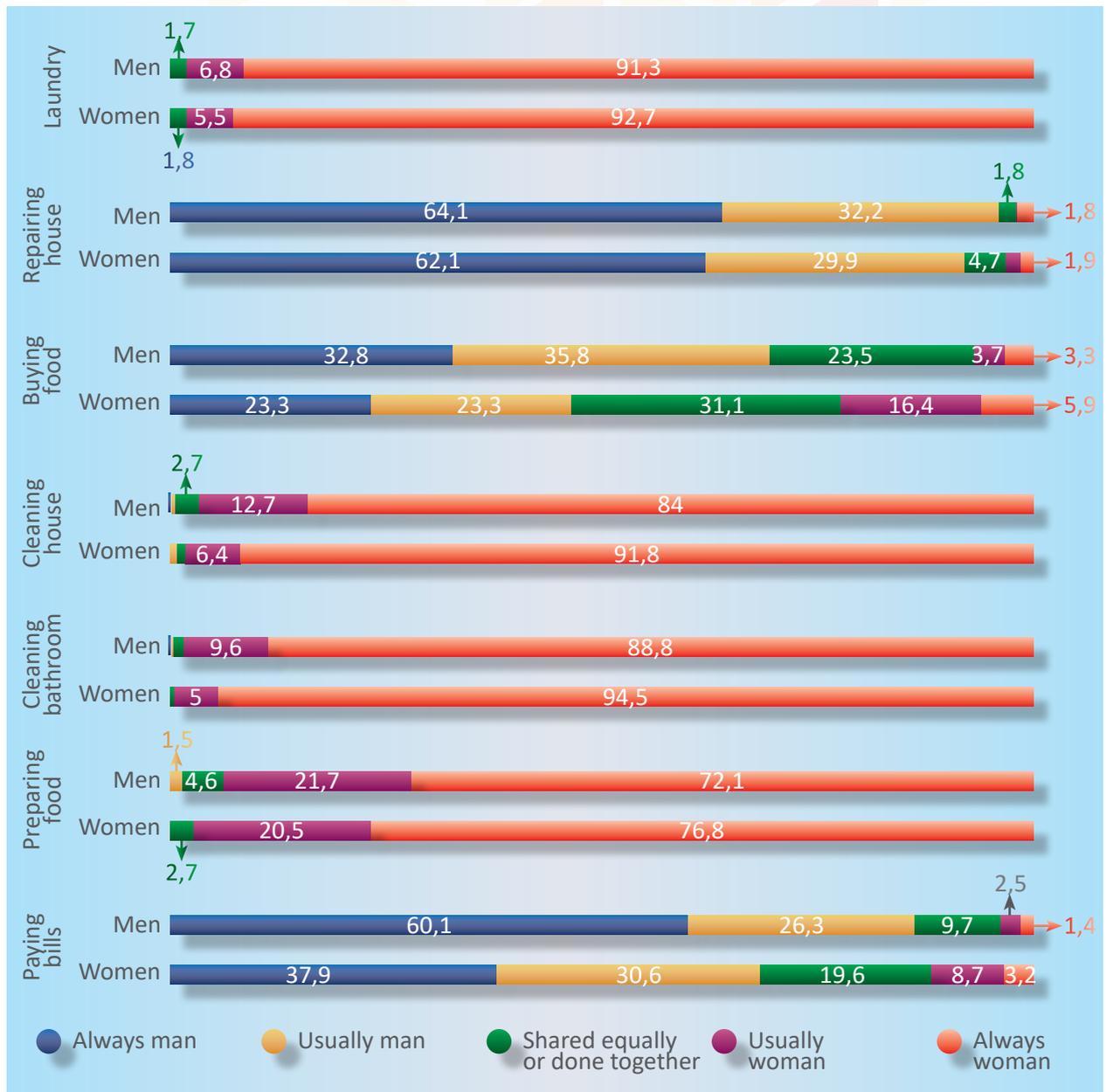
Decision area		Man	Woman	Jointly	Someone else	Man and someone else
Spending money on food and clothing	Men	27.6	6.7	52.2	6.4	7.1
	Women	15.0	28.2	50.0	2.7	4.1
Spending money on large investments such as buying a car, a house, or a household appliance	Men	36.6	1.5	46.4	8.3	7.1
	Women	37.3	4.1	50.5	5.0	3.2
Spending time with family, friends, or relatives	Men	27.4	2.7	65.3	1.5	3.1
	Women	24.1	7.3	66.8	1.4	0.5
Whether your female partner/you can work outside the home	Men	59.7	3.9	33.7	1.5	1.2
	Women	49.1	5.9	42.7	1.8	0.5
How you spend your free time	Men	33.1	1.9	62.8	1.2	1.0
	Women	12.3	15.0	71.4	1.4	0.0

To better understand patterns, composite variables were created to examine decision-making patterns. About 10 percent of men and 2.7 percent of women reported that it was men who had the final say in all decision-making domains; while 73 percent of men and 63 percent of women reported that men had the final word in at least one of the decision areas.

### 3.4.3. Men's Participation in Household Tasks

Inequitable patterns were also evident in the division of household labor in the current or most recent relationship. Although small percentages of men mentioned that they perform some household activities, the manner of sharing responsibilities in the respondents' families/couples reflected traditional patterns for household division of labor.

As shown in Figure 3, the vast majority of men and women responded that in line with traditional expectations, the woman always or usually performs such tasks as doing the laundry, cleaning the house, and cleaning the bathroom or toilet. Three-quarters of women and nearly as many men reported that women exclusively do the cooking. On the contrary, repairing the house was reported as exclusively men's work by more than 60 percent of both men and women; the same was true to some extent for paying bills (such as gas and electricity).

**Figure 3. Gendered division of household chores**

The unequal division of domestic work becomes more apparent when comparing participation in any one of four main domestic duties (doing laundry/washing clothes, cleaning the house, cleaning the bathroom/toilet, and preparing food): 90.4 percent of men and 95.5 percent of women reported that men do not play an equal or greater role in any of these domestic tasks. Respondents acknowledged the division of labor: When asked who does more of the domestic work, similar proportions of men and women responded that women did more (86.5 percent of men and 90.9 percent of women). Almost all men (97.6 percent) said they were satisfied or very satisfied with this division of tasks overall. Most women (80.5 percent) were also satisfied or very satisfied.

#### 3.4.4. Relationship Quality

The overwhelming majority of both male and female respondents considered their relationship with their current or most recent intimate partner to be good. Of male respondents, 95.9 percent perceived their relationship with their partner as either very good (38.3 percent) or fairly good (57.6 percent). Of female respondents, 92.7 percent perceived their relationship with their partner as either very good (40.0 percent) or fairly good (52.7 percent).

Communication between partners is an important component of relationship quality. When asked how recent their last discussion with their partner about personal worries or problems was, more than two-thirds of coupled respondents (66.7 percent of men and 71.8 percent of women) reported talking within the past two weeks about the problems they are facing in their life. Slightly more women reported recent communication than men, indicating a potential remnant of gendered ideas about seeking support through communication in an intimate relationship.

Another indicator of relationship quality is satisfaction with the sexual relationship. In general, the level of sexual satisfaction among male and female respondents was similarly high. The majority of both men (85.7 percent) and women (78.2) reported feeling either very satisfied or satisfied with their sexual relationship.

#### **3.4.5. Attitudes about Relationships, Marriage, and Children**

Survey participants' responses about the appropriate age for men and women to have their first relationship, first marriage, and first child revealed distinct differences by sex, as shown in Table 10. Men and women agreed that the appropriate age at which a woman should have her first boyfriend is around 20; respondents of both sexes reported that men should have their first girlfriend at approximately the same age. Men and women also roughly coincided on the appropriate age for men and women to get married for the first time and have their first child.

Nonetheless, men were not held to the same expectation about dating before marriage. Most men and women believed that a woman should not have a boyfriend at all until marriage (92.2 percent of men and 93.4 percent of women), while only 18.5 percent of men, and 33.6 percent of women believed the same rule applied to men. There is a gendered pattern present, in which only one in five men believed that men should remain unpartnered until marriage, while almost twice as many women believed the same.

**Table 10. Appropriate age for men's and women's first experiences**

	Men (%)	Women (%)
<b>Appropriate age for men's experiences (mean)</b>		
First girlfriend	19.9	20.7
First marriage	25.2	24.9
First child	26.4	26.1
<b>Appropriate age for women's experiences (mean)</b>		
First boyfriend	19.5	19.9
First marriage	20.9	21.0
First child	22.2	22.3

### Box 1: Attitudes about early marriage

According to a United Nations Children’s Fund (UNICEF) study, more than one in 10 women in Azerbaijan are married before the age of 18.<sup>15</sup> For this reason, researchers in this study aimed to better understand the gender norms that perpetuate this harmful practice.

Almost all the respondents interviewed were against the early marriage of their children. *“They should get married when they become responsible,”* shared a female respondent. *“Responsibility”* for respondents meant turning 18 years old, getting a higher education, and getting a job. The majority of respondents said that girls and boys in the family should receive higher education; another woman said education is *“very important for their future life choices.”* Most of the older male and female respondents reported that they would prefer not to intervene in their children’s family planning decisions.

Respondents seemed to attribute early marriage to decisions made by young people themselves, as opposed to family or societal norms and pressures. *“I would like the teachers to be able to explain all challenges of early marriage. It is very important to organize such work,”* one woman said. *“These discussions should be organized for both girls and boys to raise their awareness in order to make the right choice in life. Unfortunately, [this type of education] does not exist.”* said another woman. *“For avoiding the occurrence of the early marriage the young generation and their parents and relatives have to be aware and informed about such issues”* expressed another woman.

Other research suggests that early marriage in Azerbaijan occurs as a result of a combination of cultural attitudes and norms and socioeconomic factors<sup>16</sup>, which would need to be addressed not only with young people, but also more broadly with families and communities and through policies and programs.

## 3.5. Family Planning and Sexual and Reproductive Health and Rights

Overall, there were revealing gendered differences in decision-making on sexual health and contraceptive use between men and women regardless of location, age, or income. In many cases, women were more likely than men to believe that they are able to make decisions about contraceptive use, while men are more likely to believe that they are the actors making such decisions. Both qualitative and quantitative evidence shows that lack of access to scientific and medically accurate information (as well as misinformation from peer and family groups) perpetuates common myths about contraception and its impact on health. At the same time, however, a majority of men and women believed that methods of contraception are important for couples interested in delaying childbearing.

### 3.5.1. Sexual Behavior and Condom Use

Of the surveyed men, 72.6 percent had sexual intercourse with only one partner in the past 12 months,

<sup>15</sup> United Nations Children's Fund (UNICEF). (2016). The State of the World's Children 2016: A Fair Chance for Every Child. New York: UNICEF.

<sup>16</sup> UNFPA EECARO (2014).

and fewer than 3 percent had three or more partners. About 15 percent had not had sex in the past year. For women, 67.5 percent reported having sexual intercourse with one person in the past year. About one-third (32.1 percent) had not had sexual intercourse in the past year; most of these women were unmarried and between the ages of 18 and 24. Indeed, none of the single women reported sexual activity in the past year. It is important to note that sex before marriage is not considered acceptable in Azerbaijan (as noted earlier, practically all survey respondents agreed that a woman should remain a virgin until marriage), so there may be some underreporting by single women.

Only 15.3 percent of men and 8.2 percent of women used a condom at last sex, which is consistent with the data that most women and men who report being sexually active are married and may be engaging in intercourse for the purpose of reproduction.

As shown in Table 11, men and women between 18 and 24 years old used condoms more commonly than older adults. For example, 36.0 percent of men between 18 and 24 reported using condoms, compared with 24.5 percent of men between 25 and 34 and 12.9 percent of men between 35 and 49. Across nearly all age categories and settings, women were less likely to report using condoms at last sex than men. The reasons for this may be due to the power dynamics within intimate relationships that limit women's agency in condom negotiation, as described in the next section.

Reported condom use was higher among men and women living in urban areas (such as the capital) compared with those living in other areas, which may show that respondents living in these areas are more interested in delaying childbearing or that they have greater access to condoms. Condom use also correlated with the level of household income, with respondents with higher incomes more likely to use condoms. For example, 42.9 percent of men with a monthly household income above 1,000 manat reported using condoms compared to 16.3 percent of those with an income of less than 100 manat and 7.9 percent with an income of 101 to 300 manat.

**Table 11. Condom use at last sexual intercourse by age, type of residence, and household income**

	Men (%)	Women (%)
<b>Used condom at last sexual intercourse</b>		
Total	15.3	8.2
<b>Use of condom by age</b>		
18-24	36.0	20.0
25-34	24.5	14.9
35-49	12.9	7.3
50-59	6.5	2.0
<b>Use of condom by type of residence</b>		
Capital city	27.5	14.6
Large city	11.3	10.0
Small town	6.7	7.7
Rural	13.0	3.0
<b>Use of condom by monthly household income</b>		
Less than 100 manat	16.3	6.1
101-300 manat	7.9	9.3
301-500 manat	22.2	20.0
501-700 manat	25.0	0.0
701-1,000 manat	25.0	0.0
1,001 manat or more	42.9	0.0

## Box 2: Family planning

According to the qualitative study, few couples discuss family planning (for example, the number of children to have or spacing between pregnancies). Men reported that they wanted children, but that they did not really understand what “planning” meant. One male respondent said, *“traditionally in Azerbaijan, childbirth occurs right after the marriage, it is not related with the planning process.”* This means that it is a social expectation that women should give birth to a child right after marriage, rather than discuss with her partner on the right time to start a family. According to another man, *“It will be necessary, of course, to discuss the role of men in joint family planning and decision-making, because they also play a major role in deciding how many and when women should have children.”*

For respondents who reported discussing family planning before marriage, the most common topic was deciding on the number of children to have. Most couples planned to have two children, one boy and one girl. Interestingly, if the couple planned before marriage to have three or four children, when faced with hardship during marriage, they end up having only two children despite the fact that many of the respondents were still in a reproductive age. The main reason for deciding to have fewer children was socioeconomic challenges where they could not completely provide for all their children’s needs. As one respondent said, *“Nobody wants more than two children in the family because of socioeconomic reasons.”*

In addition, some respondents believed that families choose to have fewer children because women do not have time to care for more than two children, reflecting traditional assumptions about women’s and men’s roles in families. For example, one respondent said, *“For women it is very hard to have more than two children, because she could not spend enough time on each child.”*

The study found that practicing family planning was particularly related to a couple’s level of education. In most cases, couples with higher levels of education reported practicing family planning. Approximately half of all respondents did not report any planning.

### 3.5.2. Other Contraceptive Methods

Approximately 60 percent of women and slightly more than 40 percent of men reported using at least one method – modern or traditional – to avoid or delay pregnancy. Table 12 shows the overall prevalence of modern and traditional contraceptive methods, revealing differences in men and women’s reports of contraceptive use. Reports of modern contraceptive use are relatively similar for men and women (22.0 percent and 26.4 percent, respectively); however, 42.6 percent of male respondents reported using a mix of traditional or modern contraceptive methods, while less than a quarter of women reported the same. Women most commonly reported using traditional methods (33.1 percent, compared with 20.6 percent of men). See summary Table 12.

Table 13 presents data on specific contraceptive methods used by the respondents. The most common method according to both male and female respondents was withdrawal. Both men and women reported the intrauterine device (IUD) as the most common method of modern contraceptive used to prevent unwanted pregnancy, with 29.9 percent of women and 33.5 percent of men reporting either they or their partner used an IUD. One in five men and one in seven women indicated that they use male condoms,

while female condom use was not reported by any respondents due to lack of availability in the country. Interestingly, while 25.2 percent of men reported that their partner uses the birth control pill, only 12.7 percent of women reported using the pill.

**Table 12. Percentage of men and women who reported using contraception (summary)**

	Men (%)	Women (%)
No contraception used	14.7	16.2
Use any modern contraceptive method	22.0	26.4
Use any traditional contraceptive method	20.6	33.1
Mix of traditional and modern methods used	42.6	24.3

**Table 13. Percentage of men and women using various contraceptive methods<sup>17</sup>**

	Men (%)	Women (%)
<b>Modern contraception</b>		
Female sterilization	0.0	0.0
Male sterilization	0.0	0.0
Pill	25.2	12.7
Injectables	1.2	1.4
Intrauterine device (IUD)	33.5	29.9
Implant	0.0	0.0
Male condom	20.4	14.9
Female condom	0.0	0.0
Spermicides/foam/jelly	1.2	1.8
Diaphragm/cap	0.0	0.0
Ring	0.0	0.0
Lactation amenorrhea method <sup>18</sup>	1.1	1.4
<b>Traditional methods</b>		
Rhythm/temperature/calendar method/cycle beads	8.5	12.7
Withdrawal	60.3	59.7

<sup>17</sup> Proportions do not add up to 100% because respondents could indicate use of multiple methods.

<sup>18</sup> Lactational amenorrhea method (LAM) is included in modern methods, as in the 2006 Azerbaijan Demographic and Health Survey (AzDHS). See State Statistical Committee [Azerbaijan] & Macro International Inc. (2008). Azerbaijan Demographic and Health Survey 2006, p. 54. Calverton, Maryland, USA: State Statistical Committee & Macro International Inc.

### Box 3: Methods of contraception

In the qualitative study, men mainly considered the safest, most effective methods of preventing or delaying pregnancy to be non-hormonal methods such as withdrawal, male condoms, and the calendar method. According to these men, *“these methods are not harmful and without any side effects”* and *“this is natural and harmless.”*

Despite preference for non-hormonal methods, men reported that they do not like to use condoms since it is not enjoyable for them. They said, *“it is not convenient for me, it does not bring pleasure,”* *“[it] ruins the sex act,”* and that it has an *“effect on sexual satisfaction.”* Some women believed that *“their husbands do not like to use condoms because [they] consider them uncomfortable.”*

A majority of men and women believe that birth control pills *“are very harmful to their health,”* and lead to *infertility, hormonal dysfunction, and “dysfunction of the menstrual cycle.”*

Generally, respondents had no complaints related to the accessibility of contraceptives. There were only in a few cases in which respondents had problems acquiring contraception or were embarrassed to buy them, particularly in rural areas. According to a woman respondent, *“Many women are ashamed to buy them in pharmacy, people may not think well about it.”* Another woman respondent said that *“in rural areas, expensive fees for contraception are the main causes of non-use.”*

Respondents reported that they mainly use traditional contraceptive methods combined with modern methods – for example, withdrawal, male condoms, and the intrauterine device (IUD). Some said that in most cases, if condoms were not available (for instance, in rural areas), they preferred to use either withdrawal or the calendar method. Modern methods of contraception such as the IUD were reportedly being used by a number of women, although some expressed concern that *“it could be harmful for them during the sex act”* and *“woman can get an injury from the IUD.”*

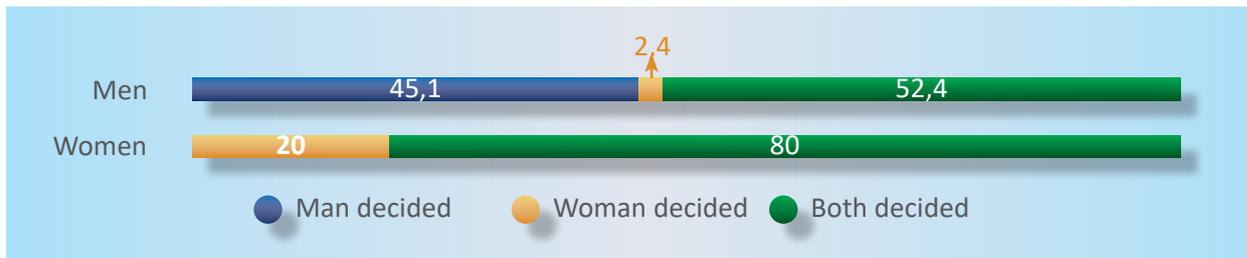
Respondents reported that they received information about contraception from the people around them, not specialists. However, at the same time, respondents believed this might not be the best way to receive scientifically accurate answers to their questions. According to these respondents, *“in most cases this is incorrect information”* and, *“ideally, it would be better to receive such kind of information and recommendations regarding proper use [of contraceptives] from medical staff or physicians.”*

#### 3.5.3. Decision-Making on Family Planning and Contraceptive Use

Gendered power dynamics often play out in intimate relationships in the negotiation and decision-making around condom use and contraceptive use more broadly. As shown in Figure 4, survey respondents reported stark differences in the way that men and women view condom use decision-making. Only 52.4 percent of men reported that they decided together with their partner to use a condom at last sexual intercourse, while 80.0 percent of women reported the same. About 45 percent of men reported that they made the decision to use a condom at last sexual intercourse, while no woman reported that it was

their partner who decided to use a condom. The data indicated that greater proportions of women than men perceived women had more of a say in using condoms at last sexual intercourse. In short, while most men reported the decision to use a condom was made by themselves or jointly, all the surveyed women reported that condom use was their decision or a joint decision.

**Figure 4. Decision-making around condom use at last sexual intercourse**



Similarly, as shown in Figure 5, there are different perceptions of the decision to use contraceptives with women perceiving more gender equity than men. Many respondents said the decision-making process for contraceptive use is predominantly based on consensus and mutual agreement with their partner; 68.8 percent of male respondents and 79.2 percent of female respondents said they make decisions on using contraception jointly with their partner. However, more than one in four men said they had the final say on using contraception, compared to less than one in ten women who reported that the male partner decided. Women were more likely to say that they themselves had the final say (10.6 percent), whereas only 4.8 percent of men believed that the woman had the final say on using contraception. Very few respondents indicated that someone else outside the relationship determined contraceptive use.

**Figure 5. Final say on whether the couple used contraception**



Respondents were also asked about who wanted to have a child the last time the couple had or adopted a child. Here, too, the decision was largely reportedly a joint one: 74.5 percent of women and 83.4 percent of men said partners “both equally” decided to have a child. While the proportions for other options were quite small, 6.4 percent of women and 8.5 percent of men said they were mostly the ones who wanted the child, but only 3.4 percent of men agreed that it was mostly their female partner who wanted it more. It is interesting to note that 4.7 percent of men and 11.8 percent of women said the last child they had or adopted was not planned.

### 3.5.4. Attitudes toward Contraception

Though a majority of male and female respondents disagreed, one in five men agreed with the statement “women who use contraception may become promiscuous” (Table 14). Of respondents, 25.0 percent of men and 19.5 percent of women agreed that using contraceptives is morally wrong. Mirroring the findings from the qualitative study, the vast majority of both men and women believed that contraceptives could have negative side effects. Such negative perceptions about contraceptives, however, did not deter respondents from believing that they are important, with 97.8 percent of women and 86.0 percent of men agreeing that couples should use some form of contraception if they are not ready to become pregnant.

In regards to the statement that “condoms ruin the sex act,” 68.9 percent of male respondents agreed compared with 54.3 percent of women. Interestingly, more than half of women reported that they did not know if using condoms impacted sexual pleasure during intercourse.

To better understand overall perceptions around contraception, researchers developed a mean score across the five items exploring these attitudes, with values ranging from 1 to 4 with higher scores representing more favorable attitudes toward contraceptive use. Overall, men had a score of 2.62 (SD=0.45), while women had a score of 2.87 (SD=0.34).<sup>19</sup> These figures suggest that women generally have significantly more positive and supportive attitudes towards contraception compared with men.

**Table 14. Attitudes about contraceptive use**

	Men (%)	Women (%)
Women who use contraception may become promiscuous.	20.9	4.4
Contraceptives have bad side effects for women.	73.8	84.3
I believe it is morally wrong to use contraceptives.	25.0	19.5
Intimate partners should use some form of contraception if they are not ready to have a child.	86.0	97.8
Condoms ruin the sex act.	68.9	54.3*

*\*A large proportion of women (53%) answered “don’t know”. Proportion represented is of those who did respond to this question.*

### 3.5.5. Access to Contraception

While approximately one-quarter of men (27.9 percent) and women (24.8 percent) believed that contraceptives are difficult to obtain in their region or village, 72.2 percent of men and 69.4 percent of women disagreed with this statement (see Figure 6). Of those who expressed strong agreement with this statement, most lived in rural areas – 88.4 percent of the men who strongly disagreed and 78.6 percent of the women who strongly disagreed lived in settlements smaller than 100,000 people. In fact, there was a highly significant correlation between perceived difficulty of obtaining contraceptives and respondent’s type of settlement, with respondents (both men and women) in smaller settlements expressing more agreement with difficulty of access to contraceptives.<sup>20</sup> This may highlight the lack of availability of contraceptive commodities, lack of knowledge about where to purchase contraceptives, or other issues having to do with availability in rural areas.

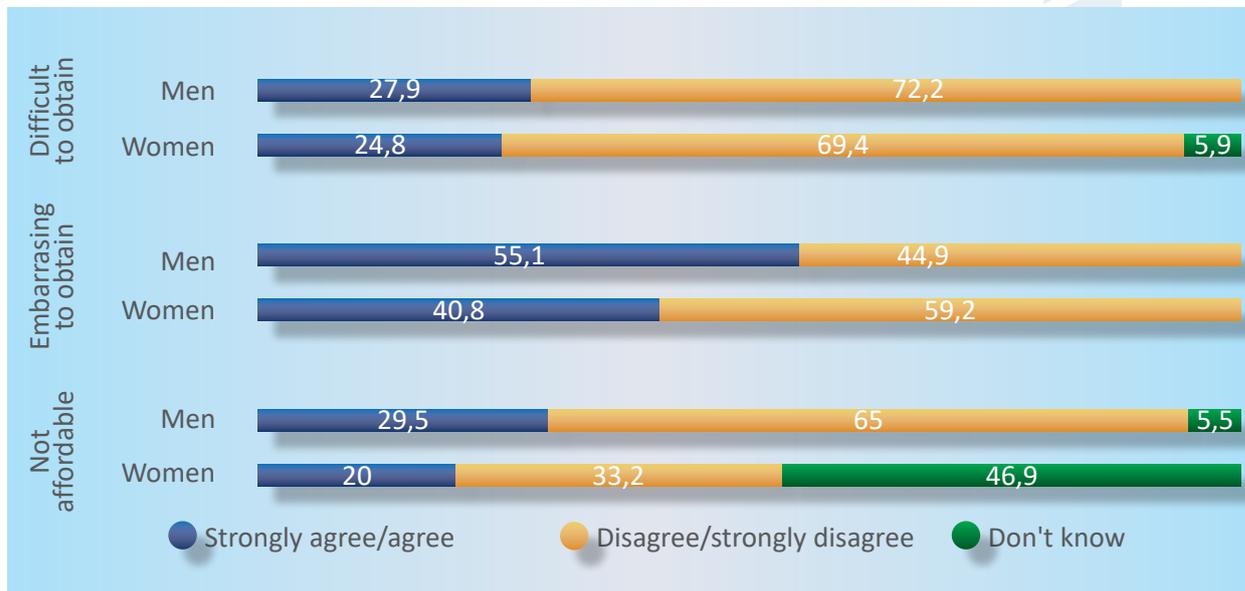
Social desirability plays a large role in people’s perceptions about contraception and impacts their sense of agency to attain them. In this sample, more than half of men and more than 40 percent of women believed that “contraceptives are embarrassing to obtain” in their region or village. In general, there is no direct correlation between this response and the respondents’ places of residence, as a large proportion of respondents in every location tended to believe that contraceptives are embarrassing to obtain.

Cost of contraception also plays a key role in an individual’s ability to access such methods. Concerningly, while nearly 95 percent of men either agreed or disagreed that contraceptives are affordable, almost half of women reported that they did not know about affordability. Such findings may further highlight not only women’s lack of power in decision-making about whether or not to use contraception, but also that many women are not the ones purchasing methods to control fertility.

<sup>19</sup> Difference statistically significant at the  $p < .001$  level.

<sup>20</sup> Difference statistically significant at the  $p < .001$  level.

**Figure 6. Attitudes about contraceptive access**



#### Box 4: Contraception use

The qualitative study respondents, particularly women, said they were aware of – and had more or less sufficient information about – existing contraceptive methods. Most respondents said they use at least one of the contraceptive methods, but few couples reported engaging in discussions on the choice of contraception.

Men's reasons for not using contraception mainly related to religious prohibitions. For example, according to one man, *"It is a sin to protect yourself from pregnancy. You should give birth as much as God ordered."* Additionally, some male respondents reported that such religious messages were further echoed by other people in their faith groups (such as close friends or relatives).

As stated previously, there is a lack of information or misinformation about contraceptive methods in general. Female respondents said, *"it is useless and may harm the human body," "using the IUD [intrauterine device] can make you gain weight,"* and *"pills are harmful to your health."* Respondents also blamed inconvenience and absence of pleasure as reasons for low contraceptive use, particularly in terms of condoms; this echoes the findings within the quantitative component of the study.

There was also a reported lack of information about contraceptive methods from doctors and other health providers. Highlighting her frustration, one woman said, *"I had an abortion several times, but the doctor never said a word about contraceptives."*

Through these interviews, researchers found that female respondents were interested in avoiding unintended pregnancy, and that in most cases they were acting as an initiator in discussions about contraception with their partner. At the same time, there were a few cases where men reported that they did not want to use condoms and women have a lack of decision-making power and ability to negotiate contraceptive use.

### 3.5.6. Abortion Issues (Decisions, Patterns of Behavior, and Support)

The survey found that 64.3 percent of women reported that they had at least one abortion; all of the women reported they were 18 or older when this occurred. Most women who had an abortion (90.1 percent) said their male partner ever participated in the decision. Table 15 shows discrepancies in men's and women's reports on decision-making related to abortion.

**Table 15. Abortion and decision-making concerning abortion**

	Men (%)	Women (%)
<b>Whose decision was it to seek the last abortion?</b>		
Mostly woman	13.0	18.0
Mostly man	6.7	1.6
Joint decision	77.8	78.9
Other (including someone else, man and someone else, and woman and someone else)	2.5	1.5
<b>Male partner's participation in abortion</b>		
Did you provide financial support for the last abortion?/Did your partner/husband provide financial support for the last abortion?	95.8	98.4
Did you accompany your wife/partner for the last abortion?/Did your partner/husband accompany you for the last abortion procedure?	49.8	38.3

Of those who had an abortion, nearly all respondents – both male and female – reported that the man provided financial support for the most recent abortion, demonstrating that it is common practice for male partners to provide financial support for abortion-related costs. Approximately half of male respondents reported that they accompanied their wife/partner to the most recent abortion, while 38.3 percent of female respondents said their partner/husband accompanied them; this highlights an important possible entry point to men's engagement in contraception and family planning. While 77.8 percent of men and 78.9 percent of women reported joint decision-making, women were more likely than men to report that the decision to seek an abortion was made mostly by the woman. Women were also much less likely to report the decision was made mostly by the man (1.6 percent, compared to 6.7 percent of men).

### Box 5: Abortion issues

In the qualitative study, almost every woman had undergone at least one abortion in their lifetime. The main reasons given were problems with fetal development, failure to use contraception, and already satisfied with the existing number of children. There was only one case reported in which a woman was told to get an abortion by her male partner.

Several women said that their husbands were generally supportive of their decision to end the pregnancy. One woman said, *“He never sent me to [have an] abortion. I think that if your husband respects you, he will never do it.”* A male respondent said, *“The decision to abort had been made by my wife, due to the small child and she was not ready for the next pregnancy. I only respected her decision. I did not want go against it. I agreed with her idea”.* Men also reported that they supported their wives’ decisions by providing financial support for the abortion, and accompanying her to get an abortion.

Mirroring the quantitative findings, a majority of respondents reported that they discussed the decision to have an abortion with their partner and that it was a joint agreement. One male respondent said, *“We have taken this step due to the fact that our child at that time was very young; we did not plan for the child, and were also not ready for the next pregnancy.”*

Worryingly, some couples said that they have abortions as a method of contraception.

## 3.6. Parenting and Caregiving

The following section presents information on respondents’ relationships with their children, as well as attitudes and behaviors related to parenting and caring for children. It focuses specifically on understanding fathers’ involvement from the beginning of their children’s lives, as this involvement has been shown to have positive impacts on the child’s well-being and can reflect changing societal perceptions about the role of women and men in raising and educating children.

As shown in Table 16, approximately three-quarters of the sample had biological children, with a mean of 2.21 children for men and 2.41 for women. While the mean number of male children compared to female children is slightly higher for both men and women, this difference is not statistically significant.

**Table 16. Family characteristics of respondents**

	Men (%)	Women (%)
Percentage of respondents who have biological children	78.3%	75.3%
Mean number of respondents’ biological children	2.21	2.41
Mean number of biological male children	1.13	1.22
Mean number of biological female children	1.08	1.19
Percentage of respondents who have any children under 18 years of age who do not live in the household	1.9%	0.0%

### 3.6.1. Men’s Participation in Antenatal Care

Both men and women reported that the majority of men who have children accompanied their partner to

at least one antenatal care visit, and approximately one in five men reportedly accompanied them to every visit (see Table 17). However, respondents reported that few men actually participated in the visit with the health provider – only 4.4 percent of men and 3.7 percent of women said men joined for at least part of the visit, and the vast majority either dropped their partner off, waited outside, or stayed in the waiting room. This represents a missed opportunity, as well as an important possible entry point for engaging men in health services, maternal, newborn, and child health, and gender equality: many men are in the waiting rooms, waiting to be called in.

**Table 17. Participation in antenatal care visits during the last or current pregnancy**

	Men (%)	Women (%)
<b>Frequency of men's accompaniment to antenatal care visits</b>		
To every visit	20.5	18.1
To some visits	36.5	32.4
To one visit	12.0	16.2
Not to any visit	26.8	27.5
I do not know if she had/has antenatal visits	2.0	0.0
Woman did not receive antenatal care	2.2	5.9
<b>Men's location during the visit</b>		
Drop her off at the entrance or wait for her outside	56.5	44.1
Sit in the waiting room	38.5	50.7
Join her for at least part of the visit with the health provider	4.4	3.7
Other	0.6	1.5

### 3.6.2. Leave for Fathers

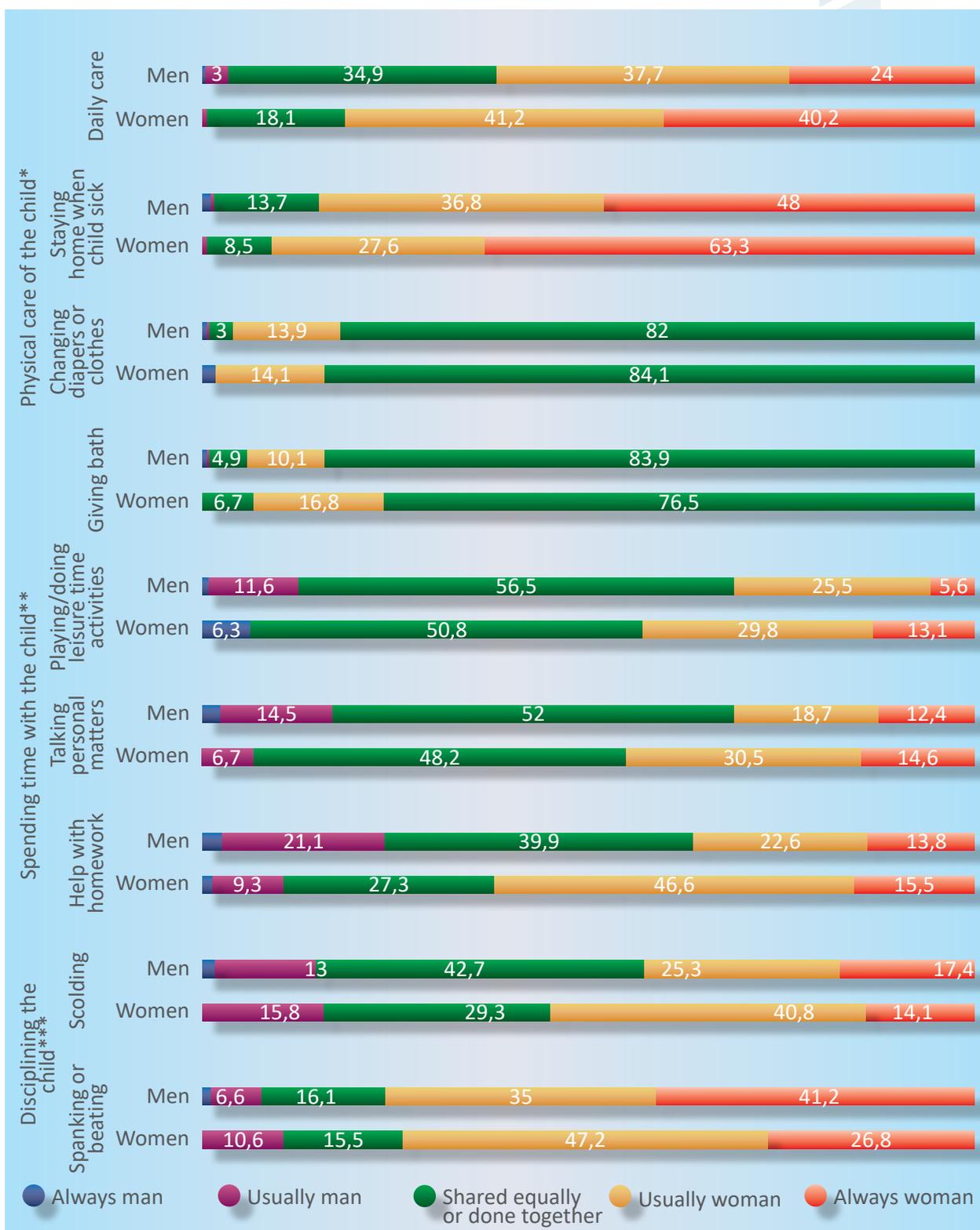
According to the Labor Code, male employees whose female partners are on maternity leave are granted paternity leave (if it is requested) for a period of up to 14 calendar days. This leave is unpaid. Only 6.1 percent of men in the study reported being able to take leave or time off at the birth of their latest child. This number is even lower according to women's reports - only 2.9 percent of women (N=6) reported that their husband or partner took leave or time off the last time they had a child. On average, if they took parental leave, men reported taking leave for only 4.9 days out of the 14 days permitted by law.

### 3.6.3. Men's Participation in Caregiving

Respondents were asked about how they divided child-related tasks between themselves and their partner for their youngest child. Overall, although men's participation rates across all caregiving tasks is lower than women's, men tended to report higher rates for their own participation than women reported about men. As shown in Figure 7, respondents indicated that women mainly performed tasks related to the physical care of the child. Tasks related to spending time with the child were more often shared equally or done together; with the exception of assisting with homework, which was reportedly done by mothers more often than by fathers.

When it came to discipline, there were some differences between men's and women's reports. Both men and women said that spanking or beating the child was usually done by women. However, 42.7 percent of men reported that scolding children was shared equally or done together, while just 29.3 percent of women described it as a joint task; 54.9 percent of women reported scolding children was something they usually or always did.

**Figure 7. Division of caregiving tasks for youngest child**



\* Physical care of the child includes 4 questions: daily care of the child, staying home with the child when he/she is sick, changing the child's diapers or clothes, and giving the child a bath.

\*\* Spending time with the child includes 3 questions: helping the child with his/her homework, talking with the child about personal matters, and playing with the child or doing various leisure-time activities together.

\*\*\* Disciplining the child includes 2 items: spanking or beating the child (physical discipline), and scolding the child (verbal discipline)

Gendered patterns also emerged in the frequency of participation in caregiving tasks, with mothers reporting greater frequency of the daily work than fathers in various domains (see Table 18.) When asked if they had ever performed tasks related to physical care of their youngest child, the vast majority of women, but as few as 14.3 percent of men, reported ever performing each task. Overall, few men had ever given baths or changed diapers or clothes; 50.3 percent of men said they had never stayed home with the youngest child when he or she was sick.

Mothers were also more often the disciplinary figure. One in five fathers had never verbally disciplined their child, and more than half had never spanked or beaten their child, whereas essentially all mothers reported having performed these tasks. Compared with other categories, men were much more likely to report having spent time with the child (i.e., talking about personal matters, helping with homework, or playing with the child), though the frequency reported by women still remained higher. This indicates some inequality in the kinds of tasks that fathers and mothers take on in the family unit.

**Table 18. Caregiving division of labor**

	Men (%)	Women (%)
<b>Physical care of the child</b>		
Daily care of the child	75.4	100.0
Staying at home with the child when he/she is sick	49.7	100.0
Changing the child's diapers or clothes	16.7	99.4
Giving the child a bath	14.3	99.4
<b>Spending time with the child</b>		
Playing with the child or doing various leisure-time activities together	94.0	99.5
Talking about personal matters with the child	86.4	100.0
Helping with the child's homework	86.8	98.1
<b>Disciplining the child</b>		
Scolding the child (verbal discipline)	79.5	100.0
Spanking or beating the child	47.4	99.3

Unsurprisingly, men who have more gender-equitable attitudes were more likely to report greater participation in the daily care of children. A standard deviation increase in GEM scores was associated with 1.33 greater odds of participating in the daily care of children. Having an involved father as a child was also associated with men's current involvement in caregiving tasks as adults. As shown in Table 19, 32.6 percent of men whose fathers did not participate in any domestic duties had never themselves engaged in the daily care of their youngest child as adults. But among men whose fathers did participate in one or more domestic duties, the number of respondents involved in daily care rose significantly to 85.1 percent. This suggests that men who observed their fathers participating in domestic duties are much more inclined to engage in the daily care of their own children, highlighting an intergenerational transmission of care.

**Table 19. Caregiving division of labor by father's participation in domestic duties in childhood home**

	Father did not participate in any domestic duties	Father participated in one or more domestic duties	Difference?
<b>Physical care of the child</b>			
Daily care of the child	67.4	85.1	***
Staying at home with the child when he/she is sick	44.1	57.7	*
Changing the child's diapers or clothes	15.7	18.6	
Giving the child a bath	12.6	17.0	
<b>Spending time with the child</b>			
Playing with the child or doing various leisure-time activities together	93.5	94.3	
Talking about personal matters with the child	82.8	91.5	**
Helping with the child's homework	84.6	89.8	*
<b>Disciplining the child</b>			
Scolding the child (verbal discipline)	78.3	80.2	
Spanking or beating the child	44.1	55.3	

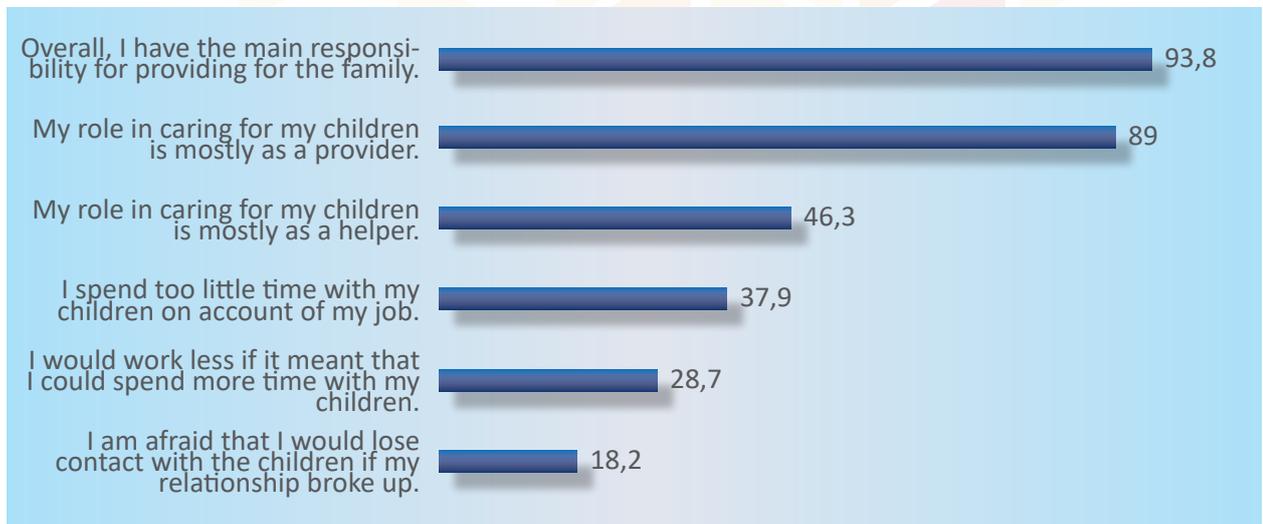
**Figure 8. Men's engagement in daily care of children, by father's involvement in domestic duties in childhood home**



This same pattern exists for such caregiving tasks as staying at home with the child when he or she is sick, talking about personal matters, helping with homework, and spanking or beating the child. For other tasks, such as changing the child's diapers or clothes, giving a bath, playing with the child or doing various leisure-time activities together, and scolding the child (verbal discipline), the proportion of men who never did these tasks was relatively even lower regardless of their fathers' participation during childhood. This may be because certain tasks, such as playing, are done by nearly all men, while others, such as changing diapers or giving the child a bath, are done by very few and are considered women's responsibilities.

### 3.6.4. Men's Relationship with Children

Figure 9 presents findings about men's perceptions of their relationships with their children. The overwhelming majority of men consider their main role as "provider" for their children. At the same time there seems to be clear recognition by large numbers of men that their participation as fathers is not fulfilling if they are only limited to economic or "productive" roles. Over one in three men said that they spend too little time with children because of work while nearly 29 percent of men reported they would work less if it meant they could spend more time with their children.

**Figure 9. Attitudes about relationship with children**

### 3.7. Intimate Partner Violence

Intimate partner violence<sup>21</sup> is one of the most extreme manifestations of power inequality in relationships, used by many men to exert control and dominance over women. This section presents data on respondents' perpetration of and/or experiences of physical, sexual, emotional, and economic violence from childhood to adulthood, as well as their attitudes toward violence.

#### 3.7.1. Experiences of Violence in Childhood

Research from around the world, including other IMAGES studies, shows that witnessing or experiencing violence in childhood can lead to negative consequences that extend into adulthood. Table 20 presents data on respondents' experiences of violence until the age of 18. Rates of emotional and sexual violence were quite low in this sample, while rates of physical violence and witnessing of intimate partner violence were much higher for both men and women. Of the respondents, 52.4 percent of women and 66.5 percent of men reported having been slapped or spanked by parents when they were children. Men in particular suffered more severe forms of physical violence as children, with six times more men than women reporting childhood beatings with hard objects and four times more men reporting beatings that left marks or bruises on their bodies. More than one-third of men and nearly one-quarter of women reported witnessing their mother being beaten by her husband or partner.

<sup>21</sup> Intimate partner violence refers to behavior by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours. WHO Factsheet (FS239), retrieved from: <http://www.who.int/mediacentre/factsheets/fs239/en/>

**Table 20. Experience of particular forms of violence before the age of 18**

	Men (%)	Women (%)
<b>Physical violence</b>		
Spanked or slapped by my parents in the home	66.5	52.4
Beaten at home with a belt, stick, whip, or something else that hard	12.2	1.9
Beaten so hard at home that it left a mark or bruise	6.0	1.5
<b>Emotional violence</b>		
Insulted or humiliated by someone in my family in front of other people	9.1	7.4
One or both of my parents were too drunk or high on drugs to take care of me	1.6	1.1
<b>Sexual violence</b>		
Someone touched my buttocks or genitals or made me touch them on the genitals when I did not want to	1.0	1.9
Had sex with someone because I was threatened, frightened, or forced	1.1	0.4
<b>Witnessing intimate partner violence (IPV)</b>		
Witnessed (saw or heard) my mother being beaten by her husband or partner	37.8	23.1

### 3.7.2. Attitudes toward Violence

Attitudes and social norms about violence can impact not only incidence rates in a community, but also how perpetrators and survivors of violence are perceived and treated. Respondents' attitudes about violence are presented in Table 21. Overall, men expressed slightly more tolerance than women toward the use of violence against a partner – the proportion of male respondents agreeing that the use of violence was appropriate ranged from 15 to 66 percent depending on the situation. The number of female respondents who agreed was high as well: 11 to 59 percent believed that there were some situations that justified a partner's use of violence against a woman. For both men and women, cheating received the strongest support as a reason to justify violence against a female partner.

Approximately half of both male and female respondents agreed that there are times when a child deserves to be beaten, with women slightly more in favor of this practice than men (52.0 percent versus 47.5 percent). This is in line with prior reports on the use of physical punishment on children, in which more women than men reported having ever spanked or beaten their child.

On average, men's attitudes toward violence are slightly lower than women's: on a composite variable for five attitudinal measures (range from 5 to 20, with lower scores reflecting greater acceptance of violence) the mean score was 13.4 (SD = 3.0) for men and 13.9 (SD = 2.5) for women<sup>22</sup>. This suggests that while women are slightly less likely to justify violence compared to men, they still hold very permissive views.

<sup>22</sup> Difference significant at the  $p = .01$  level

**Table 21. Attitudes about violence against women and rape**

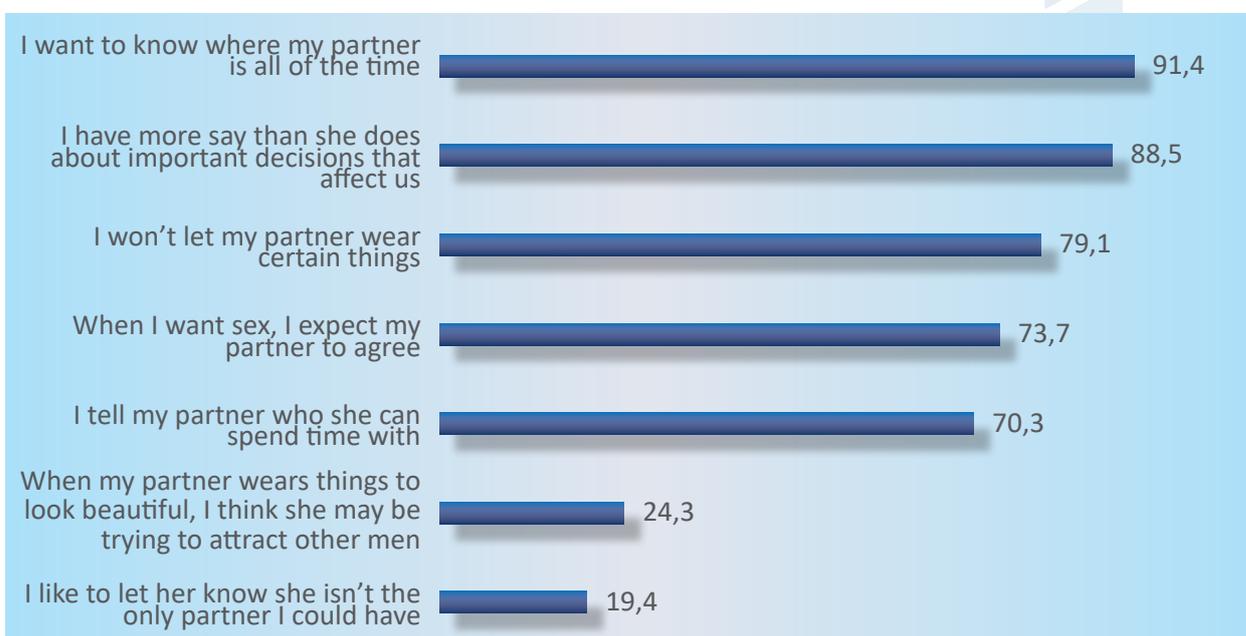
	Men (%)	Women (%)
<b>Attitudes about violence</b>		
A woman should tolerate violence to keep her family together.	41.0	34.7
There are times when a woman deserves to be beaten.	37.4	29.1
If a woman cheats on a man, it is okay for him to hit her.	65.9	58.5
It is okay for a man to hit his wife if she won't have sex with him.	14.9	11.4
There are times when a child deserves to be beaten.	47.5	52.0
<b>Rape myths</b>		
When a woman is raped, she usually did something to put herself in that situation.	25.5	14.0
In some rape cases, women actually want it to happen.	44.0	21.5
If a woman doesn't physically fight back, you can't really say it was rape.	53.2	22.2
In any rape case, one would have to question whether the victim is promiscuous or has a bad reputation.	26.4	18.4

Men were much more likely to believe that a female rape victim “usually did something to put herself in that situation” (25.5 percent, compared with 14.0 percent of women), as well as that “in some rape cases, women actually want it to happen” (44.0 percent of men compared with 21.5 percent of women). Likewise, the number of male respondents who agreed that “in any rape case, one would have to question whether the victim is promiscuous or has a bad reputation” is higher for men than for women. Of male respondents, 53.2 percent agreed that it is not rape if a woman does not physically fight back; 22.2 percent of women believed the same. Overall, almost three-fourths of the men supported at least one of the four statements condoning sexual violence, while a smaller – but still high – proportion of women (39.6 percent) felt the same.

### **3.7.3. Controlling Behaviors in the Partner Relationship**

Men's controlling behavior towards their partners has been shown to be a risk factor associated with violence.<sup>23</sup> Control over their female partners was commonplace in this sample of respondents, as shown in Figure 10. Most men expressed a desire to know where their partner is at all times (91.4 percent), and 79.1 percent of men reported that they don't allow their partner to wear certain clothes. Similarly, large proportions of men reported having more say or control than their partners over decisions that affect the couple, the timing of sexual contact, and the people that their partners spend time with. Practically all men (99.8 percent) reported engaging in at least one of the seven controlling behaviors included in the survey.

<sup>23</sup> Fulu et al. (2013).

**Figure 10. Attitudes about controlling behaviors**

#### 3.7.4. Intimate Partner Violence

The IMAGES survey collected data from ever-partnered men about their use of violence against their partner and from women about violence perpetrated by a partner. This included any violence over the lifetime and over the previous year. IMAGES uses internationally standardized measures for four types of intimate partner violence – economic, physical, psychological, and sexual – in which experiences of each type of violence are assessed through several questions on specific behaviors<sup>24</sup>. Men who have perpetrated and women who have experienced any one of the items is coded as having used or experienced that type of violence.<sup>25</sup>

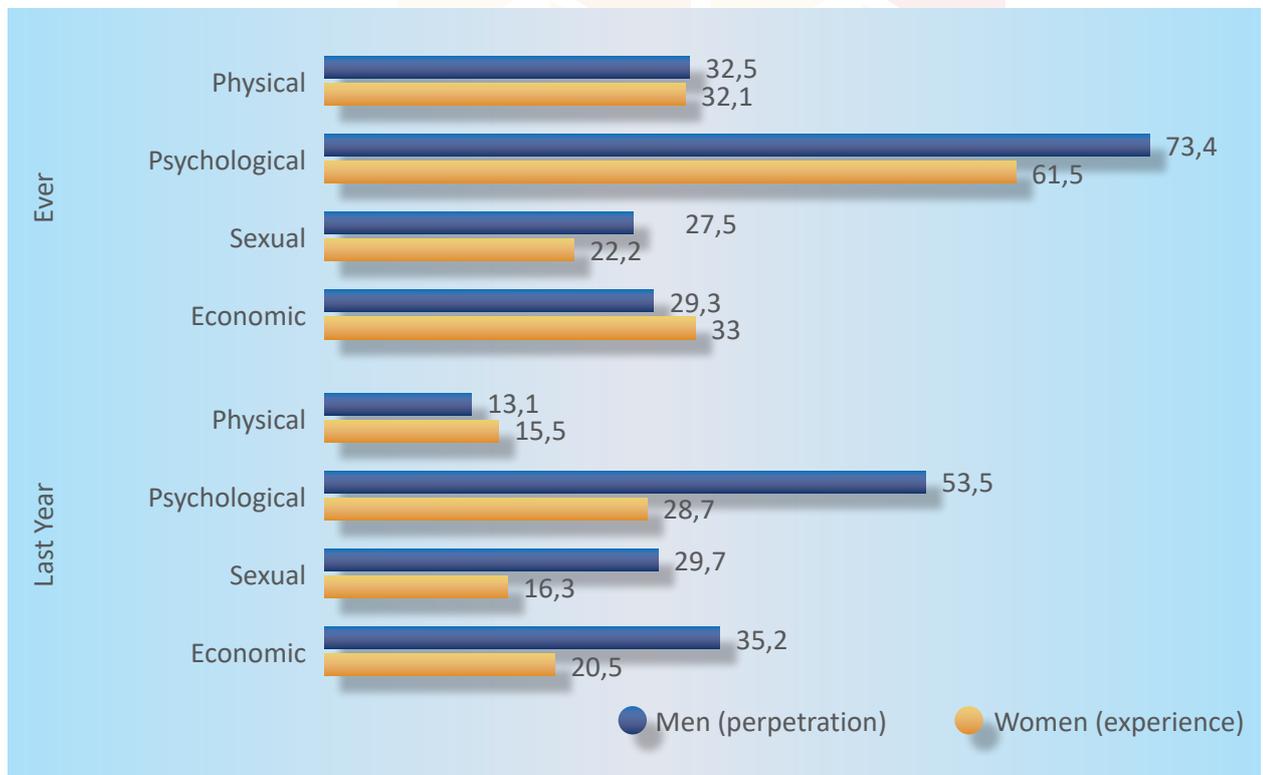
As seen in Figure 11, a large proportion of men reported having perpetrated – and a large proportion of women reported having experienced – at least one form of violence in their lifetime. Approximately one in three men (32.5 percent) reported perpetrating (men) or experiencing (32.1 percent of women) physical violence. Of these, 13 percent of men and 16 percent of women reported experiences of violence in the last year. Sexual violence in the context of an intimate partner relationship was reported by 27.5 percent of men and 22.2 percent of women ever in their lifetime. Additionally, 29.7 percent of the men and 16.3 percent of women reported sexual violence in the past 12 months.

The most common type of intimate partner violence reported was psychological violence – 73.4 percent of men reported having ever psychologically abused a partner, and 53.5 reported having done so in the last year. Women reported somewhat lower rates, with 61.5 percent ever experiencing psychological violence and 28.7 percent experiencing it in the last year. Finally, in terms of economic violence, 29.3 percent of men said they perpetrated and 33 percent of women said they experienced at least one form of economic violence in their lifetime; about one in three men and one in five women reported this form of violence in the past year.

<sup>24</sup> See specific items that measure each type of violence in Annex 5. Experiences of economic violence were measured using 4 items, psychological violence measure included 5 items, physical violence had 5 items, and sexual violence was composed by three items.

<sup>25</sup> See Annex 5 for detailed, item-by-item responses.

**Figure 11. Intimate partner violence perpetration or experience (ever and in the last year)<sup>26</sup>**



Several factors were consistently associated with men’s perpetration of all four types of violence. Witnessing violence against their mother and experiencing physical violence in childhood were associated with a greater likelihood of intimate partner violence, confirming findings from other studies around the world about the harmful intergenerational cycles of violence.<sup>27</sup> Men with less equitable gender attitudes as measured by the GEM scale, and specifically men who endorsed statements about violence against women (e.g., “a woman should tolerate violence to keep her family together” and “there are times when a woman deserves to be beaten”) were also more likely to have perpetrated intimate partner violence. Economic stress was also a factor: Men who reported difficulty making ends meet and who felt stressed or depressed because of not having enough work or income (and in some cases, having too much work) reported more use of violence. Finally, men with lower levels of education were generally more likely to use violence. No clear pattern was detected in terms of age group and urban vs. rural.<sup>28</sup>

### 3.7.5. Sexual Violence against a Non-Partner

Men and women were also asked about sexual violence perpetration and experience with someone who was not their partner. About 5 percent of men reported ever forcing a woman who was not their wife or partner to have sex (27.6 percent of these reported that it happened in the past 12 months), while only 0.9 percent of women reported ever experiencing forced sex with a man who was not her husband or partner (50.0 percent of these reported that it happened in the past 12 months). For more detail on questions about sexual violence, please consult Annex 5.

<sup>26</sup> Proportions “in the last year” refers to the proportion of respondents who answered “yes” to ever perpetrating or experiencing violence and experienced violence in the last year.

<sup>27</sup> Fleming et al. (2015).

<sup>28</sup> Results not shown, available from authors.

### **3.7.6. Exposure and Response to Intimate Partner Violence**

Men and women were also asked about whether they had ever witnessed or intervened in a situation of intimate partner violence perpetrated (for men) or experienced (for women) by a friend.

Among male respondents, 30.3 percent said they have a male friend who uses physical violence against his wife. Of these men, 44.5 percent responded to the question, “How do you feel about this physical violence?” by claiming it is “a private matter, not their business”; 26.7 percent said that “the husband must have had a good reason to do it”; 25.1 percent said “it makes them uncomfortable”; and only 3.7 percent said that “a husband must do it to make his wife understand.” A similar proportion of women (32.1 percent) said they had a female friend who experiences physical violence perpetrated by her husband. Contrastingly, women mostly felt uncomfortable with this violence (62.1 percent); another 28.9 percent of the women felt that it was a private matter; and 9.2 percent felt like there must have been a good reason. No woman endorsed the view that a man must hit his wife to make her understand.

Men and women responded differently when asked what they would do or did when they saw physical violence being perpetrated by their male friend (asked of men) or experienced by their female friend (asked of women). Of those who had a friend who used or experienced physical violence in their intimate partner relationship, over one-third of men (34.6 percent) said they “did nothing, it’s their problem,” compared to 16.1 percent of women. About a quarter of both men and women (25.1 percent and 25.3 percent, respectively) said they would “avoid or shun their friend.” More women than men (32.2 percent and 22.0 percent, respectively) said they would or did speak to their friend after the episode, and 18.3 percent of men and 20.7 percent of women intervened or would intervene during the episode.

None of the men and only about 5 percent of the women said they would or did contact the police (1.1 percent) or mobilize neighbors or friends (4.6 percent). None of the respondents reported contacting local authorities. These findings show that while many men and women are uncomfortable with violence and potentially ready to intervene, few actually turn to official structures to do so.

### **3.7.7. Attitudes about Laws on Violence against Women**

Finally, respondents were asked about whether they were aware of the existence of laws in Azerbaijan about violence against women and their opinions about these laws. Less than 60 percent of men and women were aware of such laws. When asked about their opinions on these laws, the majority of both male and female respondents thought that “domestic violence laws make it too easy for a woman to bring violence charges against a man” (79.6 percent of men and 75.7 percent of women). Nonetheless, 53.5 percent of men and 55.3 percent of women disagreed with the statement that these laws are too harsh – and correspondingly, 52.8 percent of men and 51.4 percent of women agreed that the laws are not harsh enough. Additionally, 41.8 percent of men and 45.4 percent of women said that the laws do not provide enough protection; 47.7 percent of men and 46.7 percent of women said the laws might expose a woman to even more stigmatization and pain. Overall, a much larger proportion of the women had trouble expressing their opinions about these laws, and around 10 to 15 percent of them avoided giving an answer at all.

## **3.8. Son Preference and Gender-Biased Sex Selection**



This section presents the information on respondents’ son preferences and attitudes towards gender-biased sex selection.

### **3.8.1. Preferences on Number of Children**

Participants were asked about their preferences on their preferred number of sons and daughters. According to Table 22, both male and female survey respondents preferred to have a larger number of boys than girls, with men desiring a larger number of boys than women.

**Table 22. Family planning - preferred number of children by sex (mean/standard deviation)**

	Men mean (SD)	Women mean (SD)	Difference?
Preferred number of sons	1.72 (0.71)	1.43 (0.63)	*
Preferred number of daughters	1.25 (0.61)	1.36 (0.67)	**

Note: \* means significant difference at the  $p < .001$  level, \*\* means significant difference at the  $p < 0.05$  level

Only 6.0 percent of men compared to 17.5 percent of women preferred to have a greater number of daughters than sons. Comparatively, 41.5 percent of men and 18.3 percent of women preferred a greater number of sons than daughters. A very small proportion – 0.6 percent of men and 1.5 percent of women wanted only daughters, while 6.0 percent of men and 6.7 percent of women wanted only sons. Overall, 52.5 percent of men and 64.2 percent of women preferred an equal number of sons and daughters.

Such findings indicate that there are stark differences between men and women in preferred numbers of sons versus daughters, which may highlight how men are a strong driving force behind son preference in Azerbaijan.

### 3.8.2. Attitudes toward Son Preference

IMAGES Azerbaijan further explored cultural and gender norms that may underpin and perpetuate the practice of gender-biased sex selection (in ways that favor males over females), asking to what extent men and women agree or disagree with common beliefs about sons and daughters. For example, having a son is commonly preferred because it is assumed he will take care of elderly parents both socially and economically; segments of society also often view sons as “protectors” both of the family and of the country. Daughters are often less preferred because they are not expected to earn a sizable income to support family members and/or they will be expected to dedicate support to their husband’s family after they marry.

As shown in Table 23, the overwhelming majority of male and female respondents agreed that “it is important to have a son to carry on the family name or lineage,” and 53.8 percent of men compared with 33.2 percent of women felt “it is important to have a son to take care of you in your old age.” Almost equal proportions of male and female respondents agreed that “having a daughter is a financial burden/loss,” and slightly more women than men (54.6 percent versus 48.9 percent) agreed that “a daughter’s burden is a salt’s burden,” meaning that raising a girl is a heavy burden.

Judging by these data, one can say that the main motivation for the desire to have sons is to carry on the family name or lineage and that many men and women consider daughters to be a burden. This supports existing research on gender-biased sex selection in the Caucasus region showing that sons are viewed as assets and pillars of the household, whereas daughters are often considered liabilities who cease to belong to their native family after marriage.<sup>29</sup>

**Table 23. Attitudes about son preference**

	Men (%)	Women (%)
It is important to have a son to carry on the family name or lineage.	85.7	73.4
It is important to have a son to take care of you in your old age.	53.8	33.2
Having a daughter is a financial burden/loss.	48.5	44.6
A daughter’s burden is a salt’s burden.	48.9	54.6

<sup>29</sup> Guilмото (2013).

Findings in Table 24 show the extent to which beliefs about son preference correlate with respondents' desired number of sons versus daughters. It is important to note that regardless of respondents' beliefs, men and women clearly believed the ideal family consists of either more sons than daughters or equal numbers of both sons and daughters (with the majority preferring to have an equal number). Very few men or women desired to have more girls.

Across all four indicators on son preference, even those men who disagreed with the statements underpinning preferences for male children still preferred to have more sons than daughters. For example, of those who disagreed with the statement "it is important to have a son to take care of you in old age," 31.7 percent of those men had a preference for sons compared to 7.6 who had a preference for daughters (based on the ideal number of children reported). This was not the case for women. For a majority of the indicators (three out of four), those women who disagreed with the son preference statements preferred daughters in greater numbers than those who agreed and preferred to have more sons.

**Table 24. Attitudes about son preference, by preference for children's sex**

		Preference for children			
			Prefer sons	Prefer equal number of boys and girls	Prefer daughters
It is important to have a son to carry on the family name or lineage.	Agree	Men	43.1	51.2	5.7
		Women	21.9	61.2	16.8
	Disagree	Men	31.8	60.2	8.0
		Women	8.3	72.2	19.4
It is important to have a son to take care of you in your old age.	Agree	Men	49.9	45.4	4.7
		Women	28.7	59.8	11.5
	Disagree	Men	31.7	60.7	7.6
		Women	13.3	66.3	20.4
Having a daughter is a financial burden/loss.	Agree	Men	49.5	46.5	4.0
		Women	22.5	56.7	20.8
	Disagree	Men	33.5	58.7	7.8
		Women	14.9	70.3	14.9
A daughter's burden is a salt's burden.	Agree	Men	46.4	46.4	7.2
		Women	22.4	59.9	17.7
	Disagree	Men	37.0	58.1	5.0
		Women	13.2	69.4	17.4

### Box 6: Son preference

Findings from the qualitative interviews mirror the quantitative survey on son preference. Overall, respondents seemed divided on this issue; some men reported that they would be happy with either a son or a daughter; as one said, "For me, a daughter and a son are equal, the main thing is that I have a child."

On the other hand, most of the men interviewed indicated that they would like to have a son. This did not mean that they did not want daughters at all, but rather that they want both in order to feel satisfied with their family composition. Men who already had one or two daughters said they were eager for their third child to be a boy. One said, for example, "Now I have a daughter, but I would like at least one son as a successor of my generation and carry on the family name or lineage." Another said, "When my daughter was born, to

*be honest, I was expecting a boy, because every man wants to have a son.” A third commented that, “No matter how many children we have planned, most of them must be boys.”*

Women observed how their partners valued their sons over their daughters, and these women often went to great lengths to give birth to a male child. *“My husband loves my son more than our daughter”, one said. “My son was born seven years after my daughter. Before this last pregnancy, I had some fertility issues and had to receive special treatment”.*

These respondents also reported feeling pressure from their husband to give birth to a male child, and received threats if they did not. *“My husband told me that he doesn’t want a daughter. If I do not deliver the boy, he will leave me,”* one respondent said. Another said, *“I wanted twins – one boy and one girl, but my husband wanted that both will be boys.”* Such findings mirror what was found in the quantitative component, with men being more likely than women to report desiring male over female children.

### **3.8.3. Attitudes toward Gender-Biased Sex Selection**

To better understand the issue of gender-biased sex selection, respondents were asked about their opinions on pregnancy termination. As shown in Table 25, termination of pregnancy was justified by almost all male and female respondents if the pregnancy put the woman’s health at risk. The second-most justifiable reason for termination was if “the pregnancy is unplanned or unwanted” (79.6 percent of men and 69.7 percent of women agreed). The third-most justifiable reason for termination of pregnancy was if “the family already has enough children.”

Notably, similar proportions of men and women (53.9 percent and 45.4 percent, respectively) believed that it is justifiable to end a pregnancy if a family has enough sons compared with if the family has enough daughters (50.2 percent of men and 43.5 percent of women). It is also noteworthy that despite men and women’s affirmative beliefs on the importance of sons to the family, sex-selective abortion (“the fetus is female”) was mentioned as a justifiable reason for termination by only a small proportion of male and female respondents (9.0 percent and 11.1 percent, respectively).

**Table 25. Attitudes about the reasons for pregnancy termination**

	Men (%)	Women (%)
The pregnancy is unplanned or unwanted.	79.6	69.7
It would be hard to provide for another child.	69.6	66.8
The pregnancy could harm her health.	95.9	98.5
The family already has enough children.	78.1	72.7
The family already has enough sons.	53.9	45.4
The family already has enough daughters.	50.2	43.5
The fetus is female.	9.0	11.1

### Box 7: Sex-selective abortions

In general, qualitative interview respondents reported that they do not support the practice of sex-selective abortion, an illegal procedure in Azerbaijan. According to one respondent, *“Many families do not want to deliver the girl if they could have a son, but I do not completely agree with it. For me, they will be equal for the parents.”*

However, it is important to note that in most cases, respondents in the qualitative interviews already had sons; therefore, their attitudes may not have been supportive towards sex-selective abortion – especially since statistics show that parents who already had a son are less likely to seek such an abortion. In families with only daughters (five respondents out of 12), men expressed expectations for a son.

Though they do not agree with it, male and female respondents were able to provide explanations for those who choose to have a sex-selective abortion. According to these respondents, *“the girl would be a heavy load to bear for the family”* and *“the girl cannot stand on her feet freely; she is not independent.”* They also said that *“every man wants the firstborn to be a boy”* and *“in some cases the daughter grow up to be promiscuous.”*

Such beliefs reinforce existing global evidence showing that social norms related to higher male authority and female obedience strongly correlate with multiple forms of gender-based violence, including sex-selective abortion.

A composite score was developed to explore correlations between men’s attitudes towards abortion and their socio-demographic characteristics. According to the analysis, abortions were most supported by men who: live in a small town, are between the ages of 35 and 49, have an incomplete secondary education, are able to “very easily” make ends meet, are employed, have a partner who makes decisions on using contraception, have more than three children of either sex, agree that “it is important to have a son to carry on the family name or lineage” and agree that “it is important to have a son to take care of you in your old age.”<sup>30</sup> Abortions were least supported by the following socio-demographic groups of male respondents: live in a capital city, are between the ages of 25 and 34 years, have an elementary or less level of education, are “easily” able to make ends meet, are unemployed, make decisions themselves or jointly with their partner on using contraception, have only one biological child, do not have boys, have two girls, disagree that “it is important to have a son to carry on the family name or lineage” and disagree that “it is important to have a son to take care of you in your old age.”

## 3.9. Health and Health Service Use

This section presents analysis on men’s and women’s current health status and use of health services.

### 3.9.1. Overall Health

There are clear gender differences in the way men and women view their overall health status. One in five (20.9 percent) male respondents rated their health as “excellent” compared to only 6.6 percent of female respondents (see Table 26). Similar proportions of male and female respondents described their overall health as “good” and “poor.” In general, men tended to report better current overall health compared with women. However, as the data presented later in this section show, men were less likely than women to report ever seeking health services, including preventative care. These gaps in health-seeking behavior widened with age.

<sup>30</sup> Results not shown but available from authors.

**Table 26. Self-reported health status by men and women**

	Men (%)	Women (%)
<b>Overall health (self-assessment)</b>		
Excellent	20.9	6.6
Good	48.2	45.8
Fair	23.6	35.4
Poor	6.8	11.4
Very poor	0.5	0.7
<b>Ever suffered permanent disability or chronic health problem</b>		
No	86.2	79.3
Yes	13.8	20.7
<b>Had prostate exam (% of men over age 40)</b>		
	21.4	N/A
<b>Had mammogram (% of women over age 40)</b>		
	N/A	26.5
<b>Last time sought health services</b>		
In the past month	9.0	18.1
Within the last 3 months	12.8	22.14
Within the last year	31.4	26.2
More than 1 year ago	33.4	25.8
Never	13.3	7.8
<b>Principal reason for seeking health services</b>		
General check-up or health certificate	47.7	31.6
Injury or accident	3.7	0.8
Acute illness	28.7	29.2
Chronic illness	16.1	22.0
Sexual and reproductive health issues	1.1	12.4
Other	2.7	4.0

Male respondents' rating of their health status correlated significantly with age and income. More than 72 percent of men aged 34 and under rated their health as excellent compared to 25 percent of men 35 and over. Those with larger incomes were also more likely to assess their overall health as excellent.

Female respondents' assessment of their overall health correlated with age and occupation. Those belonging to an older age group were more likely than younger groups to rate their health as poor or fair. Additionally, students were more likely to describe their health as excellent compared with women in other occupations, and those who describe their health as poor were more likely to be retired. However, such correlations may also be influenced by age.

Men's GEM scale scores also correlated with assessments of overall health. Men who were more supportive of gender equality tended to more positively evaluate their health. Similar trends are also seen with women.

### **3.9.2. Health Problems and Health-Seeking Behavior**

As shown in Table 26, 20.7 percent of female respondents and 13.8 percent of male respondents reported ever suffering from permanent disability or chronic health problems. Men who reported such issues were more likely to be older, have a lower level of education, and be unemployed. For example, 25 percent of men with an elementary education or less reported experiencing a permanent disability or chronic health problem, compared with 9.3 percent for men with higher levels of education. Twenty-two percent of unemployed men versus 12 percent of employed men reported suffering from chronic health issues. For women, age was correlated with being affected by chronic health issues, with older women more likely to experience such problems.

### **3.9.3. Health Service Use**

Contrary to common stereotypes that people in Azerbaijan very rarely visit the doctor, only 13.3 percent of male respondents and 7.8 percent of female respondents reported never seeking health services at a clinic or hospital (see Table 26). However, women were more likely than men to have sought health services within the past year (66.4 percent of women compared with 53.2 percent of men) and were twice as likely to have seen a health provider within the past month. Such trends continue as women and men age. Nearly 82 percent of women between 50 and 59 years old reported seeking services within the past year, compared with 65.7 percent of men in the same age group.

The most common reason why both men and women reported seeking health services was to receive a general check-up or a health certificate (47.7 percent of men and 31.6 percent of women). Higher proportions of women than men sought health services for sexual and reproductive health issues (12.4 percent versus 1.1 percent respectively).

Worryingly, less than a quarter of men over the age of 40 (21.4 percent) reported ever having had a prostate exam. Those men who reported seeking this health service were more often older, had higher levels of income, and were employed. Women reported being more likely than men to seek important preventative health services, with 54.3 percent women aged 35 to 59 reporting ever having a mammogram. Women with higher levels of education and who were employed were also more likely to have had a mammogram.

### **3.9.4. Alcohol Consumption**

As shown in Table 27, men in Azerbaijan engage in “low” to “moderate” alcohol consumption or abstain from alcohol completely. A large proportion of men surveyed (44.5 percent) reported that they did not consume alcohol in the past year, not unusual in a Muslim country. Of those who did drink in the last year, men aged 35 to 49, employed men, men with higher incomes, and married men cohabiting with intimate partners were most likely to drinking only “rarely” or “sometimes” as opposed to “often”.

**Table 27. Alcohol use in the past 12 months**

	Men (%)
<b>Frequency of alcohol use</b>	
Never	44.5
Rarely	35.0
Sometimes	18.2
Often	2.2
<b>Number of alcoholic drinks on a typical day when respondent was drinking</b>	
1-2 drinks	41.7
3-4 drinks	34.3
5-6 drinks	9.4
7 drinks or more	14.6
<b>Had five or more drinks on one occasion</b>	
Never	52.6
Rarely	31.7
Sometimes	13.7
Often	2.0
<b>Failed to do what was normally expected because of drinking</b>	
Never	65.7
Rarely	26.9
Sometimes	6.9
Often	0.6
<b>Had a feeling of guilt or remorse after drinking</b>	
Never	70.3
Rarely	24.6
Sometimes	4.6
Often	0.6
<b>Self or someone else was injured because of respondent's drinking</b>	1.4
<b>Ever used violence because of drinking</b>	2.3

Men who reported drinking within the past 12 months were asked how many drinks they usually consumed on a typical day of drinking. While the highest proportion of men (41.7 percent) reported drinking only one to two drinks, 34.3 percent reported consuming three to four drinks and 24.0 percent of men consumed five drinks or more. Of male respondents, most reported never or rarely having five or more drinks on one occasion.

Heavy alcohol consumption is often not without consequences. Approximately 93 percent of men reported that they never or only rarely failed to do what was expected of them because of their alcohol consumption in the past 12 months; just 5.2 percent reported sometimes or often feeling guilt or remorse after drinking. Only 1.4 percent of men either injured themselves or someone else – and 2.3 percent of men used violence – as a result of their drinking. An analysis of men who participated in binge drinking – that is, men who consumed five or more drinks on one occasion – by GEM score showed that men who are more supportive of gender equality are less likely to engage in binge drinking.

### **3.9.5. Mental Health**

Men and women were asked about how often in the past week they felt stressed, depressed, and experienced low self-esteem or negative feelings about their lives overall. These questions were from the Center for Epidemiological Studies-Depression scale (CES-D), a validated depression and anxiety scale that has been administered successfully in many countries around the globe. Many male and female survey respondents reported often experiencing symptoms of poor mental health, but also high levels of life satisfaction. For item-by-item responses, consult Annex 6.

Approximately 15.1 percent of men and about twice as large a proportion of women – 32.5 percent – screened positively for depression as measured by the CES-D scale.<sup>31</sup> Though greater numbers of women than men reported experiencing depression, those who did shared some similar characteristics. Men and women who experience symptoms of depression were more likely to live in the capital city and have difficulty making ends meet. Men who reported these symptoms were more likely to be married, engage in binge drinking, and be retired or unemployed, while women were more likely to be employed and to be single or living alone. A correlation is present between men who reported depressive symptoms and their gender attitudes. Male respondents who did not experience depressive symptoms had more favorable attitudes towards gender equality, while those who reported depressive symptoms were more likely to have unfavorable attitudes towards gender equality. Women, regardless of whether or not they experienced depressive symptoms, had similar and more positive attitudes towards gender equality overall, especially when compared to men.

Concerningly, 10.6 percent of men and 8.5 percent of women who participated in the survey reported having ever had suicidal thoughts in their lifetime. However, only 0.3 percent of men and 0.4 percent of women reported having suicidal thoughts in the past four weeks.

### 3.9.6. HIV Testing

Azerbaijan is considered a country with low prevalence of HIV and AIDS, especially since 2005 when the Ministry of Health undertook steps to provide HIV and AIDS services for the prevention of HIV and to support people living with HIV.<sup>32</sup> As shown in Table 28, the overwhelming majority of male and female respondents reported that they had never been tested for HIV. This may be due in part to the relatively low risk of contracting the disease among non-injecting drug users and also the widespread stigma in Azerbaijan toward persons living with HIV.<sup>33</sup> Survey results show similar rates of testing between men and women. However, almost all men and women who did seek out testing received their results.

Among male respondents, there were no particular differences among age groups in terms of seeking testing for HIV. Among female respondents, the proportion of those who sought testing for HIV between 25 and 34 (29.6 percent) and 35 and 49 (24.7 percent), was almost twice as large as for 18 to 24 year olds (14.7 percent) and 50 to 59 year olds (14.3 percent). This may be closely connected to the necessity of seeking HIV testing during pregnancy. According to new regulations, couples are required to have HIV and sexually transmitted infection (STI) testing before marriage. Despite these regulations, rates of HIV testing are still quite low.

**Table 28. Date of last HIV test and results**

	Men (%)	Women (%)
<b>Last tested for HIV</b>		
In the last six months	3.3	1.8
In the last 12 months	6.2	3.3
Two to five years ago	11.4	9.6
More than five years ago	3.8	7.0
I was never tested	75.3	78.2
<b>Received HIV test results</b>	<b>97.4</b>	<b>86.4</b>

<sup>31</sup> CES-D scores were calculated as a sum of responses to all 20 questions on a four-point scale: “rarely or none of the time” (scored 3); “some or a little of the time/1-2 days in last week” (scored 2), “moderate amount of time/3-4 days in last week” (scored 1), and “most or all of the time/5-7days in the last week” (scored 0). The range of possible scores was therefore between 0 and 60, with a score of 16 or more representing clinical significance or positive screening for anxiety and depression.

<sup>32</sup> DHS Azerbaijan (2006).

<sup>33</sup> DHS Azerbaijan (2006).

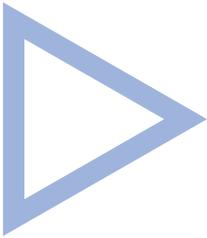
### 3.9.7. Specific Health Services for Men

A common social barrier to promoting men's health-seeking behavior is the perception that health facilities and providers are not "male friendly," meaning unwelcoming towards men. Such spaces are also often considered as women-only areas where men feel uncomfortable or out of place. To better understand to what extent such social barriers exist in Azerbaijan, men were asked about their preferences for and recent experiences of health services.

As shown in Table 29, 44.7 percent of men disagreed that there should be specific health facilities or set days or times for male health services while 39.6 percent agreed that there should be such male-specific services. About one in five men (20.8 percent) believed that health services are currently unfriendly towards men, while 22.8 percent of men did not know if health services are friendly towards men. This may partly be explained by the fact that a large proportion of men do not regularly access health services.

**Table 29. Attitudes about health services**

	Men (%)		
	No	Yes	Don't know
There should specific health facilities for men or specific times/days for male health services.	44.7	39.6	15.7
Available health services are friendly toward men.	20.8	56.4	22.8



## 4. CONCLUSIONS

At the state level, the Republic of Azerbaijan is fully committed to gender equality. It has created a legal framework and policies to create an enabling environment for women's empowerment in the social, political, and economic spheres. However, like in many other places, laws and policies are only as good as their recognition, acceptance, assumption, and enforcement at the individual, relationship and community levels. As the results from the International Men and Gender Equality Survey (IMAGES) and qualitative study show, much work remains to be done to challenge and transform patriarchal assumptions and practices regarding women's and girls' value and roles in society. Mirroring global findings on gender equality, IMAGES affirms the relationship between how societies treat and value women and girls and women and girls' ability to have agency over their bodies, legal rights, health, decision-making and much more. In addition, is the role men and boys play in both upholding and dismantling gender inequitable attitudes, practices and institutions. The IMAGES study highlights how men and boys are also harmed by gender inequality from the time they become children until they become adults. At the same time, the findings illuminate new potential areas for pushing the gender equality forward in the country.

More specifically, IMAGES found the following trends:

***Rigid notions of gender and gender equality are pervasive.*** What it means to be a man or a woman – are deeply entrenched in the minds of Azerbaijani men and women. IMAGES data show that men in Azerbaijan are more likely to report agreeing with rigid or traditional notions of gender compared to women. Masculinity in particular is strongly associated with a man's ability to financially support his family.

***Many men are skeptical of gender equality and women's rights, while others believe such movements have not gone far enough.*** Though large proportions of both men and women in this study felt that gender equality had come far enough, the vast majority believe that more needs to be done to promote equality. However, more men need to be brought on board; overall, men were more likely than women to report negative attitudes towards the promotion of rights for women.

***Women still do the majority of the care work, but men also participate albeit in limited ways.*** Men's participation across all caregiving tasks is lower than women's, although men tended to report higher rates for their own participation than women reported about men. Respondents indicated that women mainly performed tasks related to the physical care of the child, while tasks related to spending time with the child were more often shared equally or done together.

***Many men are pushing back against harmful notions of masculinity.*** Over half of men believe that men ought to share the housework (e.g. doing dishes, cleaning, and cooking), and almost all men agreed that providing day-to-day care for children is as important as providing for them financially. There also seems to be clear recognition by large numbers of men that their participation as fathers is not fulfilling if they are only limited to economic or "productive" roles. Over one third of men said that they spend too little time with children because of work and similar proportions of men reported they would work less if it meant they could spend more time with their children.

***Men continue to dominate decision-making power in intimate relationships.*** Men traditionally have more influence in all measured decision-making spheres, except in areas with greater female participation, such as children's health. There are also incongruencies in perceptions of who makes decisions primarily along gender lines; for example, in sexual and reproductive health decision-making, most men reported the decision to use condom was made by themselves or jointly, all the women surveyed reported that condom use was their decision or a joint decision.

**Men's participation as fathers is a missed opportunity to engage them in gender equality.** A majority of men and women report that they either accompanied or were accompanied, respectively, to at least one antenatal care visit, and approximately one in five men reportedly accompanied them to every visit. However, few men actually participate in the visit with the health provider. The vast majority either dropped their partner off, waited outside, or stayed in the waiting room. This represents a missed opportunity, as well as an important possible entry point for engaging men in health services, maternal, newborn, and child health, and gender equality: many men are in the periphery, waiting to be called in.

**Men who had fathers who participated in caregiving and domestic chores and those men who have more positive attitudes towards gender equality were more like to be gender equitable men themselves.** Men who have more gender-equitable attitudes were more likely to report greater participation in the daily care of children. Men who observed their fathers participating in domestic duties were much more inclined to engage in the daily care of their own children, highlighting an intergenerational transmission of care.

**Men's childhood experiences of violence are gendered.** Men in particular reported that they suffered more severe forms of physical violence as children, with six times more men than women reporting childhood beatings with hard objects and four times more men reporting beatings that left marks or bruises on their bodies.

**Several factors were consistently associated with men's perpetration of all types of violence.** (1) Witnessing violence against their mother and experiencing physical violence in childhood were associated with a greater likelihood of intimate partner violence, confirming findings from other studies around the world about the harmful intergenerational cycles of violence. (2) Men with less equitable gender attitudes as measured by the GEM scale, and specifically men who endorsed statements about violence against women (e.g., "a woman should tolerate violence to keep her family together" and "there are times when a woman deserves to be beaten") were also more likely to have perpetrated intimate partner violence. (3) Economic stress was also a factor: Men who reported difficulty making ends meet and who felt stressed or depressed because of not having enough work or income (and in some cases, having too much work) reported more use of violence. (4) Finally, men with lower levels of education were generally more likely to use violence.

**None of the men nor the women in our sample reported incidences of violence against women that they witnessed.** These findings show that while many men and women are uncomfortable with violence and potentially ready to intervene, few actually turn to official reporting structures to do so. Less than 60 percent of men and women were aware of laws on domestic violence.

**There are stark differences between men and women in preferred numbers of sons versus daughters, which may highlight how men are a strong driving force behind son preference in Azerbaijan.** Judging by the data, one can say that the main motivation for the desire to have sons is to carry on the family name or lineage and that many men and women consider daughters to be a burden. This supports existing research on gender-biased sex selection in the Caucasus region showing that sons are viewed as assets and pillars of the household, whereas daughters are often considered liabilities who cease to belong to their native family after marriage.

**Men need, but do not often seek as often as women do, physical and mental health services.** Research shows that there are clear gender differences in the way men and women view their overall health status. In general, men tended to report better current overall health compared with women. However, men were less likely than women to report ever seeking health services, including preventative care. These gaps in health-seeking behavior widen with age.

## 5. KEY RECOMMENDATIONS

Based on these findings, many recommendations can be made to improve gender equality and engage men as part of the solution. Overall, it is recommended to use an ecological approach to changing gender norms in Azerbaijan. The ecological model provides a conceptual framework for a comprehensive approach to working with men and gender. The model emphasizes that to transform individual behavior (not only attitudes and perceptions), approaches need to not only work with individuals but to also address the systems and groups – peers, families, communities, media, policies – that influence individuals. The ecological approach is beneficial because it increases the changes that individuals will be impacted multiple-times over by diverse interventions and that working on both changing individual people and their social context at the same time will lead to more sustainable change when addressing barriers related to sexual and reproductive health and rights, violence against women, the unpaid care divide and other gender-related issues. The following recommendations are framed within this perspective:

### 5.1. Immediate Recommendations



1. Engage with diverse stakeholders to “unpack” the results from this IMAGES study. Share the results with youth, parents and other community members, media personalities, government ministries, civil society and more about the men’s and women’s perceptions of what it means to be a man and a woman in society. What findings resonate most with these stakeholders? What results would have the most impact if they are disseminated?
2. Engaging men in gender equality is not often intuitive, especially for stakeholders who are accustomed to viewing gender as women’s empowerment only. The personal transformation of key government influencers on perceptions of masculinity and gender norms should be put as a high priority. This may include presenting IMAGES research and connecting findings with barriers related to achieving overall health and well-being, women’s empowerment and gender equality. It may also include engaging experts from the region to present best practices on “what works” from a programming and policy perspective to engage men in gender equality.
3. Work with a media company to develop attractive infographics and short cartoons about the main findings from the report. When data is made easily digestible, everyday people (non-researchers) are more likely to pay attention.

### 5.2. Long-Term Recommendations



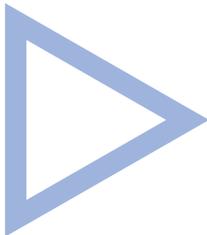
4. Re-examine existing policy documents on gender equality aimed at promoting the advancement of women in social, economic and political spheres. Using IMAGES findings and researching good practices on men’s engagement, introduce and integrate a “masculinities” perspective into existing policies. How can men and boys play a role as partners and allies in challenging and dismantling deeply entrenched patriarchal attitudes and practices?
5. Partner with civil society organizations who engage men and boys for gender equality in developing gender-transformative awareness raising campaigns on fatherhood, healthy relationships, sexual and reproductive health and rights and more. Such campaigns should be specific and targeted towards a specific set of social and gender norms.

6. Extend parent-training programs to mothers and fathers across economic levels to encourage their involvement in positive parenting practices, and to strengthen co-parenting relationships. As the results show, though there are large disparities in men's and women's involvement in caregiving, most men are participating in limited ways. Programs may include group-based parenting education interventions in a variety of settings that take extra steps to recruit and engage fathers. Poverty alleviation, income support, and job training programs are also important for enabling both fathers' and mothers' more positive involvement.
7. Work with boys and girls from an early age to prevent violence of all kinds and to build the skills that support non-violent relationships and caregiving. These activities can be provided as part of social-emotional learning programs or comprehensive sexuality education in schools and/or by trained, supported community organizations.
8. Recognize pregnancy and fatherhood as a key moment for violence-prevention programming and support programs to better prepare men for fatherhood within existing violence-prevention initiatives. This can be done in schools, early childhood education, via parent-training programs and other efforts. Such moments are also opportunities to institute, monitor and enforce national policies to encourage and support men's involvement in sexual, reproductive and maternal health and rights – before, during and after birth and in children's health.
9. Work with relevant stakeholders to strengthen public and private health systems to promote and support men's involvement in quality sexual and reproductive health services. This may include making changes to infrastructure to make men feel included such as private areas for labor and delivery that allow fathers to participate and also changes to timing and delivery of services. This may include providing specific invitations to men to attend services, expanding clinic operation hours to include after-work appointments, hiring more male staff, and establishing men's and fathers' preparation groups to provide information and space for discussion and mutual support.
10. Work with relevant stakeholders including media to advocate for state- and/or workplace-supported childcare and family care that supports women's economic empowerment, and support caregiving of both male and female employees. This includes providing paid, flexible and non-transferable leave policies for men.
11. Work with research institutions and academia to produce more evidence on the factors that shape gender dynamics in the society as well as capture robustly the effect and outcomes of engaging men for promoting gender equality.

Below is a brief example of actions that could be taken at multiple levels that would be required to transform men's roles in caregiving and maternal, newborn and child health.

<p>Challenge <b>individual</b> gender inequitable notions of masculinity and fatherhood and provide skills for men to build healthier relationships with their intimate partners.</p>	<p>Using IMAGES research, work with local civil society organizations to adapt and develop curriculum-based group education for fathers. Such an intervention would help men understand how current gender and social norms affect their lives, promote changes in attitudes and beliefs about gender equity, increase skills and change specific targeted behaviors.</p>
<p>Create supportive <b><i>family relations and peer environments.</i></b></p>	<p>Help improve the quality of intimate relationships, reduce gender-based violence and create supportive peer and family environments for gender equitable relationships.</p>

Mobilize <u>communities</u> through a community-centered approach.	Partner with government, civil society, community members and other stakeholders to develop and launch public awareness raising campaigns promoting positive images of men engaging in fatherhood.
Influence <u>policy and legislative reform</u> at the societal level.	Together with relevant ministries and other stakeholders create awareness about the existence of paternity leave, advocate that such leave be increased and fully paid.



## REFERENCES

- Barker, G. (2000). *What About Boys? A Review and Analysis of International Literature on the Health and Developmental Needs of Adolescent Boys*. Geneva: World Health Organization.
- Barker, G. (2005). *Dying to be Men: Youth, Masculinity and Social Exclusion (Sexuality, Culture and Health)*. New York, USA and London, UK: Routledge.
- Barker, G., Contreras, J.M., Heilman, B., Singh, A.K., Verma, R.K., & Nascimento, M. (2011). *Evolving Men: Initial Results from the International Men and Gender Equality Survey (IMAGES)*. Washington, DC: International Center for Research on Women (ICRW) and Rio de Janeiro: Instituto Promundo.
- Connell, R.W. (2005). "Change among the Gatekeepers: Men, Masculinities, and Gender Equality in the Global Arena." *Signs*, Spring 2005, 30:1801–25.
- Connell, R.W. (1995). *Masculinities*. Berkeley, CA: University of California Press. Cited in Barker et. al, 2011.
- DHS Azerbaijan - State Statistical Committee [Azerbaijan] & Macro International Inc. (2008). *Azerbaijan Demographic and Health Survey 2006*, p. 54. Calverton, Maryland, USA: State Statistical Committee & Macro International Inc.
- Fleming P.J., McCleary-Sills J., Morton M., Levto R., Heilman B., Barker G. Risk Factors for Men's Lifetime Perpetration of Physical Violence against Intimate Partners: Results from the International Men and Gender Equality Survey (IMAGES) in Eight Countries. Dalal K, ed. PLOS ONE. 2015; 10(3): e0118639.
- Fulu E., Warner X., Miedema S., Jewkes R., Roselli T., & Lang J. (2013). *Why Do Some Men Use Violence Against Women and How Can We Prevent It? Quantitative Findings from the United Nations Multi-Country Study on Men and Violence in Asia and the Pacific*. Bangkok: UNDP, UNFPA, UN Women, & UN Volunteers.
- Guilmo, C. Z. (2013). *Sex Imbalances at Birth in Armenia: Demographic Evidence and Analysis*. Research Institute for Development, CEPED, UNFPA Armenia. Yerevan, 2013.
- Gupta, G. R. (2000). *Gender, Sexuality, and HIV/AIDS: The What, the Why, and the How*. Canadian HIV/AIDS Policy Law Review, 5(4), 86-93. Cited in Barker et. al, 2011.
- Heilman B., Hebert L., & Paul-Gera N. (2014). *The Making of Sexual Violence: How Does a Boy Grow Up to Commit Rape? Evidence from Five IMAGES Countries*. Washington, DC: International Center for Research on Women (ICRW) and Promundo.
- Levto R., van der Gaag N., Greene M., Kaufman M., and Barker G. (2015). *State of the World's Fathers: A MenCare Advocacy Publication*. Washington, DC: Promundo, Rutgers, Save the Children, Sonke Gender Justice, and the MenEngage Alliance.
- Levto R., Barker G., Contreras-Urbina M., Heilman B., Verma R. (2014). *Pathways to Gender-equitable Men: Findings from the International Men and Gender Equality Survey in Eight Countries*. *Men and Masculinities*, 17(5).
- Pulerwitz, J. & Barker, G. (2008). *Measuring attitudes toward gender norms among young men in Brazil: Development and psychometric evaluation of the GEM Scale*. *Men and Masculinities* 10, 322–338.
- Sideris, T. (2004). 'You Have to Change and You Don't Know How!': Contesting What it Means to be a Man in a Rural Area of South Africa. *African Studies* 63:29–49. Cited in Levto et al. 2014.
- Singh A. K., Verma R., & Barker, G. (2013). *Measuring Gender Attitude: Using Gender-Equitable Men Scale (GEMS) in Various Socio-Cultural Settings*. *Making Women Count*, 1–98. [http://doi.org/10.1016/S0140-6736\(15\)60964-3](http://doi.org/10.1016/S0140-6736(15)60964-3)
- United Nations Children's Fund (UNICEF). (2016). *The State of the World's Children 2016: A Fair Chance for Every Child*. New York: UNICEF.
- United Nations Development Program (UNDP) Azerbaijan. (2007). *Azerbaijan Human Development Report 2007: Gender Attitudes in Azerbaijan: Trends and Challenges*. Baku, Azerbaijan: UNDP.
- United Nations Population Fund Eastern Europe and Central Asia Regional Office (UNFPA EECARO). (2014). *Child Marriage in Azerbaijan (Overview)*. Istanbul: UNFPA EECARO.

# ANNEXES

## ANNEX 1. SAMPLING STRATEGY

Quantitative data were collected from men and women between the ages of 18 and 59. The total planned sample size (i.e., number of completed interviews) was 900. The planned size of the male sample was 630, while the planned size of the female sample was 270. To make up for losses to the sample as a result of non-response, the number of pre-selected respondents was 2,700 (three times the targeted number of interviews).

Interviews were conducted in four types of settlements based on population size: rural, urban with a population of less than 100,000, urban with a population from 100,000 to 1,000,000, and urban with a population of more than 1,000,000. These settlements were identified within target areas, thus dividing the total target population into eight strata (see Table 41). Thirty planned sampling units (PSUs) within each area were distributed among the eight strata proportionate to the size of each stratum and were randomly selected. Then, 30 potential respondents were systematically selected per PSU, with plans to complete 10 interviews in each. Both the PSUs and potential respondents were selected from lists published on the official website of Central Election Commission of Azerbaijan (<http://www.msk.gov.az>).

Table 30 shows the targeted distribution for completed interviews (PSUs in parentheses) by regions and strata for the general sample. Tables 31 and 32 show the targeted distribution for completed interviews (PSUs in parentheses) for samples of men and women.

**Table 30. General sampling plan for quantitative study**

Region	Targeted distribution of completed interviews by type of settlement (PSUs in parentheses)				
	Rural	Urban (<100,000)	Urban (100,000 - 1,000,000)	Urban (1,000,001+)	Total
Baku-Absheron region	-	20 (2)	40 (4)	240 (24)	300 (30)
Ganja-Gazakh region	120 (12)	30 (3)	150 (15)	-	300 (30)
Aran region	190 (19)	110 (11)	-	-	300 (30)
Total	310 (31)	160 (16)	190 (19)	240 (24)	900 (90)

**Table 31. Sampling plan for men for quantitative study**

Region	Targeted distribution of completed interviews with men by type of settlement (male PSUs in parentheses)				
	Rural	Urban (<100,000)	Urban (100,000 - 1,000,000)	Urban (1,000,001+)	Total
Baku-Absheron region	-	10 (1)	30 (3)	170 (17)	210 (21)
Ganja-Gazakh region	80 (8)	20 (2)	110 (11)	-	210 (21)
Aran region	130 (13)	80 (8)	-	-	210 (21)
Total	210 (21)	110 (11)	140 (14)	170 (17)	630 (63)

**Table 32. Sampling plan for women for quantitative study**

Region	Targeted distribution of completed interviews with women by type of settlement (female PSUs in parentheses)				
	Rural	Urban (<100,000)	Urban (100,000 - 1,000,000)	Urban (1,000,001+)	Total
Baku-Absheron region	-	10 (1)	10 (1)	70 (7)	90 (9)
Ganja-Gazakh region	40 (4)	10 (1)	40 (4)	-	90 (9)
Aran region	60 (6)	30 (3)	-	-	90 (9)
Total	100 (10)	50 (5)	50 (5)	70 (7)	270 (27)

The sampling plan was executed in two stages: (1) random selection of 21 male and nine female PSUs for each of the three areas, proportionate to size of strata within that area; and (2) random selection of 30 potential respondents within each selected PSU. Where the selected person was not available, the interviewer made an appointment to return to conduct the interview. At least two additional visits were made before the respondent was considered lost to follow-up. No replacements were allowed for interviews that could not be completed.

Fieldwork occurred from February 29 to April 17, 2016. As a result of fieldwork, 902 interviews were completed (302 interviews in the Baku-Absheron region, 300 interviews in the Ganja-Gazakh region, and 300 interviews in the Aran region), including 631 interviews with men and 271 interviews with women. To achieve the targeted number of interviews with men, the visits were made to 887 pre-selected male voters; thus, the survey's response rate for men was 71.1 percent. Visits were made to 336 pre-selected female voters; thus, the response rate for women is 80.7 percent. The total response rate was 73.8 percent. Reasons for refusal included sickness, respondent out of town or not at home, refusal to open the door or participate in the survey, and premature termination of the survey. Table 33 demonstrates response rate calculations, as well as reasons for non-response.

**Table 33. Response rates for quantitative survey**

	N	%
<b>Number of visited addresses</b>	<b>1223</b>	
Nonresidential/mistaken address	23	
Impossible to access home	14	
No one at home (as result of three visits)	42	
4. Refusal to open door/participate in survey	111	
<b>Household response rate</b>		<b>84.5</b>
<b>Number of contacted pre-selected persons</b>	<b>1033</b>	
Person was sick	2	
Person was out of town/village	47	
Person was not at home (as result of 3 visits)	17	
Person refused to participate in interview	54	
Person terminated the interview	11	
<b>Number of completed interviews</b>	<b>902</b>	
<b>Respondents' response rate</b>		<b>87.3</b>
<b>Total response rate</b>		<b>73.8</b>

## ANNEX 2. IMAGES QUESTIONNAIRE ADAPTATION FOR AZERBAIJAN

The IMAGES questionnaire was the main instrument for carrying out the quantitative survey in Azerbaijan, and it was adapted for this purpose to account for country-specific realities and context.

The questionnaire for men had 13 sections and 288 items:

- |   |   |
|---|---|
| 1. Socio-demographic characteristics and employment | 7. Relationships and violence                             |
| 2. Attitudes about relations between men and women  | 8. Experiences of violence outside the home               |
| 3. Women's leadership                               | 9. Health and quality of life                             |
| 4. Household relations                              | 10. Childhood experiences                                 |
| 5. Sexual and reproductive health                   | 11. Parenting and men's relationships with their children |
| 6. Attitudes about cultural practices               | 12. Laws and policies                                     |
|   | 13. Final section   |

The questionnaire for women was slightly shorter, with 12 sections and 260 items:

- |   |   |
|---|---|
| 1. Socio-demographic characteristics and employment | 7. Relationships and violence                               |
| 2. Attitudes about relations between men and women  | 8. Health and quality of life                               |
| 3. Women's leadership                               | 9. Childhood experiences                                    |
| 4. Household relations                              | 10. Parenting and women's relationships with their children |
| 5. Sexual and reproductive health                   | 11. Laws and policies                                       |
| 6. Attitudes about cultural practices               | 12. Final section   |

The adaptation process included a pre-testing of the questionnaire, which took place after initial adaptation; questions that seemed less relevant to the Azerbaijani context were removed, and some were added. Twenty people from different socio-demographic groups participated in the pre-test, 10 men and 10 women. Sixteen respondents were married, and four were unmarried. Fourteen had secondary education or less, and six had higher education. They lived in three towns in the Baku-Absheron region.

The pre-test aimed to evaluate the survey tool in terms of time required for administration, wording of the questions, interpretation of the questions, and appropriateness of response options. On the basis of the pre-test's results, minor corrections and adjustments to the questionnaire were made.

## ANNEX 3. CONTENT OF THE QUALITATIVE SURVEY

For the qualitative survey, respondents were asked to verbally describe their personal experiences and attitudes towards family planning and using methods of contraception, as well as their attitudes and practices with regard to the formation of the family in a broad sense. Topics covered by the qualitative survey included:

- Family planning and contraceptive use;
- Attitudes about contraception;
- Use of contraceptives;
- Decision-making around contraception use;
- Abortion;
- Access to contraceptives;
- Early marriage attitudes;
- Couple dynamics and communication;

- Number of children;
- Son or daughter preferences;
- Expectation of marriage;
- Parenting and childcare in everyday life; and
- Experiences of violence in childhood.

## ANNEX 4. ATTITUDES RELATED TO LAWS

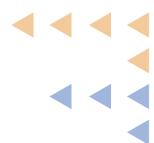


Respondents' knowledge, awareness, and attitudes towards various laws (including paternity leave, divorce, marriage, custody, and gender equality, among others) are presented below.

### ***Paternity Leave***

More than half of men and more than 60 percent of women interviewed said that there is not "a law in our country that guarantees fathers time off when their child is born, also known as paternity leave." Only 5.9 percent of men and 7.4 percent of women said there was such a law, and a significant number of men (40.6 percent) and women (31.4 percent) did not know, which indicates that people are poorly informed about this law.

**Figure 12. Percentage respondents' answers to the question "Is there a law in your country that guarantees fathers time off when their child is born, also known as paternity leave?"**



### ***Marriage, Divorce, and Custody***

More than half of both men and women in the quantitative survey said that marriage laws in Azerbaijan favor "neither the man, nor the woman; both are treated equally." Of men, 27.1 percent believed these laws favor the woman; 20.7 percent of women said the same. Comparatively, 15.1 percent of women and just 2.5 percent of men considered these laws as favoring the man. For divorce laws in Azerbaijan, roughly half of men and women said they "favor neither the man nor the woman; both are treated equally." However, 34.4 percent of men and 29.9 percent of women said these laws favor women. By contrast, 13.7 percent of women and just 2.9 percent of men considered these laws as favoring men.

**Table 34. Percent respondents' perceptions of how marriage laws, divorce laws, and child custody laws favor men or women**



Do you feel that marriage laws in Azerbaijan favor the man or the woman?	Men	2.5	27.1	54.8	15.4
	Women	15.1	20.7	53.9	10.3
Do you feel that divorce laws in Azerbaijan favor the man or the woman?	Men	2.9	34.4	49.8	12.8
	Women	13.7	29.9	49.1	7.4
Do you feel that child custody in divorce laws favor the man or the woman?	Men	1.9	40.7	44.5	12.7
	Women	8.9	56.1	24.4	10.7

Generally, respondents predominately perceived marriage and divorce laws as favoring neither the man nor the woman. A more complex and contradictory picture exists in terms of perceptions of laws about child custody in divorce in Azerbaijan. More than half of women (56.1 percent) felt that child custody in

divorce laws favor predominantly women, compared with a smaller proportion of men (40.7 percent). At the same time, 44.5 percent of men felt these laws “favor neither the man, nor the woman; both are treated equally” – approximately twice the proportion of women (24.4 percent). The proportion of men who felt these laws favor men was considerably smaller than women (1.9 percent versus 8.9 percent). It is also worth mentioning that a significant proportion of respondents (about 7 to 15 percent) answered they did not know, indicating people may be poorly informed about these laws.

**Figure 13. Survey respondents’ awareness that shared custody of children between the mother and father is common in their community**



In the qualitative survey, 58.3 percent of women and 44.4 percent of men said that shared custody of children between mother and father is common in their community (see Figure 5). Almost equal proportions of women and men (20.3 percent and 22.3 percent, respectively) disagreed. It is important to note that a substantial number of women (21.4 percent) and men (33.1 percent) didn’t know, revealing people may be poorly informed about shared custody of children between mothers and fathers.

**Table 35. Percentage of respondents expressed perceptions whether child support laws are fair to men, women, or both men and women**

		To both	To men	To women	Don't know
Do you feel that child support laws in your country are fair to both men and women, unfair to men, or unfair to women?	Men	36.8	17.4	14.7	30.9
	Women	37.3	4.8	32.8	25.1

An approximately equal proportion of men and women (36.8 percent and 37.3 percent, respectively) felt that child support laws in Azerbaijan are fair to both men and women. About one in three of women felt these laws are fair to women, and 17.4 percent of men said these laws are fair to men. It is notable that a large percentage of respondents (30.9 percent of men and 25.1 percent of women) said they don’t know, indicating a lack of awareness about these laws.

The majority of respondents – 63.1 percent of women and 58.6 percent of men – said men and women should have equal amounts of leave to take care of children. Approximately one in four men and one in three of women disagreed. A significant proportion of men (16.3 percent) and women (6.3 percent) answered that they did not know, which means that people are poorly informed about this law.

## ANNEX 5. VIOLENCE AGAINST WOMEN

Table 36 details men’s and women’s reports of use (men) or experience (women) of specific forms of intimate partner violence ever and in the last year.

**Table 36. Survey respondents' perpetration (men) and experiences (women) of different forms of intimate partner violence ever and in the past year**

		Ever	In the past 12 months
<b>Emotional/psychological violence</b>			
Insulting a partner or deliberately making them feel bad about themselves	Men (perpetrating)	23.2	36.6
	Women (experiencing)	37.2	14.6
Belittling or humiliating a partner in front of other people	Men (perpetrating)	13.7	27.3
	Women (experiencing)	18.1	22.5
Doing things to scare or intimidate a partner on purpose (for example, by a way of looking at them, by yelling, or smashing things)	Men (perpetrating)	62.4	49.6
	Women (experiencing)	51.1	25.7
Threatening to hurt a partner	Men (perpetrating)	35.7	33.8
	Women (experiencing)	35.8	15.2
Hurting people your partner cares about as a way of hurting them or damaging things of importance to them	Men (perpetrating)	5.5	19.4
	Women (experiencing)	8.1	22.2
<b>Economic violence</b>			
Prohibiting a partner from getting a job, going to work, trading, or earning money	Men (perpetrating)	22.6	27.6
	Women (experiencing)	26.7	20.3
Taking partner's earnings against her will.	Men (perpetrating)	2.9	43.8
	Women (experiencing)	5.4	16.7
Throwing a partner out of the house	Men (perpetrating)	7.1	12.5
	Women (experiencing)	5.9	15.4
Keeping money from earnings for alcohol, tobacco or other things for self when knew partner was finding it hard to afford the household expenses	Men (perpetrating)	7.0	56.4
	Women (experiencing)	5.5	33.3
<b>Physical violence</b>			
Slapped a partner or thrown something at her that could hurt her?/Partner ever slapped you or thrown something at you that could hurt you?	Men (perpetrating)	31.5	11.3
	Women (experiencing)	31.7	15.7

		Ever	In the past 12 months
Pushed or shoved a partner?/ Partner ever pushed or shoved you?	Men (perpetrating)	6.4	19.4
	Women (experiencing)	8.6	10.5
Hit a partner with a fist or with something else that could hurt her?/ Partner ever hit you with a fist or with something else that could hurt you?	Men (perpetrating)	2.8	18.8
	Women (experiencing)	6.4	21.4
Kicked, dragged, beaten, choked, or burned a partner?/ Partner ever kicked, dragged, beaten, choked, or burned you?	Men (perpetrating)	1.3	14.3
	Women (experiencing)	2.7	33.3
Threatened to use or actually used a gun, knife, or other weapon against a partner	Men (perpetrating)	0.4	0.0
	Women (experiencing)	0.5	0.0
<b>Physical violence</b>			
Slapped a partner or thrown something at her that could hurt her?/ Partner ever slapped you or thrown something at you that could hurt you?	Men (perpetrating)	31.5	11.3
	Women (experiencing)	31.7	15.7
Pushed or shoved a partner?/ Partner ever pushed or shoved you?	Men (perpetrating)	6.4	19.4
	Women (experiencing)	8.6	10.5
Hit a partner with a fist or with something else that could hurt her?/ Partner ever hit you with a fist or with something else that could hurt you?	Men (perpetrating)	2.8	18.8
	Women (experiencing)	6.4	21.4
Kicked, dragged, beaten, choked, or burned a partner?/ Partner ever kicked, dragged, beaten, choked, or burned you?	Men (perpetrating)	1.3	14.3
	Women (experiencing)	2.7	33.3
Threatened to use or actually used a gun, knife, or other weapon against a partner	Men (perpetrating)	0.4	0.0
	Women (experiencing)	0.5	0.0
<b>Sexual violence</b>			
Forcing your current or previous wife or partner to have sex with you when she did not want to	Men (perpetrating)	25.4	30.8
	Women (experiencing)	20.8	17.4
Forcing your current or previous wife or partner to watch pornography when she did not want to	Men (perpetrating)	3.1	35.3
	Women (experiencing)	1.8	25.0
Forcing your current or previous wife or partner to do something sexual that she did not want to do	Men (perpetrating)	4.4	36.0
	Women (experiencing)	5.0	18.2

## ANNEX 6. MENTAL HEALTH

Item-by-item respondent's reports on the CES-D depression and anxiety scale. See Table 37 below.

**Table 37. Percentage of men and women who reported experiencing particular symptoms in the past week**

		Rarely or none of the time	Some of the time	Moderate amount of time	Most or all of the time
I was bothered by things that usually don't bother me.	Men	62.4	27.9	7.9	1.7
	Women	46.1	34.3	15.5	4.1
I did not feel like eating; my appetite was poor.	Men	77.0	19.8	2.5	0.6
	Women	64.6	24.4	8.1	3.0
I felt like I could not cheer myself up even with the help of my family and friends.	Men	89.5	7.8	1.6	1.1
	Women	75.3	14.8	7.7	2.2
I felt I was just as good as other people.	Men	6.8	6.3	34.5	52.3
	Women	5.5	7.4	19.6	67.5
I had trouble keeping my mind on what I was doing.	Men	74.8	21.4	2.5	1.3
	Women	56.1	32.8	8.5	2.6
I felt depressed.	Men	71.9	21.2	4.9	1.9
	Women	55.4	26.2	13.3	5.2
I felt everything that I did was an effort.	Men	78.0	18.9	2.7	0.5
	Women	64.9	26.2	7.0	1.8
I felt hopeful about the future.	Men	21.2	14.1	36.3	28.4
	Women	18.5	15.5	22.9	43.2
I thought my life had been a failure.	Men	85.4	10.9	1.3	2.4
	Women	70.5	18.1	7.0	4.4
I felt fearful.	Men	91.4	7.3	1.0	0.3
	Women	74.9	16.6	6.3	2.2
My sleep was restless.	Men	49.6	40.6	9.0	0.8
	Women	32.5	41.3	21.4	4.8
I was happy.	Men	10.1	16.6	44.4	28.8
	Women	12.5	21.8	36.9	28.8
I talked less than usual.	Men	78.9	17.0	2.5	1.6
	Women	70.8	21.4	6.6	1.1
I felt lonely.	Men	89.9	6.5	2.1	1.6
	Women	74.5	14.4	8.1	3.0
People were unfriendly.	Men	93.0	4.8	1.0	1.3
	Women	84.5	9.6	5.2	0.7
I enjoyed life.	Men	24.1	27.1	32.6	16.2
	Women	29.5	26.9	30.3	13.3
I had crying spells.	Men	83.8	11.4	3.5	1.3
	Women	67.9	19.9	11.1	1.1
I felt sick.	Men	71.2	22.7	5.2	1.0
	Women	45.4	35.4	15.9	3.3
I felt that people disliked me.	Men	92.9	5.1	1.4	0.6
	Women	83.0	10.7	4.8	1.5
I could not get "going."	Men	50.4	39.6	8.4	1.6
	Women	29.2	46.1	19.6	5.2

Of respondents, 28.0 percent of men and 44.7 percent of women report feeling depressed at least once in the past week, while 14.6 percent of men and 29.5 percent of women thought that their lives had been a failure at least one time within the past week. Additionally, 50.4 percent of men and 67.5 percent of women reported experiencing restless sleep at least once in the past week.

At the same time, 52.3 percent of men and 67.5 percent of women frequently felt in the past week that they were just as good as other people. Men and women also report high levels of happiness, with 73.2 percent of men and 65.7 percent of women feeling happy at least three times in the past week.