

Evolving Men

Initial Results from the International Men and Gender Equality Survey
(IMAGES)



About the Men and Gender Equality Policy Project

The Men and Gender Equality Policy Project (MGEPP), led by Instituto Promundo and the International Center for Research on Women (ICRW), is a multi-year, multi-country effort to build the evidence base on how to change public institutions and policies to better foster gender equality and to raise awareness among policymakers and program planners of the need to involve men in health, development and gender equality issues. Project activities include:

(1) a multi-country policy research and analysis presented in the publication *What Men Have to Do with it: Public Policies to Promote Gender Equality*; (2) the International Men and Gender Equality Survey or IMAGES, a quantitative household survey carried out with men and women in seven countries in 2009-2010,¹ initial results of which are presented in this publication; (3) the “Men who Care” study consisting of in-depth qualitative life history interviews with men in five countries; and (4) advocacy efforts and dissemination of the findings from these different components via various formats, including a documentary film. Participating countries in the project as of 2010 included Brazil, Chile, Croatia, India, Mexico, Rwanda and South Africa. The multiple research components of the project aim to provide policymakers with evidence-based, practical strategies for engaging men in gender equality, particularly in the areas of sexual and reproductive health, reducing gender-based violence, fatherhood and maternal and child health, and men’s health needs.

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men+
gender equality
POLICY PROJECT

Men and Gender Equality Policy Project

**Coordinated by the
International Center for Research on Women
and
Instituto Promundo**

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Acronyms

CSW	Commission on the Status of Women
DHS	Demographic and Health Survey
GBV	Gender-Based Violence
GEM	Gender-Equitable Men (Scale)
ICPD	International Conference on Population and Development
IMAGES	International Men and Gender Equality Survey
IPV	Intimate Partner Violence
MDGs	Millennium Development Goals
MGEPP	The Men and Gender Equality Policy Project
MRC	Medical Research Council of South Africa
PPS	Probability Proportion to Size
SRH	Sexual and Reproductive Health
STIs	Sexually Transmitted Infections
VAW	Violence Against Women
WHO	World Health Organization

Summary of Findings

About IMAGES

The International Men and Gender Equality Survey (IMAGES) is a comprehensive household questionnaire on men's attitudes and practices – along with women's opinions and reports of men's practices – on a wide variety of topics related to gender equality. From 2009 to 2010, household surveys were administered to more than 8,000 men and 3,500 women ages 18-59 in Brazil, Chile, Croatia, India, Mexico and Rwanda. Topics in the questionnaire included: gender-based violence; health and health-related practices; household division of labor; men's participation in caregiving and as fathers; men's and women's attitudes about gender and gender-related policies; transactional sex; men's reports of criminal behavior; and quality of life. This report focuses on the initial, comparative analysis of results from the men's questionnaires across the six countries, with women's reports on key variables.

Key Findings

Work-Related Stress

Work-related stress is commonplace in all survey sites. Between 34 percent and 88 percent of men in the survey sites reported feeling stress or depression because of not having enough income or enough work. Men who experienced work-related stress were more likely to report depression, suicide ideation, previous arrests, and use of violence against intimate partners.

Gender Attitudes

Men showed tremendous variation in their gender-related attitudes, with India and Rwanda showing the most inequitable attitudes. As a measure of men's and women's gender-related attitudes, IMAGES applied the Gender-Equitable Men (GEM) Scale.² Rwandan and Indian men consistently supported the least equitable norms among the settings studied. For example, for the statement “changing diapers, giving kids a bath and feeding kids are the mother's responsibility,” only 10 percent of men agreed in Brazil whereas 61 percent in Rwanda and

more than 80 percent in India agreed with the statement. Men with higher educational attainment and married men had more equitable attitudes; unmarried men had the least equitable attitudes.

Homophobic attitudes were common although varied tremendously by context. Men who said they would be ashamed to have a gay son ranged from 43 percent of men in Brazil to a high of 92 percent in India. A slightly lower, but still high proportion of men said that being around homosexual men makes them uncomfortable, ranging from a low of 21 percent of men in Brazil to a high of 89 percent in India. Younger men and men with higher levels of education were generally less homophobic.

Relationship Dynamics and Domestic Duties

Younger men, men with more education and men who saw their fathers do domestic work are more likely to carry out domestic duties. Nearly half of men in all the sites say they play an equal or greater role in one or more household duties – with the exception of India, where only 16 percent of men reported that they played an equal or greater role in household duties. These household or domestic duties included washing clothes, repairing the house, buying food, cleaning the house, cleaning the bathroom or toilet, preparing food and paying the



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bills. The tasks that men said they play an equal or greater role in are those traditionally associated with men – namely repairing the house, paying bills and buying groceries.

Men report higher levels of sexual and relationship satisfaction than women. Women who say their partners do more domestic work are more sexually satisfied. Men reported relatively high rates of sexual satisfaction with their current stable partners ranging from 77 percent in Croatia to 98 percent in India. In all the countries except India, men who reported more gender-equitable attitudes were more likely to report being sexually satisfied with their current female partner. In India, Brazil and Croatia, women who reported that their male partner plays an equal or greater role in one or more domestic duties also reported higher levels of overall relationship satisfaction and sexual satisfaction.

Parenting and Involvement in Childbirth

The majority of men were neither in the delivery room nor the hospital for the birth of their last child. In Chile, however, a dramatic generational shift is underway in men's presence at childbirth. Younger Chilean men reported much greater rates of presence in the delivery room for the birth of their last child than older men. This shift is largely due to a national policy, aimed at “humanizing” the birth process, which encourages women to have a male partner or other person of their choice present during birth at public maternity wards.

Men are taking few days of paid or unpaid paternity leave. Among men who took leave, the duration ranged from an average of 3.36 to 11.49 days of paid leave and from an average of 3.8 to 10 days unpaid leave. Younger men and men with more education were more likely to take leave.

Close to half of men with children say they are involved in some daily caregiving. Unemployed men are dramatically more likely to participate in the care of children than employed men. For men with children under age four, play is the most common daily activity in which they participate (as affirmed by women and men).

Health Practices and Vulnerabilities

Men's rates of regular abuse of alcohol – defined as having five or more drinks in one night on a once monthly or greater basis – vary from 23 percent in India to 69 percent in Brazil and are significantly higher than women's reported alcohol abuse in all survey sites. In most sites, younger men and men with more inequitable gender attitudes are more likely to regularly abuse alcohol.

High proportions of women who reported having sought an abortion affirmed that a male partner was involved in the decision to seek an abortion (ranging from 39 percent to 92 percent).

Men report high self-esteem, with the exceptions of Croatia and India; at the same time, men show relatively high levels of depression and suicide ideation. The rates of experiencing depression at least once in the last month ranged from 9 percent in Brazil to a high of 33 percent in Croatia. The percentages of male respondents who reported having suicidal thoughts “sometimes or often” in the last month ranged from 1 percent in Brazil and Mexico to 5 percent in Croatia.

Violence and Criminal Practices

Men reported lifetime rates of physical intimate partner violence ranging from 25 percent to 40 percent with women reporting slightly higher rates. Factors associated with men's use of violence were rigid gender attitudes, work stress, experiences of violence in childhood and alcohol use. Men's reports of perpetration of sexual violence against women and girls ranged from 6 percent to 29 percent; in India and Mexico, the majority of sexual violence took place against a current or former partner.

Relatively high percentages of men reported ever having participated in criminal or delinquent acts; between 6 percent and 29 percent of men report ever having been arrested. In terms of factors associated with men's participation in criminal activity, men's socio-economic situation was the most significant. Men who owned firearms or carried out other violence or criminal behavior were also more likely to report having used intimate partner violence.

Transactional Sex

Between 16 percent and 56 percent of men in the sites surveyed say they have paid for sex at least once.

Men with lower educational attainment, less gender-equitable attitudes and men who reported less sexual satisfaction with their current partner are more likely to have paid for sex.

Knowledge and Attitudes about Policies and Laws Related to Gender Equality

Men in all the countries, with the exception of India, are generally supportive of gender equality, with 87 percent to 90 percent saying that “men do not lose out when women’s rights are promoted.” Even when asked about specific policies – quotas for women in executive positions, in university enrollment or in government – men’s support for such policies is reasonably high, with 40 percent to 74 percent of men supporting such quotas. Among themes related to gender equality, men reported the highest exposure to campaigns about gender-based violence. At the same time, across the sites, men showed negative attitudes toward laws related to gender-based violence.

Conclusion

Overall, IMAGES results affirm that gender equality should be promoted as a gain for women and men. Change seems to be happening as younger men and men with higher levels of education show more gender-equitable attitudes and practices. Men who report more gender-equitable attitudes are more likely to be happy, to talk to their partners and to have better sex lives. Women who report that their partners participate in daily care work report higher levels of relationship and sexual satisfaction. Findings suggest that most men in most of the survey sites accept gender equality in the abstract even if they are not yet living it in their daily practices.



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PART I: Why The International Men and Gender Equality Survey (IMAGES)?

Introduction, Methodology and Limitations

Background

The world increasingly affirms that men must be part of achieving gender equality. Indeed, changing men's practices and the structures and factors that enable, encourage and shape those practices – in terms of violence, health, overall treatment of women and girls and participation in family life – is a key part of the global gender equality agenda.

The United Nations has called for engaging men and boys in gender equality for at least 15 years. The 1994 International Conference on Population and Development (ICPD, Cairo) affirmed the importance of involving men in improving sexual and reproductive health, and emphasized the need to increase men's involvement in the care of children (WHO, 2007). The ICPD Programme of Action calls for leaders to “promote the full involvement of men in family life and the full integration of women in community life,” ensuring that “men and women are equal partners.”

Similarly, the 48th session of the Commission on the Status of Women³ (CSW) in 2004 affirmed the ICPD and went further, recognizing that men and boys can and do make contributions to achieve gender equality. CSW urged governments to adopt and implement policies to close the gap between women and men in terms of occupational segregation, parental leave and working arrangements to encour-

age men to fully participate in the care and support of others, particularly children.⁴

Many of the Millennium Development Goals (MDGs), which are time-bound targets for achieving key health and development indicators, focus on achieving gender equality and improving women's lives (in terms of maternal health, educational disparities, poverty eradication, HIV/AIDS prevention and care, and reducing violence against women). An analysis using 12 indicators to measure progress on the MDG priorities (ICRW, 2008) shows that clear advances have been made in empowering women, especially in education and increasing women's political representation in national parliaments and local governments. But progress in other areas that require engaging men – reducing violence against women, increasing women's income relative to men's, and reducing inequalities related to the care burden – has lagged.

The question is: are men on board with the gender equality agenda? Are they internalizing the messages and policies calling for greater equality for girls and women in education, income and work, political participation and health? Are men changing their attitudes, practices and the ways they live their lives in relation to women? Are men changing practices related to their own health and interpersonal relationships? How much are men participating in the care of children and other domestic activities? How common is men's use of violence against intimate partners? What factors are associated with this violence? What do men think about existing laws on gender-based violence and other policies designed to promote gender equality? How do these issues differ in various regions of the world? And, are men's own lives improving as they embrace gender equality and take on more equitable, flexible and non-violent versions of masculinity? In other words, are men evolving to be more supportive of gender equality?

While many of these questions have been asked in numerous individual studies, they have seldom been



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asked together as part of a multi-country initiative using statistically representative household samples.

The Men and Gender Equality Policy Project (MGEPP) is a multi-year, multi-country effort to gather evidence and raise awareness among policy-makers and program planners of the need to involve men in gendered ways as part of health and development agendas. A key component of the project has been the International Men and Gender Equality Survey (IMAGES), one of the most comprehensive efforts of its kind to gather household survey data on men’s attitudes and practices – along with women’s opinions about and experiences of men’s practices – on a wide variety of topics related to gender equality.

This report presents initial findings on men’s attitudes and practices from six countries where the survey was first carried out: Brazil, Chile, Croatia, India, Mexico and Rwanda. These countries represent different geographic regions where advocacy efforts related to engaging men in gender equality, many of those in collaboration with MenEngage or other networks and civil society groups, are underway.^{5,6}

About the International Men and Gender Equality Survey (IMAGES)

The overall goal of IMAGES is to build understanding of men’s practices and attitudes related to gender equality in order to inform, drive and monitor policy development to promote gender equality by engaging men and women in such policies. IMAGES seeks to assess the current practices and attitudes of men on a range of issues related to gender equality, including fatherhood and caregiving (time spent in providing care for children, and others in the home), use of violence in intimate and sexual relationships (sexual, physical and psychological) and against other men, work-life balance, use of health services, negotiation/communication with partner about family size and sexual relations and existing gender equality policies, among others. IMAGES incorporates items from the most recent survey instruments on gender, quality of life, childhood antecedents of violence (including gender-based violence), health, family gendered dynamics and fatherhood.⁷

This report provides an initial, comparative analysis of:

- Men’s socio-demographic status, including employment status and employment-related stress
- Men’s self-reported attitudes and practices, along with women’s reports of men’s behaviors on some of these practices, related to relationship dynamics, parenting and involvement in childbirth, health practices, violence (including intimate partner violence), and transactional sex
- Men’s reported knowledge and attitudes toward existing gender equality policies

This report provides descriptive statistics and bivariate analyses of key results for the topics listed above. Individual country reports will provide more analyses of country results. Future reports will analyze results in more depth on specific topics as well provide multi-variate analyses of key variables.

Methodology

IMAGES followed standard procedures for carrying out representative household surveys in each participating city, with the exception of Rwanda, where the survey is a nationally representative household sample. As seen in Table 1, the survey was carried out in one or more urban settings in each country (and rural and urban areas in Rwanda) with men and women ages 18-59, guided by the following parameters:

- The men’s questionnaire has approximately 250 items and took from 45 minutes to an hour to apply; the questionnaire for women is slightly shorter and took from 35 minutes to an hour to administer. The survey instruments were pre-tested in the participating countries and the study protocol was approved by ICRW’s institutional review board (IRB) and by in-country IRBs, when such existed.
- The survey instrument was designed to be relevant for adult men and women in stable, co-habiting relationships as well as those not in a stable relationship; women and men who define themselves as heterosexual as well as men and women of different sexual orientations and practices; and women and men who have children in the household (biological or otherwise) and those who do not.

- Double-back translation of the questionnaire was carried out to ensure comparability and consistency of questions across settings. Some country-specific questions were included; some countries excluded items due to local political or cultural considerations.
- In Brazil, Chile, Mexico and Rwanda, the questionnaire was an interviewer-administered paper questionnaire. In India, the questionnaire was carried out using hand-held computers, with a mixture of self-administered questions and interviewer-asked questions. In Croatia, the questionnaire was self-administered (using a paper questionnaire). Standard procedures were followed for ensuring anonymity and confidentiality.
- All research sites followed standard WHO practices for carrying out research on intimate partner violence in terms of offering referrals and information for services and special training of interviewers.⁸ Following these guidelines, men and women were not interviewed from the same household in any of the research sites.
- More sensitive questions were asked later in the questionnaire, and some key variables were included in multiple questions (to compare and thus be more informed in affirming validity). The questionnaire was pre-tested in all the settings prior to application.
- In all settings, male interviewers interviewed male respondents and female interviews interviewed female respondents, with the exception of Mexico, where some interviews with men were carried out by female interviewers (but only women interviewed women).
- Survey locations were chosen to represent different contexts in each country to achieve a mixture of major urban areas and a secondary city or cities. Within a survey location, neighborhoods or blocks were chosen based on population distributions from the most recent census data. Rural areas were included only in Rwanda and Croatia. Stratified random sampling and probability proportion to size (PPS) sampling methods were used within each neighborhood or community to ensure the inclusion of adequate sample sizes by age and residence (and also socio-economic status in the case of Chile).⁹

- Although all participating countries included questions on all the themes that make up IMAGES, the questionnaire is not identical in all countries, thus data is not available from every country for every question. The questionnaire in Rwanda was the most abbreviated of the six study countries, due to the much larger sample size – and thus the sheer number of interviews – required to make the study nationally-representative. In those cases where Rwandan data does not appear in a table or figure in this document, that particular question was not included in the Rwandan questionnaire.

Limitations

IMAGES was carried out as a city-based, random household survey. The findings presented here are representative of individual cities where the survey was carried out and not of their countries as a whole (except in the case of Rwanda, where the data are nationally representative). Throughout this report, city data are aggregated in order to present overall percentages for each country, but the initial results presented here are, strictly speaking, only representative of their city or neighborhood settings. Individual country reports and future multi-variate analyses will provide separate results by city.

Other limitations to IMAGES include the length of time it took for an individual to respond to the entire questionnaire, which led to fatigue on the part of interviewers and respondents in some contexts, as well as the challenge of getting middle-class households to respond in most settings. The fact that female interviewers carried out interviews with men in some cases in Mexico may have also produced some biases in the case of data from Mexico. Other factors also likely contributed to refusal rates or may have biased results, particularly ongoing urban violence in the cases of Brazil and Mexico. Interviewers in research sites in those two countries noted high levels of tension and reluctance on the part of respondents to allow interviewers to enter their homes. Interviewers suspect that the ongoing violence in both settings may have biased some of men's reports on the use of different forms of violence.

Related Studies

Many items on the IMAGES questionnaire have been influenced by a survey designed for the 2005 “Gender Equality and Quality of Life” study in Norway, carried out by the Nordic Gender Institute (NIKK) and the Work Research Institute (WRI) and financed by the Norwegian Ministry of Children and Equality.¹⁰ A second study on men, health and violence, carried out in 2008-2009 by the Medical Research Council of South Africa, used many but not all items from the IMAGES questionnaire and

added many items for the IMAGES questionnaire.¹¹ Brief overviews of both of these studies can be found in Annex I.

Experts at ICRW, Promundo and the research partner organizations encourage investigators in other countries to apply IMAGES and are available to provide further information and/or technical assistance. Similarly, researchers interested in carrying out additional analyses from the IMAGES datasets are encouraged to contact either Promundo or ICRW.

Data Collection Details	Brazil	Chile	Croatia	India	Mexico	Rwanda
Sample size, men	750	1192	1501	1534	1001	2301
Sample size, women	448	426	506	521	383	1311
Age group	18-59	18-59	18-59	18-59	18-59	18-59
Site(s)	One major metropolitan area: Rio de Janeiro, with two neighborhoods: Maré (low income) (n=686 men, 408 women) and Vila Valquiere (middle income) (n= 64 men, 40 women)	Three metropolitan areas: Valparaíso (n=198 men), Concepción (n=197 men), Santiago (n=797 men, 426 women)	One metropolitan area and two rural areas: Zagreb (n=809 men, 264 women), and towns and villages in two counties in Eastern Croatia (n=692 men, 242 women)	Two metropolitan areas: Delhi (n=1037 men, 313 women) and Vijayawada (state of Andhra Pradesh) (n=497 men, 208 women)	Three metropolitan areas: Monterrey (n=515 men, 172 women); Queretaro (n=222 men, 127 women); Jalapa (n=264 men, 84 women)	Nationally representative sample covering all provinces: Eastern province (25%), Kigali (11%), Northern province (19%), Southern province (25%), Western province (20%)
In-country research partner	Promundo	CulturaSalud, EME	CESI-Center for Education, Counseling and Research	ICRW, SIGMA Research and Consultancy Pvt. Ltd.	El Colegio de México, México, D.F	Rwanda Men's Resource Centre (RWAMREC)
Questionnaire Application Process	Paper Survey (mix of self administered and interviewer administered)	Paper Survey (interviewer-administered)	Paper Survey (mix of self administered and interviewer administered)	Handheld Survey (mix of self administered and interviewer administered)	Paper Survey (interviewer administered)	Paper Survey (interviewer administered)

Table 1 - IMAGES Data Collection Details

Conceptual Framework, Topics and Analytical Strategy

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 (Gupta, 2000). Gender therefore 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 (Connell, 1994). This concept of masculinities also enjoins us to examine the diversity of men, 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.

In keeping with a relational perspective, a similar instrument was applied to both women and men, with an understanding that men’s and women’s understanding and reports of their respective practices may be different. By including and comparing responses from women and men, we do not take the approach that either men’s or women’s responses are necessarily more valid than the other. Where there are significant differences in women’s and men’s reports of a given practice, we reflect on why this may be the case.

Topics

The questionnaire covers key topics in gender equality, including intimate relationships, family dynamics, and key health and social vulnerabilities

for men. Based on previous research that found associations between early childhood exposure to violence and different gendered practices related to childrearing, we also included items on childhood antecedents to particular men’s practices. Specific topics in the questionnaire include:¹²

1. *Employment.* Employment experience; unemployment and underemployment; stress and reactions associated with unemployment; reaction by spouse/partner when unemployed; income differentials between men and women; perceived gender dynamics in the workplace; work-life balance; and job satisfaction.
2. *Education.* Educational attainment; perceived gender norms and patterns in school.
3. *Childhood experiences.* Victimization by violence as children; witnessing of gender-based violence; gender-related attitudes perceived in family of origin; changes perceived from previous generation to the present; gender balance in work/child care in family of origin; gender-patterns of childhood friendships.
4. *Relations at home (in current household).* Marital/cohabitation status; division/participation in household chores; perceived satisfaction in family life; household decision-making; time use in specific domestic chores and family care, including child care.
5. *Parenting and men’s relationships with their children* (and with non-related children who may live in the household). Number of children; living situation of each child; time/money spent in care of each child; use of paternity/maternity leave; perceptions/attitudes toward existing parental leave in country; and child care arrangements.
6. *Attitudes toward women and masculinity.* Attitudes toward gender equality (using the GEM Scale and other measures); attitudes toward various gender equality policies that may have been implemented in each country.
7. *Health and quality of life.* Lifestyle questions (substance use, exercise, etc.); use of health services; sexual and reproductive behavior (contraceptive use, condom use); sexually transmitted infections including HIV (past history,



HIV testing); satisfaction with sexual relations; mental health issues (depression, suicide ideation); social support; use of/victimization of violence in other contexts; morbidity.¹³

8. *Partner relations and spousal relations.* Current relationship status/satisfaction; use of services/help-seeking in times of violence or relationship stress; relationship history.
9. *Relationship, gender-based violence and transactional sex.* Use of violence (physical, sexual, psychological) against partner (using WHO protocol); victimization of violence by partner (using WHO protocol); men's use of sexual violence against non-partners; men's self-reported purchasing of sex or paying for sex, including with underage individuals.
10. *Sexual behavior.* Sexual experience; sexual orientation; behaviors related to sexual and reproductive health, HIV/AIDS; use of health services related to sexual and reproductive health.

Analytical Strategy

This report focuses on men's attitudes and practices related to relationship dynamics, parenting and caregiving, health-related practices and vulnerabilities, violence (intimate partner violence and other forms), transactional sex and attitudes toward existing gender equality policies. Women's reports of men's practices are reported for some key variables. Future reports will provide further analyses of women's results.

The selection of questions in this initial data analysis was informed by previous research confirming the associations or impact of early childhood experiences, individually held gender-related attitudes, educational attainment, age (as a proxy of generational differences as well as developmental stage), social class (or income) and employment status and economic stress on women's and men's attitudes and practices in terms of their intimate relationships, their sexual practices, their use of violence, their domestic practices and their health-seeking behaviors. The framework used for the data analysis is included as Annex II. Men's knowledge of and attitudes toward key policy issues related to gender equality are also included. This report focuses on descriptive statistics and bi-variate analyses of the associations between educational levels, economic or work-related stress, gender-related attitudes, and age and these practices. In all cases where statistically significant differences are reported, these are at the $p < .05$ level as assessed using the Pearson's chi-square test.

As noted earlier, we also have an interest in understanding generational changes, or changes over time, in terms of men's practices. IMAGES is not a longitudinal study; nonetheless, by comparing responses stratified by age groups we can make some inferences about generational change.



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PART II: Results

Who Are the Men and Women who Participated in IMAGES?

Table 2 provides a general overview of the men and women interviewed, in terms of age, marital status, educational levels and parenting status. As would be expected given the focus on adult men ages 18-59, the majority of men and women interviewed in all sites are

married with children. In general, men have completed primary education with some secondary education. The samples are reasonably comparable to general demographics in urban areas in their respective countries.

Men's Work-Related Stress

In addition to asking men about employment and household income (the usual variables for assessing

	Brazil		Chile		Croatia		India		Mexico		Rwanda	
	%	N	%	N	%	N	%	N	%	N	%	N
Age												
18-24	23	176	24	289	19	277	30	469	28	283	13	303
25-34	25	187	24	283	34	498	32	494	25	250	33	760
35-49	31	236	33	391	27	389	29	452	32	323	33	768
50-59	20	151	19	229	20	290	9	137	15	146	20	470
Education												
No Formal Education	3	21	1	17	0	1	12	180	1	14	18	406
Up to Primary Class V	54	401	11	127	4	55	9	133	12	116	64	1,481
Primary to Senior Secondary	32	238	48	566	60	902	34	533	24	245	14	312
Beyond Senior Secondary	12	89	40	481	36	537	45	706	63	627	4	102
Marital/Residential Status												
Unmarried and not cohabitating	22	115	58	689	30	331	44	676	49	392	33	747
Married and/or cohabitating with partner	78	412	42	503	70	769	56	859	51	415	67	1,545
Number of Children												
No children	46	343	43	515	57	807	48	743	44	426	16	360
1 to 2	40	300	41	483	37	522	40	617	31	300	27	583
3 to 5	13	98	16	185	7	93	12	185	23	228	37	816
6 or more	1	9	1	8	0	2	0	7	2	17	20	434

Table 2 - Socio-demographic Characteristics, Men

socio-economic status), we also asked men about work-related stress, namely if they have ever have experienced stress or depression because of not having enough income or enough work. The hypothesis was that men's reports of experiencing such stress are more indicative of men's socioeconomic realities than only asking about monthly income or employment status.

Results confirmed that work-related stress among men in the four middle-income and two low-income

countries in this study was common.

A high percentage of men, regardless of their current employment status, report ever experiencing significant stress related to not having enough work or income. Between 34 percent and 88 percent of men in the survey sites report having experienced work-related stress (Figure 1).¹⁴ Among currently unemployed men, between one-tenth and one-half of men interviewed report they considered leaving their family at least once because of work-related stress.

	Brazil		Chile		Croatia		India		Mexico		Rwanda	
	%	N	%	N	%	N	%	N	%	N	%	N
Age												
18-24	22	98	15	62	19	95	26	137	13	51	17	219
25-34	23	102	22	93	32	162	36	190	21	79	38	497
35-49	33	147	37	159	30	150	30	160	45	173	30	395
50-59	23	101	26	112	19	98	7	38	20	78	15	200
Education												
No Formal Education	50	222	7	29	0	21	23	119	16	59	53	689
Up to Primary Class V	11	49	10	42	4	0	6	30	16	62	30	393
Primary to Senior Secondary	19	87	34	144	57	287	38	201	34	128	9	112
Beyond Senior Secondary	20	90	50	211	39	196	33	175	34	131	9	117
Marital/Residential Status												
Unmarried and not cohabitating	44	198	20	62	47	233	20	103	11	41	27	355
Married and/or cohabitating with partner	56	250	80	248	53	265	80	422	89	339	73	956
Number of Children												
No children	2	7	3	10	1	2	4	15	0	0	10	124
1 to 2	70	227	75	235	80	199	66	273	48	159	31	401
3 to 5	25	82	21	65	19	46	28	115	45	149	40	517
6 or more	2	6	1	2	0	1	2	10	8	25	19	248

Table 3 - Socio-demographic Characteristics, Women



Figure 1: Men's Reports of Work-related Stress

Discussion: Implications of Men's Work-Related Stress

These initial findings suggest that given the prevailing, socially expected role of men to be providers and thus to have work, the indicators of economic stress used in IMAGES are more revealing about men's life experiences than only asking men about income and about their current employment status. Throughout this initial analysis of IMAGES results, this hypothesis was confirmed. On a number of key practices, men who reported experiencing economic or work-related stress are more likely to report depression, suicide ideation, previous arrests, and use of violence, among other practices.

Gender Attitudes

A key part of achieving gender equality is changing the social norms that men and women internalize and that influence their practices. Survey research with men and boys in numerous settings has shown how inequitable and rigid gender norms influence men's practices on a wide range of issues, including HIV/STI prevention, contraceptive use, use of physical violence (both against women and between men), domestic chores, caregiving, and health-

seeking behaviors (Marsiglio, 1988; Kaufman, 1993; Rivers and Aggleton, 1998; Kimmel, 2000; Barker, 2000a; Barker and Ricardo, 2005). Sample survey research using standardized attitude scales, including the GEM Scale, (Pulerwitz and Barker, 2008) has found that adult and younger men who adhere to more rigid views about masculinity (e.g., believing that men need sex more than women, that men should dominate women, that women are "responsible" for domestic tasks, among others) are more likely to report use of violence against a partner, sexually transmitted infection, previous arrests and drug or alcohol use.

To measure men's and women's gender-related attitudes, we applied the GEM Scale, a collection of attitude questions that has now been widely used in diverse settings and has consistently shown high rates of internal reliability.¹⁵ The scale also produced very high internal reliability in all the IMAGES study countries. The scale is not the same in all countries. Items have been added to the scale for cultural specificity and other items that show limited variation and limited contribution to the overall scale in that setting have not been used in the final data analysis.

	Brazil	Chile	Croatia	India	Mexico	Rwanda
GEM Scale Items by Domains	%	%	%	%	%	%
Gender						
Woman's most important role is to take care of her home & cook	54	54	36	—	56	83
Changing diapers, giving kids a bath & feeding kids are mother's responsibility	10	46	29	86	26	61
A man should have the final word about decisions in his home	43	40	20	81	24	66
Violence						
A woman should tolerate violence in order to keep her family together	4	—	6	68	—	54
There are times when a woman deserves to be beaten	—	—	12	65	—	21
Sexuality						
Men need sex more than women do	50	—	32	57	27	70
Men don't talk about sex, they just do it	49	—	25	58	31	58
Men are always ready to have sex	54	—	34	61	42	54
I would never have a gay friend	—	46	31	—	29	—
It's important for men to have male friends to talk about his problems	—	90	—	—	—	—
Masculinities						
To be a man, you need to be tough	44	38	62	86	8	19
Men should be embarrassed if unable to get an erection	37	46	—	91	13	59
If someone insults me, I will defend my reputation, with force if I have to	—	69	—	92	38	35
Reproductive Health						
It is a woman's responsibility to avoid getting pregnant	36	47	16	40	22	49
I would be outraged if my wife asked me to use a condom	21	33	12	47	—	39
Either a man or a woman can suggest using a condom	—	90	—	—	—	—
If a guy gets women pregnant, child is responsibility of both	—	98	—	—	—	—
Man/woman should know what his/her partner likes during sex	—	97	—	—	—	—
The participation of the father is important in raising children	—	98	—	—	—	—
Couple should decide together if they want to have children	—	98	—	—	—	—
A man and a woman should decide together what type of contraceptive to use	—	—	92	—	—	—
Total # of GEM items included in scale	11	15	13	12	11	13

— indicates that these items were not used in the final construction of the GEMS in this country

Table 4 - Percent of Men Who Agree or Partially Agree with GEM Scale Items by Country

In this section, we present the GEM Scale results focusing on responses to individual questions. In subsequent sections, the GEM Scale is examined as a variable as it relates to men’s reports of their practices in terms of caregiving, sexual experiences, use of violence, and health-seeking behaviors, among others.¹⁶ In Annex III, we present the GEM scores for each country trichotomized into categories of men holding low, medium and high equity gender-related attitudes.

Men showed tremendous variation in their gender-related attitudes, with India and Rwanda showing the most inequitable attitudes.

Table 4 presents the responses to each attitude question by country. In terms of roles in the home, sexuality, reproductive health and gender-based violence, Rwandan and Indian men consistently supported the least equitable norms among the settings studied. For example, for the statement “changing diapers, giving kids a bath and feeding kids are the mother’s responsibility,” only 10 percent of men agreed in Brazil whereas 61 percent in Rwanda and more than 80 percent in India agreed with the statement. In India and Rwanda, men also showed high acceptability of men’s use of violence against women, and in both countries, a majority

affirmed the belief that men need sex more than women do.

Men with higher educational attainment and married men had more equitable attitudes; unmarried men had the least equitable attitudes.

In terms of factors associated with whether men were more or less equitable, unmarried men (with or without a partner) have the least equitable gender attitudes across all the countries. In terms of age, we see mixed trends. In some countries, younger men show more equitable views. In other countries, men over the age of 50 are more equitable than their younger counterparts.

Homophobic attitudes were common although varied tremendously by context.

Questions about men’s attitudes related to homophobia or acceptance of sexual diversity were added to the one GEM Scale question related to homophobia (“I would never have a gay friend ...”). Men who said they would be ashamed to have a gay son ranged from a low of 43 percent of men in Brazil to a high of 92 percent in India. A slightly lower, but still high proportion of men said that being around homosexual men makes them uncomfortable, ranging from a low of 21 percent of men in Brazil to a

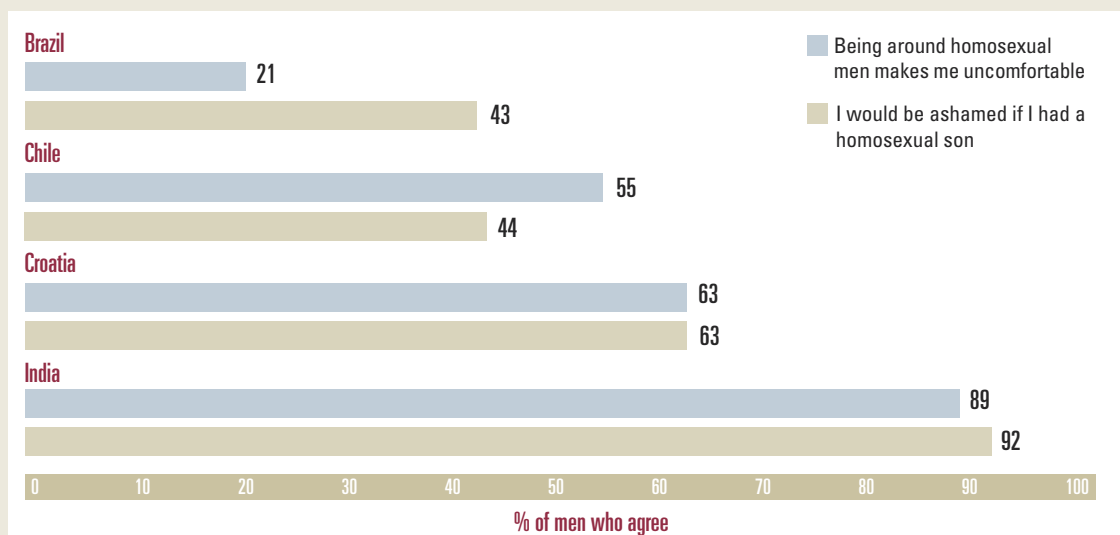


Figure 2: Men’s Attitudes about Homosexuality

high of 89 percent in India. Among the four countries where these questions were asked, Brazil and Chile had the least homophobic responses, while Croatia and India had more homophobic responses. Although not presented in detail here, analysis found that younger men were less likely to hold homophobic attitudes in the cases of Brazil, Chile and Croatia (at statistically significant levels); in Brazil, Croatia and India, men with higher levels of education were less likely to hold homophobic attitudes (at statistically significant levels).



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Discussion: Gender Attitudes

The fact that unmarried men had the least equitable attitudes suggests that men who are married may learn to “soften” or modify their attitudes as they acquire experience in co-habiting relationships with women. In addition, the finding that in some countries, older men had more gender-equitable attitudes than men in the middle-age groupings further affirms the importance of men gaining experience in co-habiting relationships and its influence on men’s attitudes. Years of living in partner relationships and the daily negotiation required may, from a developmental perspective, lead some men to become more gender equitable in their attitudes. In all the countries, men with higher educational attainment (completed primary school and at least some secondary education) had more equitable attitudes than those with less education. This suggests that secondary schools may be a space where more “rights” education takes place.

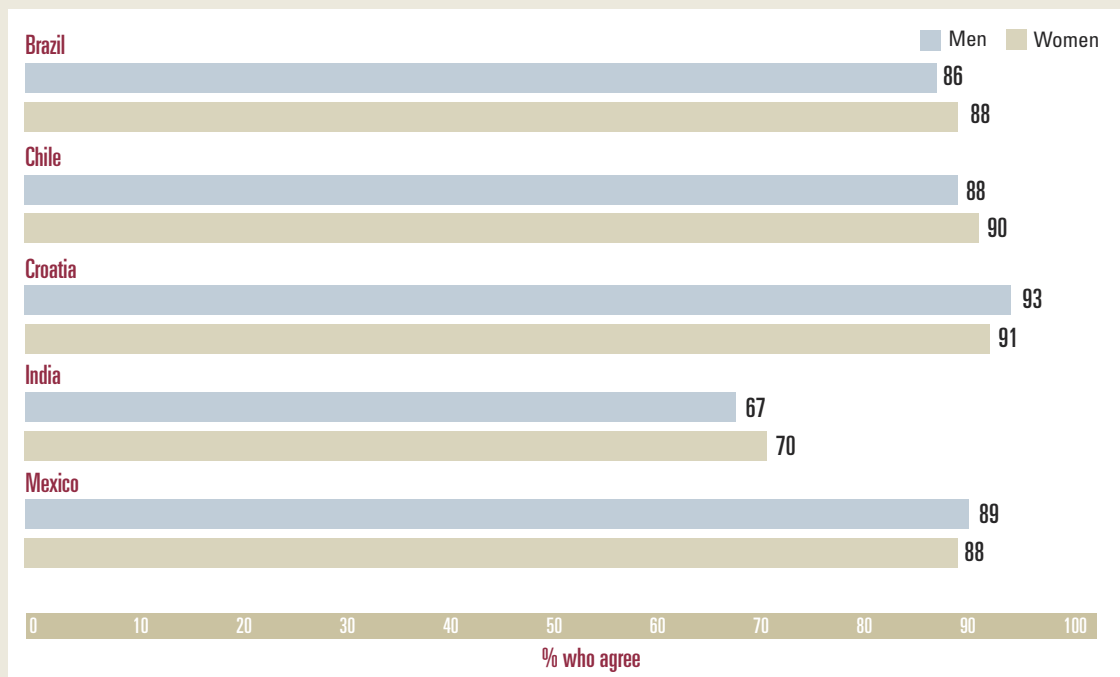


Figure 3: Men's and Women's Reports about Speaking with Partner about a Personal Problem in Previous Month

Men's Practices and Lives

Relationship Dynamics and Domestic Duties

Globally, an unequal work-life divide endures where men are generally expected to be providers and breadwinners while women and girls are generally expected to provide care for children and other dependents and be chiefly responsible for reproductive aspects of family life. A recent multi-country study including lower, middle and higher income countries found that the mean time spent on unpaid care work by women ranges from two to 10 times that of men (Budlender, 2008). These realities persist even as women have begun working outside the home in larger and unprecedented numbers and as their roles have changed in households and political life, albeit with tremendous variation by region and social class.

What do men and women in the six countries studied say about these issues? Are men doing their share of care work? And how do men's and women's perceptions of who does the care work differ or

coincide? Are respondents who are co-habiting heterosexual couples satisfied with the current division of care work, including care of children? In terms of relationship dynamics, key IMAGES questions focused on division of household duties, spousal communication, overall relationship satisfaction and sexual satisfaction

Both men and women report frequent communication about personal problems.

The vast majority of men in co-habiting heterosexual relationships say they have spoken with their female partner about a "personal problem they were facing" in the last month, ranging from 66 percent in India to 93 percent in Croatia; women reported nearly identical rates. For most of the countries, couple communication varied little by age or work-related stress, but did vary in terms of educational attainment and gender norms. In Croatia and Mexico, men with higher levels of education were significantly more likely to report talking to partners in the past month about personal problems. In

India, men facing work-related stress were more likely to have talked with a partner about personal problems. In nearly all of the countries, men who have more gender-equitable attitudes were more likely to report having spoken with a partner about personal problems in the last month.

According to men's own reports of their practices, younger men, men with more education and men who saw their fathers do domestic work are more likely to carry out domestic duties.

Nearly half of men in all sites say that they play an equal or greater role in one or more household duties – with the notable exception of India, where only 16 percent of men reported that they played an equal or greater role in household duties. These household or domestic duties included washing clothes, repairing the house, buying food, cleaning the house, cleaning the bathroom or toilet, preparing food and paying the bills.¹⁷ Not surprisingly, the tasks that men said they play an equal or greater role in are those tradi-

tionally associated with men – namely repairing the house, paying bills and buying groceries.

Women's reports that their male partner played a greater or equal role in at least one household task were consistently lower than men's own reports, with the exception of India where women and men agreed that men seldom play an equal or greater role in any household duties (Figure 4).

In terms of factors associated with men's involvement in domestic activities, there was a statistically significant association with age in Chile, Croatia and Rwanda. Younger men were more likely to say they carried out an equal or greater role in at least one domestic activity (and the same trend was seen in India and Mexico, but not at a statistically significant level). Men with higher educational levels were more likely to report participation in domestic activities in Brazil and Chile, where the difference was significant, although the same pattern was seen in

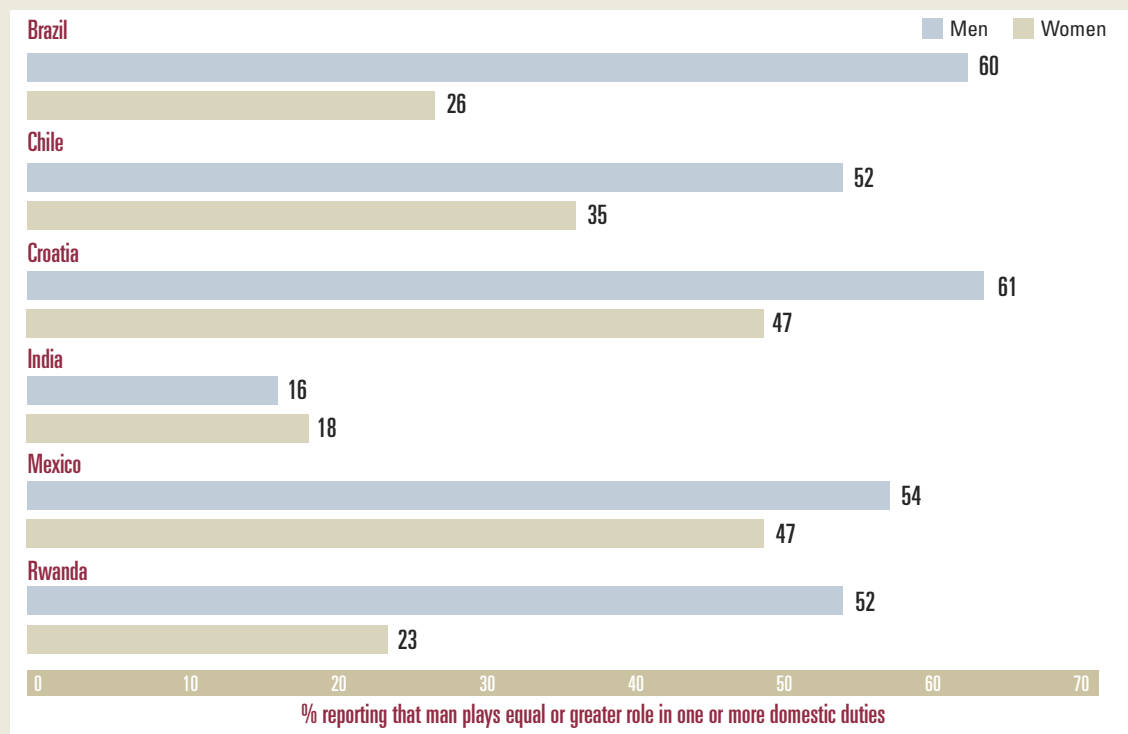


Figure 4: Men's and Women's Reports of Men's Participation in Domestic Duties

	Repair House	Pay Bills	Buy Groceries	Clean House	Prepare Food	Clean Bathroom	Wash Clothes
Brazil n=424	88	76	69	49	45	49	38
Chile n=655	89	74	65	36	37	28	26
Croatia n=791	96	76	74	43	39	27	17
India n=810	66	89	39	7	5	6	8
Mexico n=547	92	81	56	42	31	36	27
Rwanda n=1949	95	89	63	33	33	32	41

Table 5: Men’s Reports of Equal or Greater Participation in Domestic Duties, in Order from Most to Least Common Overall

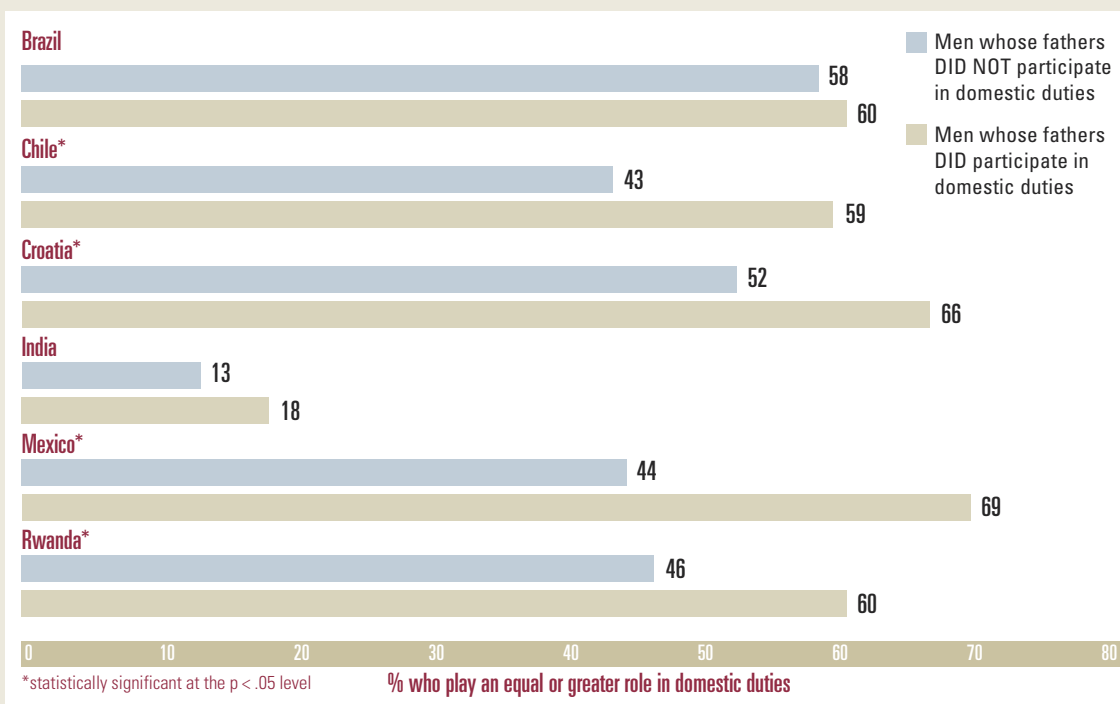


Figure 5: Links between Fathers’ and Sons’ Participation in Domestic Duties (Defined as Playing an Equal or Greater Role in One or More Duties)

nearly every country (not at statistically significant levels). Men who showed more gender-equitable attitudes were more likely in all the countries except India to participate in domestic activities.

Additionally, in all the sites, men who reported that their fathers participated in domestic activities were more likely to report participation in domestic activities (Figure 5).

Men report higher levels of sexual and relationship satisfaction than women. Women who say their partners do domestic work are more sexually satisfied.

Men reported relatively high rates of sexual satisfaction with their current stable partners ranging from 77 percent in Croatia to 98 percent in India. Women reported significantly lower rates of sexual satisfaction than men in Brazil, Chile, Mexico and Rwanda, while reporting roughly equal rates of sexual satisfaction as men in the case of Croatia and India. Younger men reported higher levels of sexual satisfaction than did older men in Chile, Croatia and Mexico. Men with higher educational levels reported higher levels of sexual satisfaction in Brazil, Mexico and Rwanda. Work-related stress was not associated with sexual satisfaction except in the case of Croatia, where men who reported facing stress related to work and income reported lower levels of sexual satisfaction with their current partner.

In all countries except India, men who reported more gender-equitable attitudes were more likely to

report being sexually satisfied with their current female partner. Furthermore, in Brazil, Croatia and India, women who reported that their male partner carried out an equal or greater role in at least one domestic activity reported higher levels of overall relationship satisfaction and higher levels of sexual satisfaction (Figure 8). Men who reported higher levels of communication with their partners about personal problems in Chile, Croatia and Mexico were also – not surprisingly – more likely to report that they were more sexually satisfied with their current female partners (Figure 7).

Not surprisingly, across all the countries included, the vast majority of men say they are satisfied with the current – and highly unequal – division of household duties.

Men's reports of satisfaction ranged from 90 percent in Brazil to 98 percent in India. However, women's reports of satisfaction with the current division of domestic duties are consistently lower, but only slightly (Figure 9).

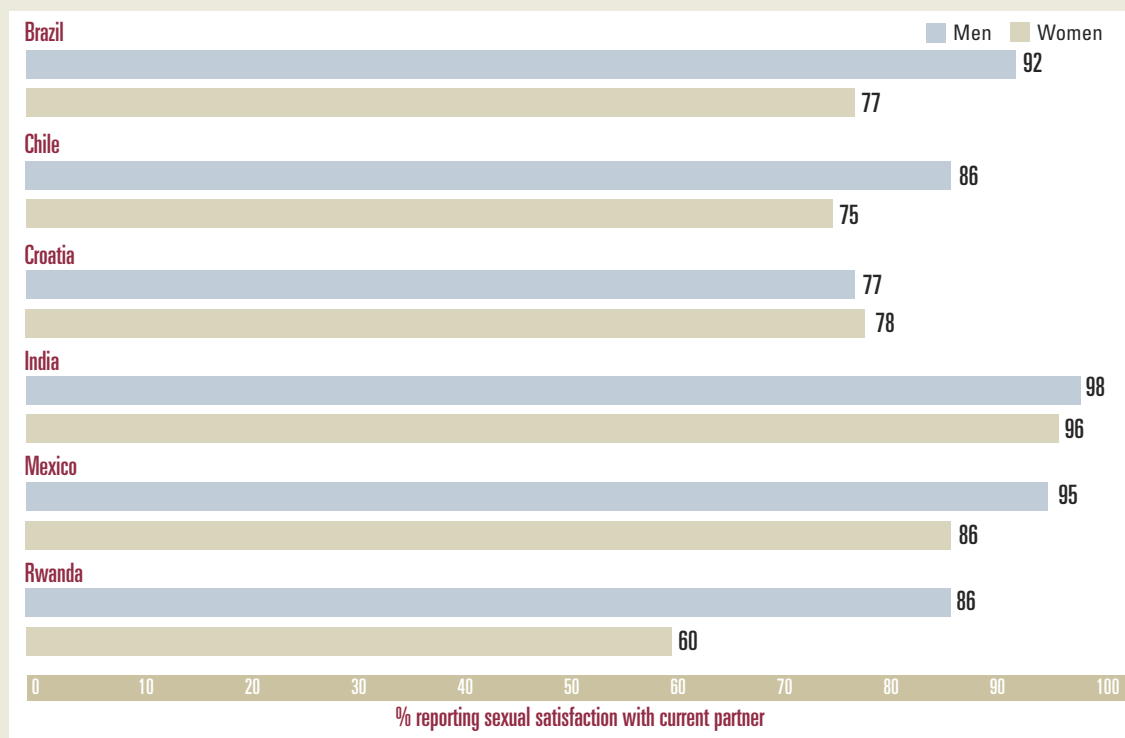


Figure 6: Men's and Women's Reports of Sexual Satisfaction with their Current Partner

Discussion: Relationship Dynamics and Domestic Duties

The overall finding in terms of relationship dynamics is that men with more education, younger men and men with more equitable views are more likely to participate (or say they participate) in household work and to report higher levels of sexual and overall relationship satisfaction. The findings also confirm, for some sites, a clear association for women between their male partners' participation in household work and their sexual satisfaction and overall satisfaction with their relationship. These results affirm that communication and greater sharing of household tasks are associated with greater overall relationship satisfaction and sexual satisfaction. We should be careful in making any simplistic association between equality in domestic tasks and sexual or overall relationship satisfaction (not to mention the challenges of measuring "sexual satisfaction" across cultural contexts), but these results do suggest that cooperative relationships are generally cooperative across several areas of intimate and household life and that women and men appreciate this cooperation in all its forms.

These results also suggest that women on aggregate have generally conformed to men's limited participation in domestic activities but are also appreciative when their male partners participate more in such activities. Indeed, given the obvious inequalities in the division of household tasks involving cleaning, food preparation and washing, women's reported dissatisfaction is less than we might have imagined. This likely means that women have accepted or internalized these inequalities stemming from the persistent gendered division of labor, do not believe these arrangements will change anytime soon or do not expect any more from their male partners in terms of domestic tasks.

In addition, these results show the importance of men's participation in domestic work as an influential factor in changing behaviors from one generation to another. Men who grow up in homes where men regularly participate and assume responsibility for care work, including the care of children, are more likely to see such practices as "men's work" and in turn to carry out such practices when they form their own families.

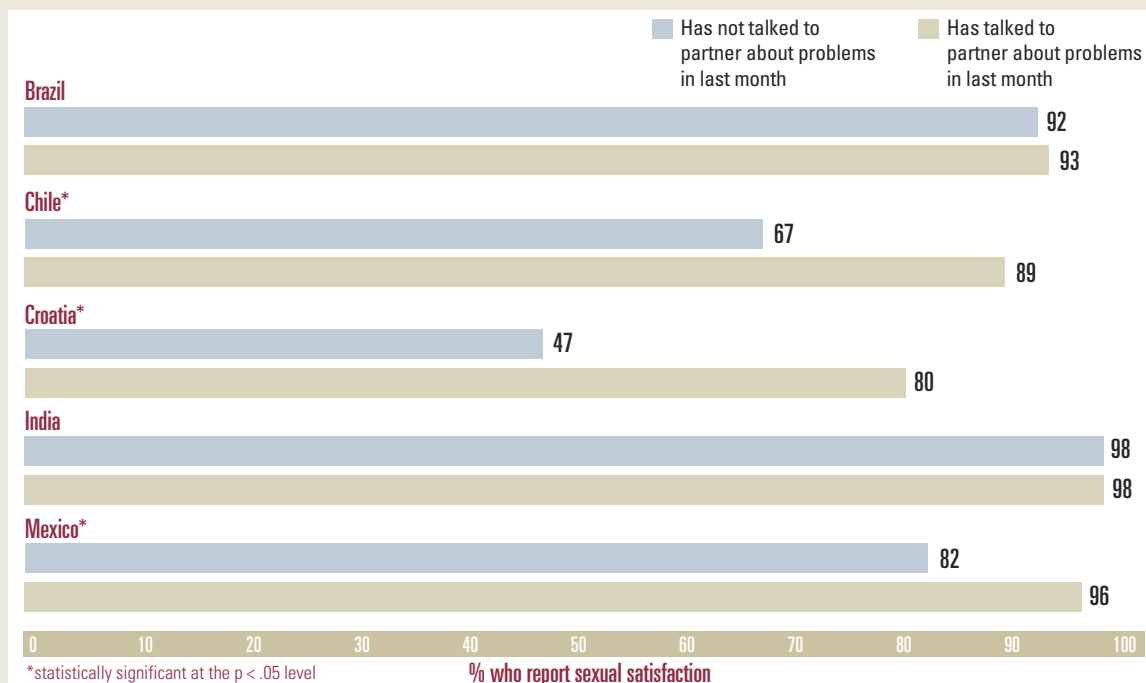


Figure 7: Men's Reports of Sexual Satisfaction and their Reports of Couple Communication

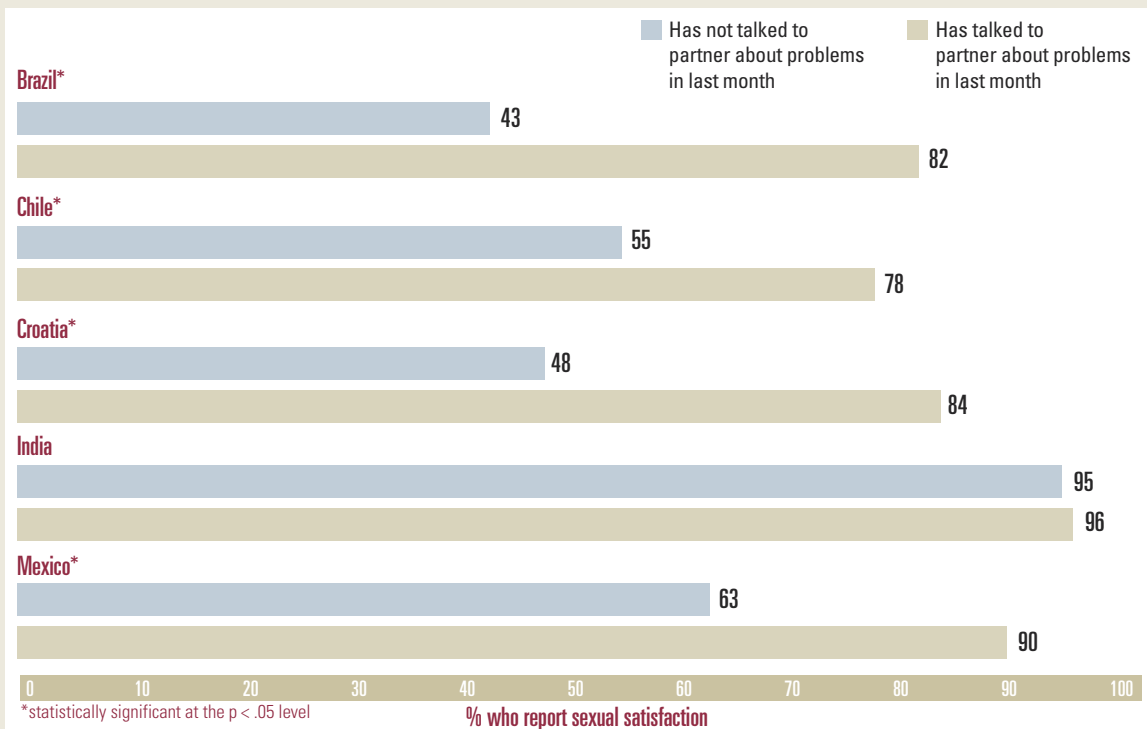


Figure 8: Women's Reports of Sexual Satisfaction and their Reports of Couple Communication

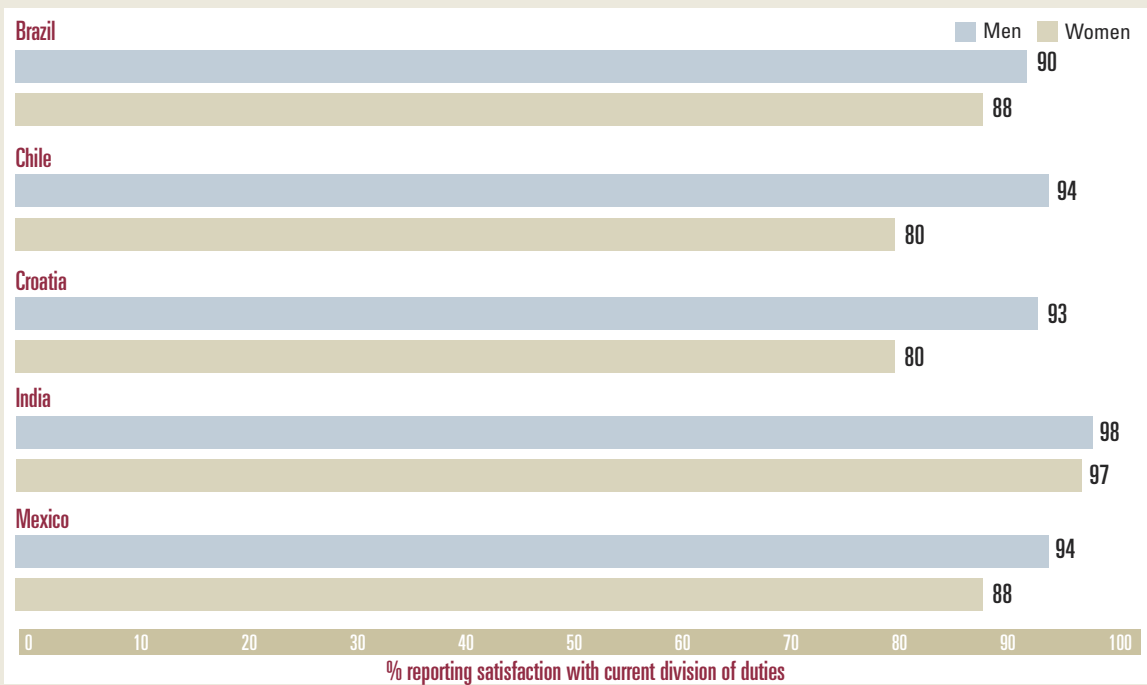


Figure 9: Men's and Women's Reports of Satisfaction with Current Division of Household Duties

Parenting and Involvement in Childbirth

What are men’s and women’s reports of men’s involvement in the care of children? Key IMAGES questions focused on men’s participation in prenatal visits, presence during childbirth, involvement in the daily care of children and use of paternity leave.

*In most settings, the majority of men were neither in the delivery room nor the hospital for the birth of their last child, although younger men and men with more education are more likely to be present during childbirth.*¹⁸ In many middle-income countries, particularly in Western Europe, North America and Australia, national health systems have made efforts to involve men to a greater extent in maternal health and during childbirth. The most common engagement is to invite or encourage men to be present during prenatal checkups and be present in the delivery room.^{19,20}

In spite of increasing efforts to promote men’s involvement during childbirth, the majority of men across the countries surveyed are neither present in the delivery room nor in the hospital during child-

birth, with some notable exceptions. In Chile, nearly 50 percent of men reported that they were present in the delivery room during the birth of their last child, followed by 24 percent in Mexico and 17 percent in Croatia. These results also must be contextualized by setting. In some settings, official public health policy supports women’s rights to have a person of her choice present during childbirth (Brazil, Chile and Croatia), while in Mexico public hospitals do not permit men (fathers) to be present during birth even if the father and mother desire. Brazil has a national policy supporting a woman’s right to have someone of their choice (presumably the father) present during childbirth, yet implementation has been far less than universal as more than half of men reported they were not present for the birth. Chile shows a dramatic generational shift in terms of men’s presence in the delivery room during childbirth (Figure 11), largely due to a national policy that aims to “humanize” the birth process, which encourages women to have a male partner or other person of their choice present during birth at public maternity wards.

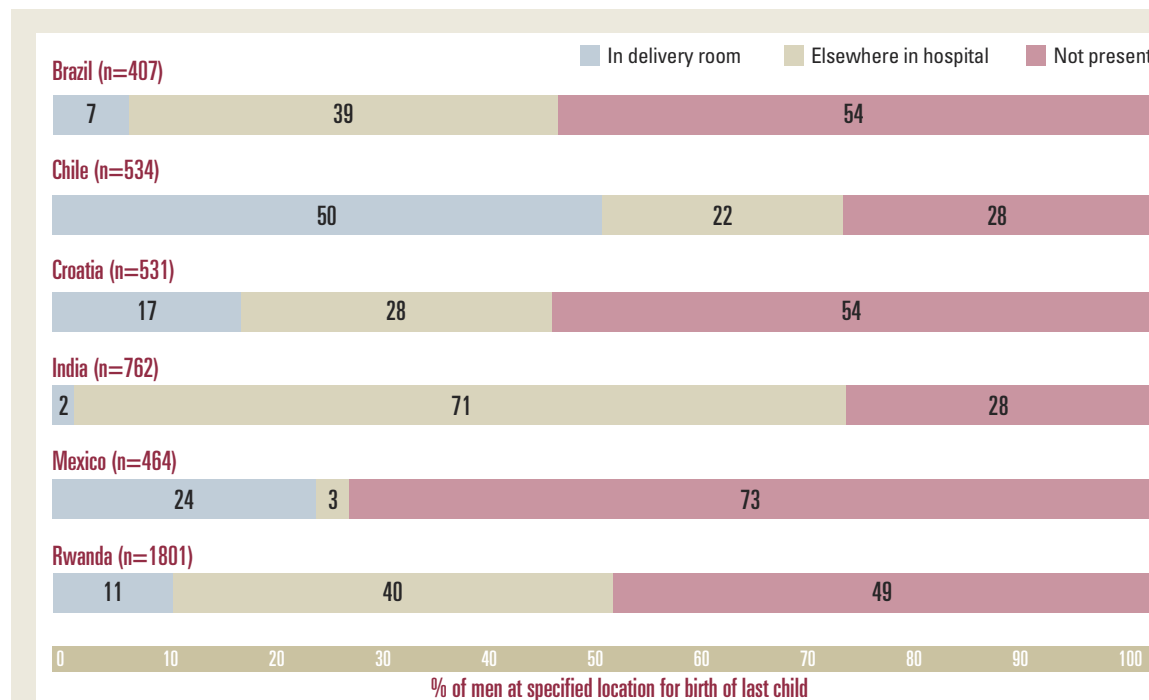


Figure 10: Men’s Presence During Birth of Last Child

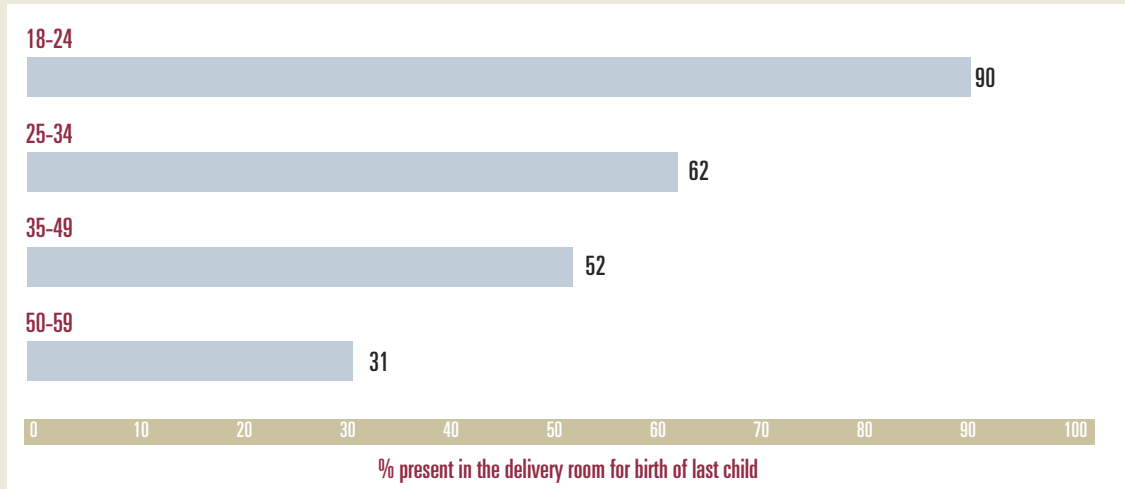


Figure 11: Men's Presence in the Delivery Room by Age in Chile (statistically significant at the $p < .001$ level)

In terms of factors associated with being present (either in the hospital or the delivery room), younger men (mostly in the 25-34 year old range) were more likely to be present in the cases of Chile, Croatia and India, with similar (but not statistically significant) patterns seen in Mexico and Rwanda. More educated men were more likely to report being present during childbirth in all the countries (at statistically significant levels in all but India).

The majority of men and women say that men were present during at least one prenatal visit. Younger men and more educated men were more likely to be present during prenatal visits.

While men are not present during childbirth, they are accompanying women to prenatal visits at high rates in all the countries, ranging from 78 percent in Brazil to 92 percent in Mexico (referring to the percent of men who reported that they accompanied their female partner for at least one prenatal visit during the most recent pregnancy). Women's reports of men's participation in prenatal visits are lower in all of the countries, although more than half of women report that men were involved in prenatal visits in their most recent pregnancy (Figure 12).

Men with higher educational levels were more likely to accompany a partner to prenatal visits in Brazil,

Chile, Croatia and Mexico, as were men who showed more equitable views about gender. Younger men were more likely to accompany a partner to prenatal visits in the case of Chile (although similar but statistically insignificant differences were seen in all the other countries).

Men are taking few days of paid or unpaid paternity leave, although younger men and men with more education are more likely to take leave.

Expanding paternity leave – particularly paid paternity leave – has been promoted as a way to increase



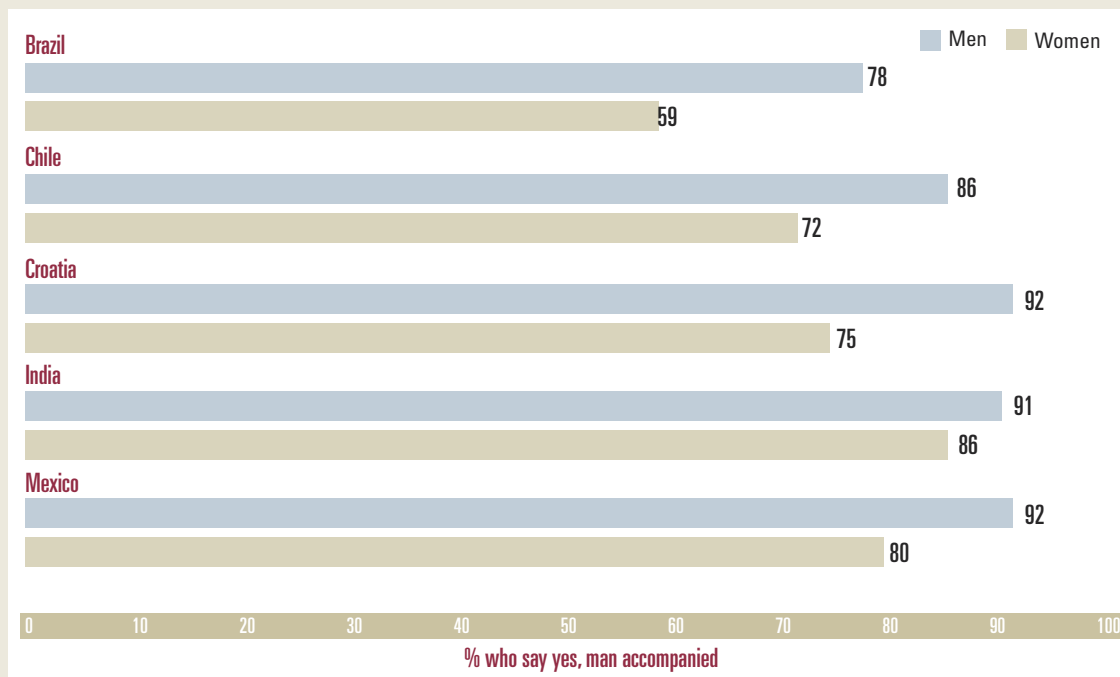


Figure 12: Men's and Women's Reports of Men's Accompaniment During Prenatal Visits During Most Recent Pregnancy

men's participation in the care of children, and included in recommendations from the 48th Session of the Commission on the Status of Women (CSW) in 2004. Most countries – with the notable exceptions of some Western European countries, Canada, Australia and New Zealand – continue to offer only a few days or a week at most of paid or unpaid paternity leave. This limited paternity leave continues to reinforce the notion that men are “helpers” when it comes to the care of children, both perpetuating unequal care work patterns and discouraging men's involvement in their children's lives. These trends persist in spite of widely reported positive experiences in terms of men's use of leave and women's and men's reported satisfaction as men take on increased involvement in the care of children.

Among the countries included in the study, Brazil and Chile have laws that provide men with five days paid leave (paid through national social security taxes), Mexico offers none (although Mexico City, not included in the survey, has a municipal provision guaranteeing men 10 days paid paternity

leave), India has none (although national government employees have 15 days paid paternity leave) and Rwanda has none. Croatia offers paid paternity leave of up to three months and provides for some flexibility of transferring leave between mothers and fathers, although the results here affirm that about 37 percent of men take this leave but for far less than the allowed time.

Among men who took leave, the duration ranged from an average of 3.36 to 11.49 days of paid leave and from an average of 3.8 to 10 days unpaid leave. Younger men are more likely to take leave in the case of Chile and Croatia (although similar but statistically insignificant differences were seen in India, Mexico and Rwanda). Men with higher educational levels are more likely to take leave in the case of India and Rwanda (with similar but statistically insignificant differences seen in Brazil and Chile). Men who reported work-related stress were less likely to take leave in Brazil and India (with similar but statistically insignificant trends seen in Chile and Croatia). Men with more gender-equitable atti-

tudes are more likely to take leave in the case of Croatia and Rwanda (with trends seen in the same direction in Brazil, Chile and Mexico but not at statistically significant levels).

Close to half of men with children say they are involved in some daily caregiving. Unemployed men are dramatically more likely to participate in the care of children than employed men.

Men's reports of providing daily care for children ranged from 36 percent in Chile to 63 percent in Croatia.²¹ However, only 10 percent to 31 percent of women reported that their male partners provide daily care for children (Figure 14). While the rate of men's self-reported participation in the daily care of children in Croatia seems high, it is important to note that very few men there reported caring for children by themselves. That is, in Croatia as in most settings, most men who report participating in the daily care of children report "equally or done together with my partner."

Women report that men's most common participation in child care (for those who have children age

four and younger) is playing with children, which was nearly 50 percent and above in all the countries (Figure 16). Women reported that men are much less likely to be involved in cooking and changing diapers, with the exception of Chile, where more than 90 percent of women (with children younger than age four) say that men both play with and prepare food for young children several times a week or on a daily basis.

In terms of factors associated with men's daily participation in the care of children, the most dramatic association was men's employment status. In all the countries, men who are currently unemployed reported significantly more involvement in the daily care of children when compared to currently employed men – up to 50 percent higher in some countries (Figure 17). This suggests that men with more time (albeit probably involuntarily) are assuming a greater share of the care of children and more than is commonly recognized.²² There were few other clear associations in terms of men's participation in the daily care of children by age, education levels or work-related stress that were

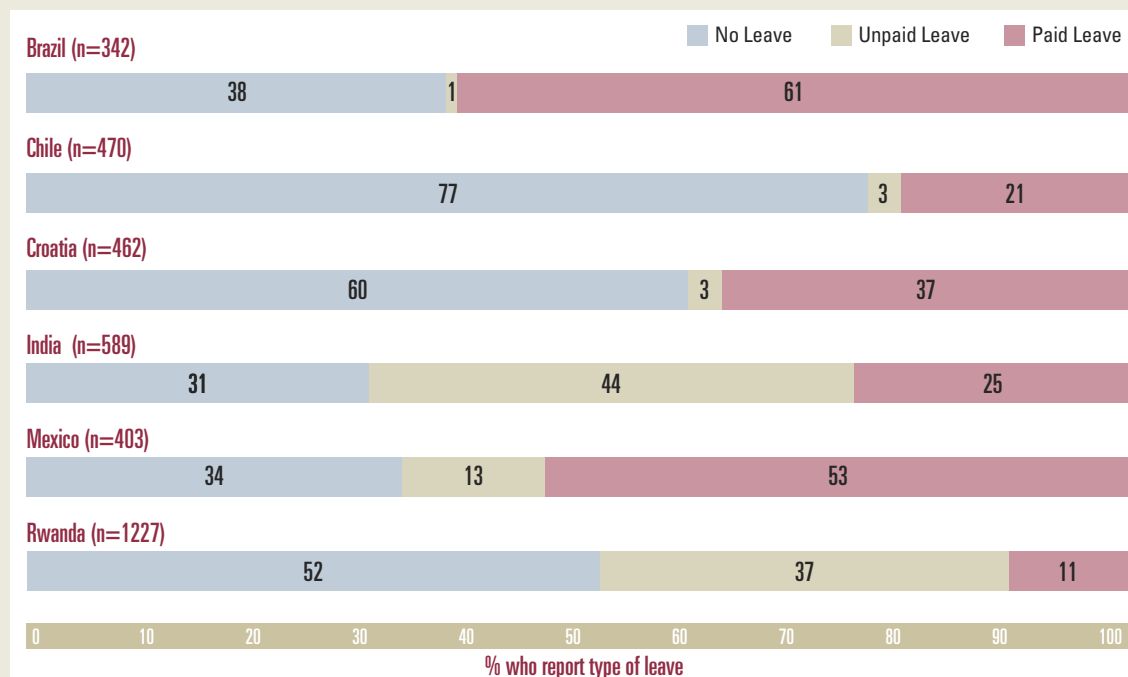


Figure 13: Parental Leave After Birth of Most Recent Child Among Currently Working Men

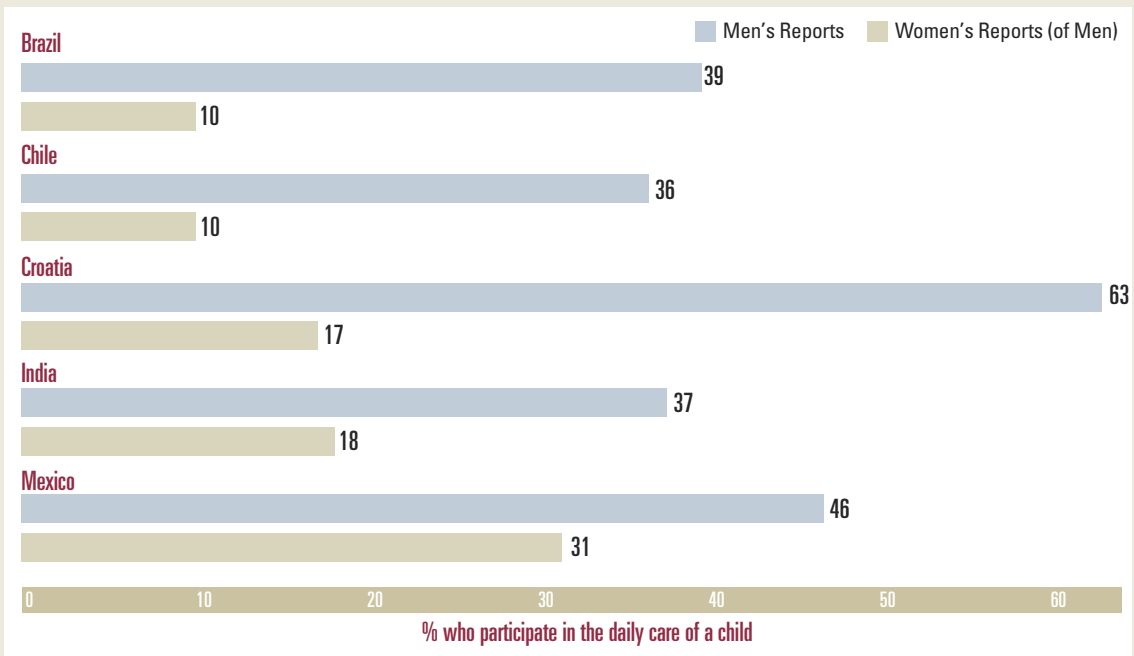


Figure 14: Men's and Women's Reports of Men's Participation in the Daily Care of a Child

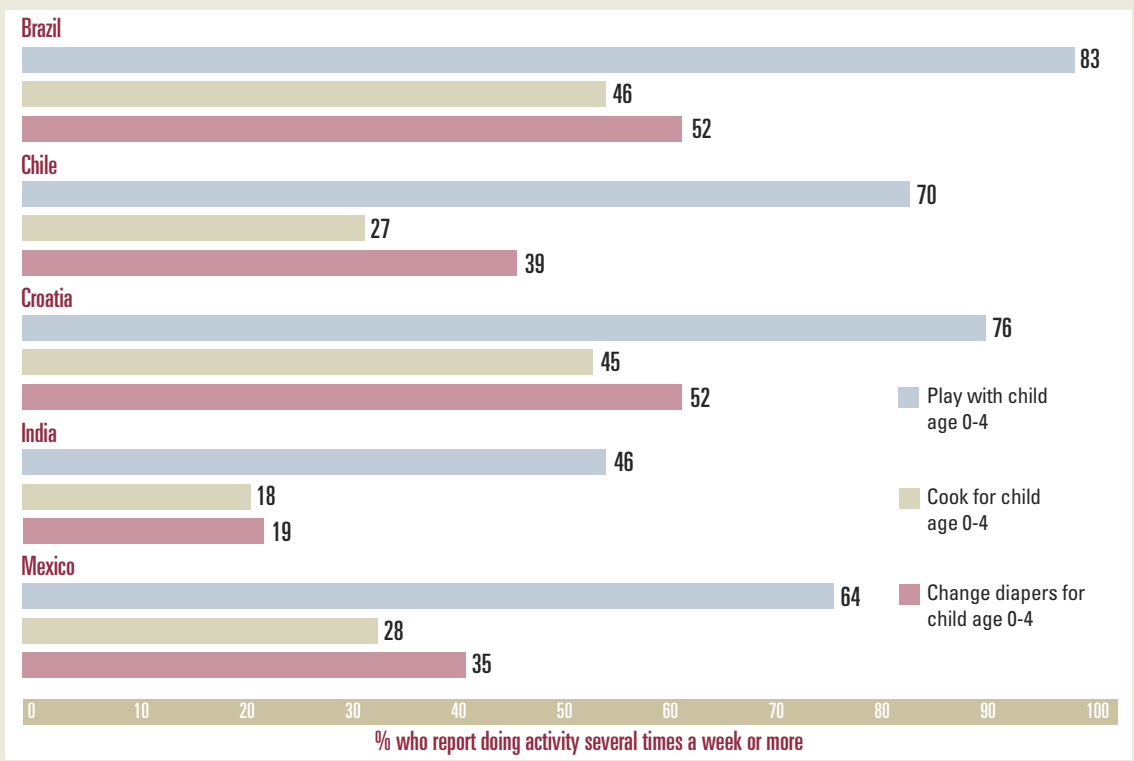


Figure 15: Men's Reports of Care of Children Age 4 and Younger

consistent across sites. In Brazil, men with higher levels of education were more likely to participate in the daily care of children (with slight, but statistically insignificant differences seen in the same direction in all countries). In Croatia, men who reported work-related stress were more likely to participate in the daily care of children. Men with more gender-equitable attitudes were more likely to report being involved in the daily care of children in Chile and Croatia, with statistically insignificant differences in the same direction seen in Brazil.

Discussion: Men's Involvement in Parenting and Childbirth

As in the case of men's participation in domestic activities, younger men, men with more education and men with more equitable attitudes are more likely to report participating both in childbirth and in the daily care of children. Among the different forms of participation in the lives of their children, men's participation in prenatal visits is the most frequent of these. Indeed, if men's participation during childbirth and in the daily care of children is lagging, men's participation in prenatal visits seems to be an increasingly widespread and accepted practice and may provide a key point of entry for engaging men in caregiving, child health and other aspects of maternal health.

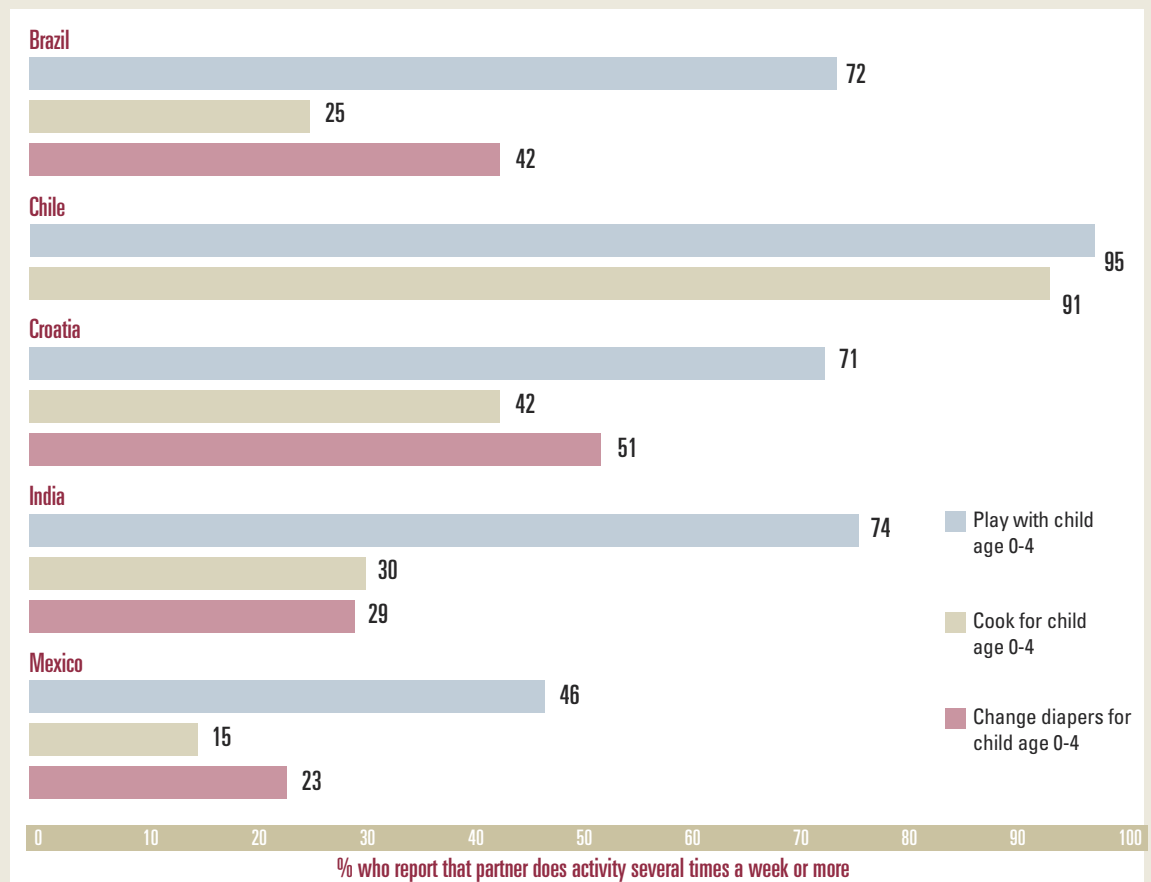


Figure 16: Women's Reports of Men's Care of Children Age 4 and Younger

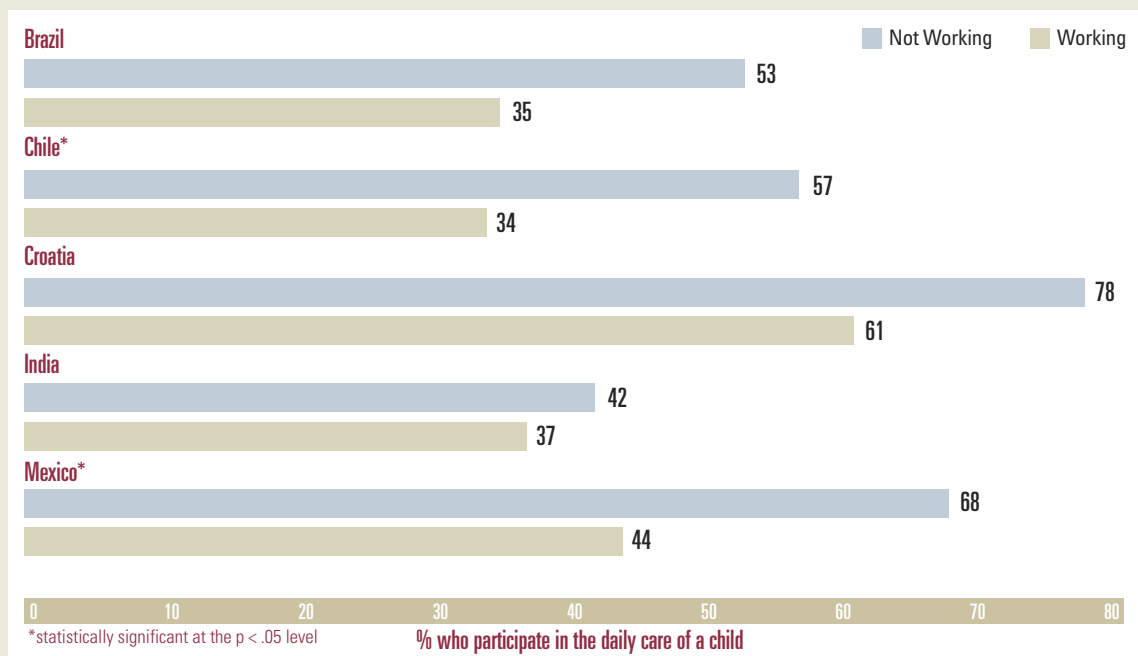


Figure 17: Men’s Employment Status and Daily Care of a Child

Looking specifically at paternity leave, a relatively high percentage of men are taking leave – particularly taking into account that paternity leave is still a relatively new phenomenon in many settings and is not paid, nor guaranteed as a labor right in the case of India, Mexico and Rwanda. However, the amount of leave that men are taking in the cities included in IMAGES is still too limited to make a major difference in terms of changes in the inequality in care work.

It is also important to note the discrepancies between women’s reports of men’s child care practices and men’s own reports. Based on these discrepancies, we conclude either that men are over-reporting their participation or that women are under-reporting men’s participation or not recognizing this participation (or more likely, both). In some cases, though, women’s reports of men’s participation in the care of children were higher than men’s own reports. All of these issues point to the complexity of measuring men’s participation in child care, as other researchers have (NCOFF, 2002; Brown and Chevannes, 1998). In addition, IMAGES did not include questions on other ways that men may be involved with their children – providing guidance or financial support from afar if they have migrated for work, accompanying children to school or on other outings or activities outside the home, or the extra hours they may work to pay for school fees or other costs associated with children. These are all ways in which men may provide care for children that are not frequently counted as “care work,” either by female partners, by men themselves or by researchers.



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Health Practices and Vulnerabilities

Research consistently affirms that practices related to health and well-being, living conditions and access to health services are closely linked to societal constructs of masculinity and femininity and the power and resource inequalities between men and women and within specific groups of men and women. Women's health-related vulnerabilities have been highlighted in key events and documents (WHO, 2009).

In recent years, there also has been a growing awareness of the ways in which gender norms interact with income inequalities to create specific gendered vulnerabilities for men in terms of health and well-being (Bannon and Correia, 2006; Courtenay, 2000). Research has affirmed, for example, that culturally dominant forms of masculinity, which often urge men to practice strict emotional control and cultivate a sense of invulnerability, serve as barriers to health- and help-seeking behavior or encourage some men to engage in practices detrimental to their own health and that of their families. Other research has affirmed the ways in which specific groups of men –

particularly economically and socially marginalized men such as men who migrate for work and men in hazardous occupations – face specific, gendered health risks (see WHO, 2007).

These issues show up in global health statistics. For example, according to the World Bank's 2005 World Development Indicators, women have higher life expectancies than men in all but four countries (World Bank, 2005). Substance abuse and addiction are predominantly male phenomena worldwide. Recent evidence shows that death and disability rates related to alcohol and substance abuse are considerably higher for men than for women (WHO, 2004; Pyne, et al., 2002). These gendered health patterns have high costs for women, children, societies and men themselves. Men's shorter lives mean less productivity and curtailed participation as caregivers and intimate partners. Men's alcohol and substance abuse, as seen in the results presented here, is a factor in men's use of intimate partner violence, and in some studies has been found to be associated with violence against children. To further

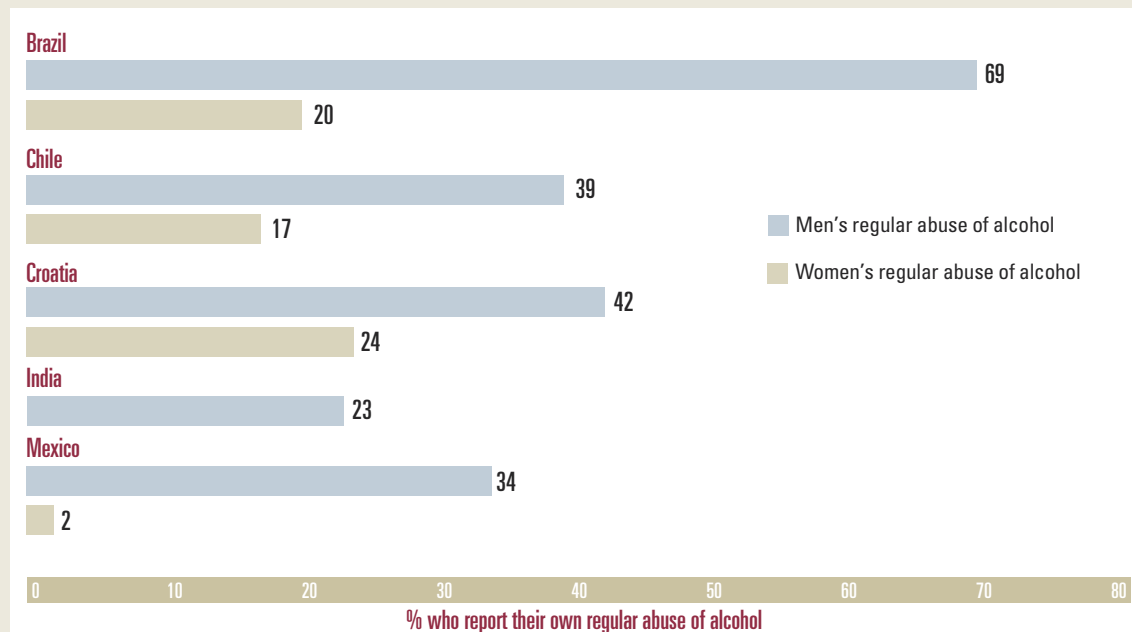


Figure 18: Men's Reports of Regular Abuse of Alcohol Compared to Women's Reports of (Their Own) Regular Abuse of Alcohol (five or more drinks on one occasion once monthly or more)

examine these issues, the IMAGES questionnaire included items related to men’s physical, mental, and sexual and reproductive health.

Men’s alcohol abuse is much higher than that of women; men with more inequitable gender norms are more likely to abuse alcohol.

Men’s rates of regular abuse of alcohol – defined as having five or more drinks in one night on a once monthly or greater basis – vary from 23 percent in India to 69 percent in Brazil and are significantly higher than women’s reported alcohol abuse (see Figure 18).

Younger men are more regular alcohol abusers than older men in Chile, Croatia, and Mexico. In Chile, Croatia, and Mexico, men holding more inequitable views about gender were by far the most regular abusers of alcohol. In Chile, for example, 69 percent of the men holding the least equitable gender attitudes regularly abuse alcohol compared to 35 percent for men who hold the most equitable attitudes. The same figure in Mexico is 50 percent as compared to a 34 percent average among the three cities included. In India, men with incomplete primary education and those who reported work stress were more likely to report alcohol abuse.

Men seem reluctant to seek regular prostate exams, in spite of campaigns to encourage men age 40 and older to do so.

The percentage of men age 40 and older who have

had prostate exams ranges from 20 percent in Mexico to 42 percent in Croatia, a strikingly low rate given the specific risk prostate cancer poses to men over age 40 and the existence of campaigns in many countries enjoining men to seek regular exams (Figure 19). Even men in the 50-59 age group did not surpass a 50 percent likelihood of having had a prostate exam in any of the countries.

Men had relatively low rates of HIV testing and consistently lower than women’s rates of testing (with the exception of Rwanda, where men’s seeking of HIV testing was high). Higher education and support for more equitable gender norms are associated with men’s greater likelihood to have been tested for HIV. Men’s rate of testing in Rwanda was 87 percent, as compared to a low of 11 percent of men in Croatia (Figure 20). Education level was a statistically significant influence on the likelihood of men having been tested in four countries (Chile, Croatia, Mexico and Rwanda). Men with more gender-equitable attitudes were also more likely to have been tested in Croatia, India and Mexico. Women’s rates of HIV testing were higher than men everywhere but Croatia. These higher rates for women are likely due to routine testing of women as part of prenatal care.

Both women and men report that men are frequently involved in the decision to terminate a pregnancy when women inform men of the pregnancy. Between 11 percent to 27 percent of women interviewed say they have ever sought an abortion. Men’s

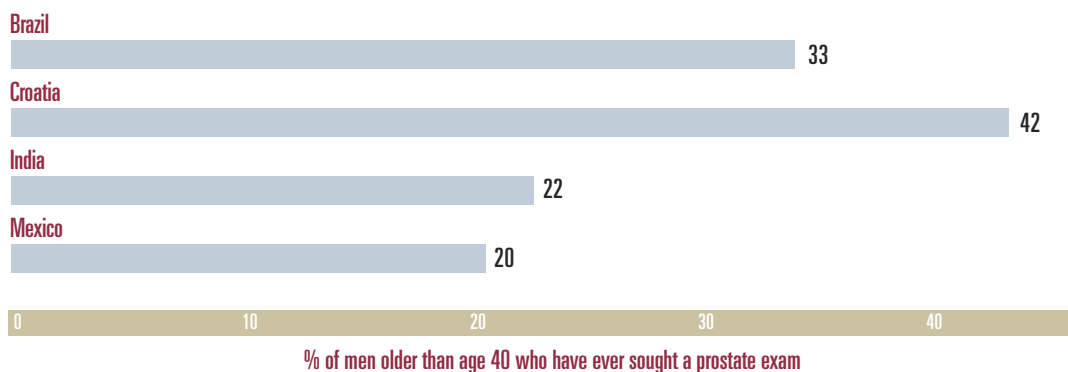


Figure 19: Men Older than age 40 who Have Ever Sought a Prostate Exam

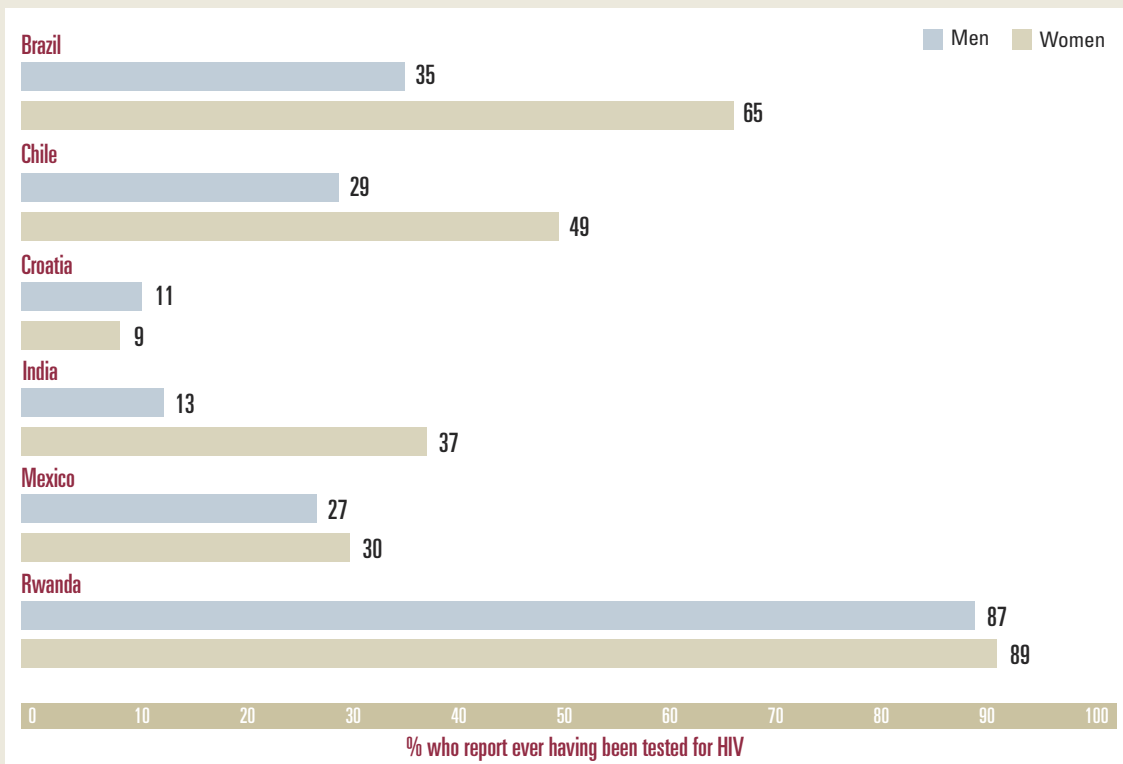


Figure 20: Men's and Women's Reports of Having Ever Sought an HIV Test

reports of having a female partner who ever sought an abortion are generally much lower, however (except in Brazil and Croatia).

Among those men who reported that a female partner had ever sought an abortion, high proportions (30 percent to 71 percent) say that they were involved in the decision to terminate the pregnancy. Similarly, high proportions of women affirmed this (39 percent to 92 percent). This suggests that if the man is informed about the pregnancy, which is clearly not always the case, both women and men affirm in relatively similar percentages that men participate to a fairly substantial degree in the decision to terminate a pregnancy.

While men tend to report high self-esteem, men also show relatively high levels of negative feelings and depression, with exceptions in Croatia and India. Men in Brazil, Chile and Mexico affirmed three items measuring positive self-esteem at levels consistently



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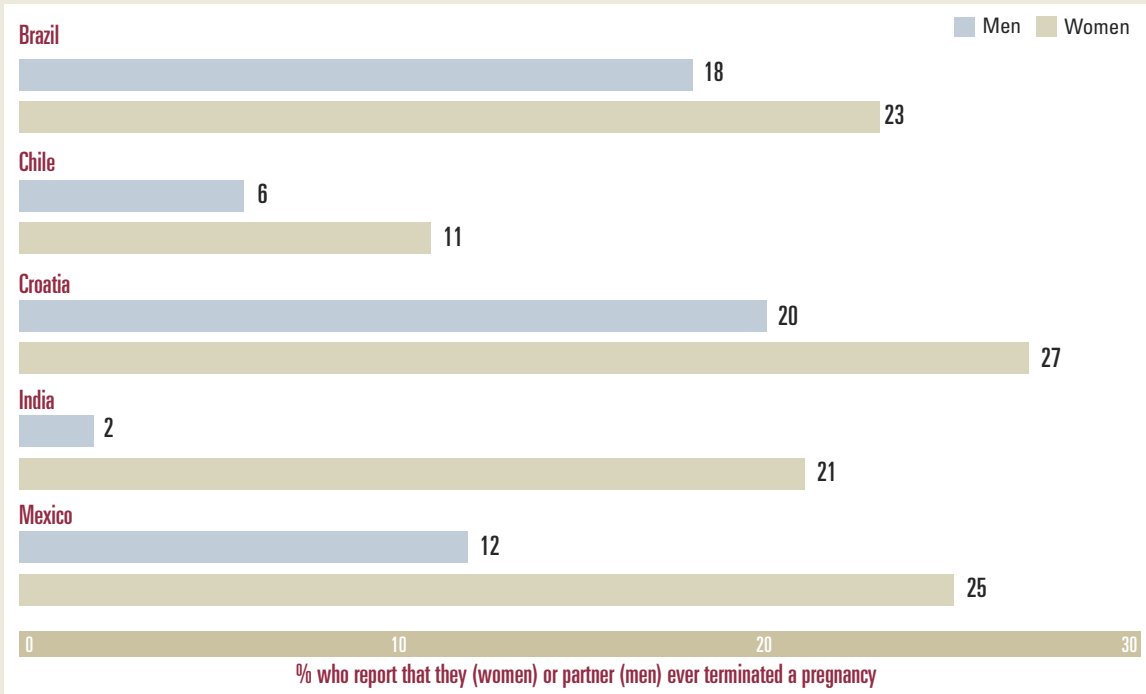


Figure 21: Reports of Induced Abortion

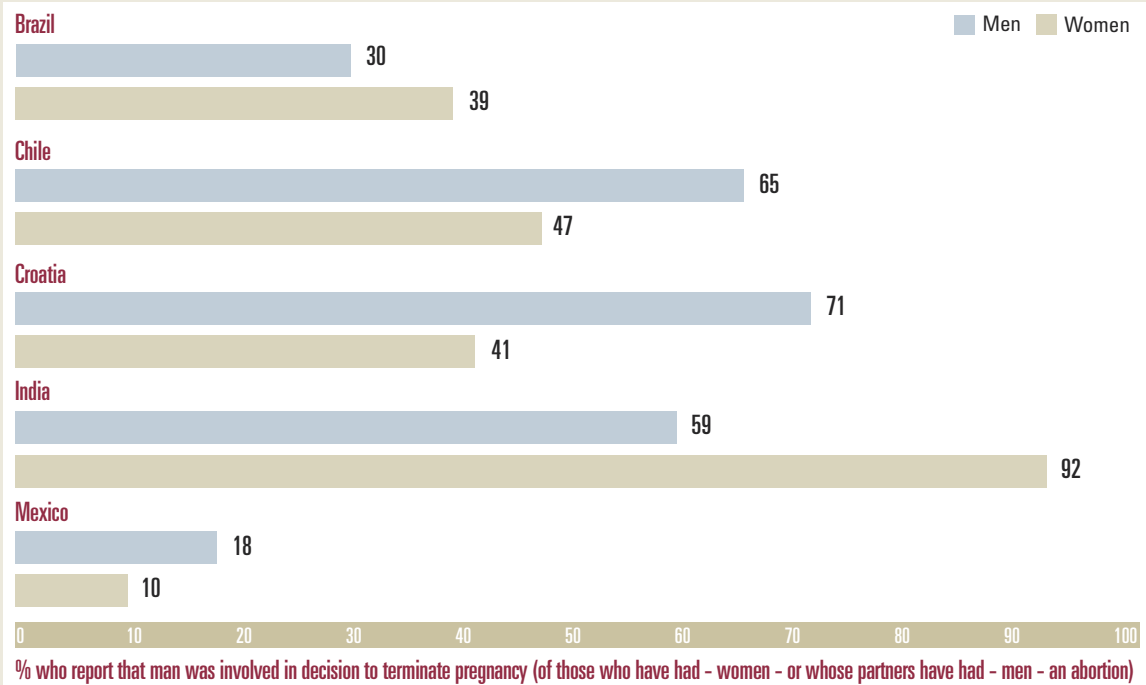


Figure 22: Men's and Women's Reports of Men's Involvement in Abortion Decision-Making (of Those Who Report That They or a Partner Ever Sought an Abortion)

exceeding 90 percent (Figure 23). Significant minorities of their Indian and Croatian peers, however, did not affirm these positive statements.

When posed with the complementary negative statements of self-esteem (Figure 24), the trends were similar. In no country did more than 10 percent of respondents agree that “I feel that my life is of no use to anyone,” but significant percentages in all countries but Mexico agreed that “I feel inferior sometimes when I am together with friends.”

When asked about feeling depressed, however, men show signs of more vulnerability. The rates of experiencing depression at least once in the last month ranged from 9 percent in Brazil to a high of 33 percent in Croatia.²³ The data further show that

experiences of depression are related strongly with work- and income-related stress. In four of the five countries where questions about depression were included, men who report work-related stress are more likely to report depression (with the association being statistically significant).

A substantial proportion of men in all countries report recent suicidal thoughts. The link with suicidal thoughts and work- or income-related stress is strong in four countries.

In 2004, the WHO World Health Report showed that of 93 countries reporting gender disaggregated suicide rates, all but two had higher male suicide rates than female (WHO 2004). IMAGES data also affirm the high frequency at which men hold suicidal thoughts. Among the study countries, the percentages of respon-

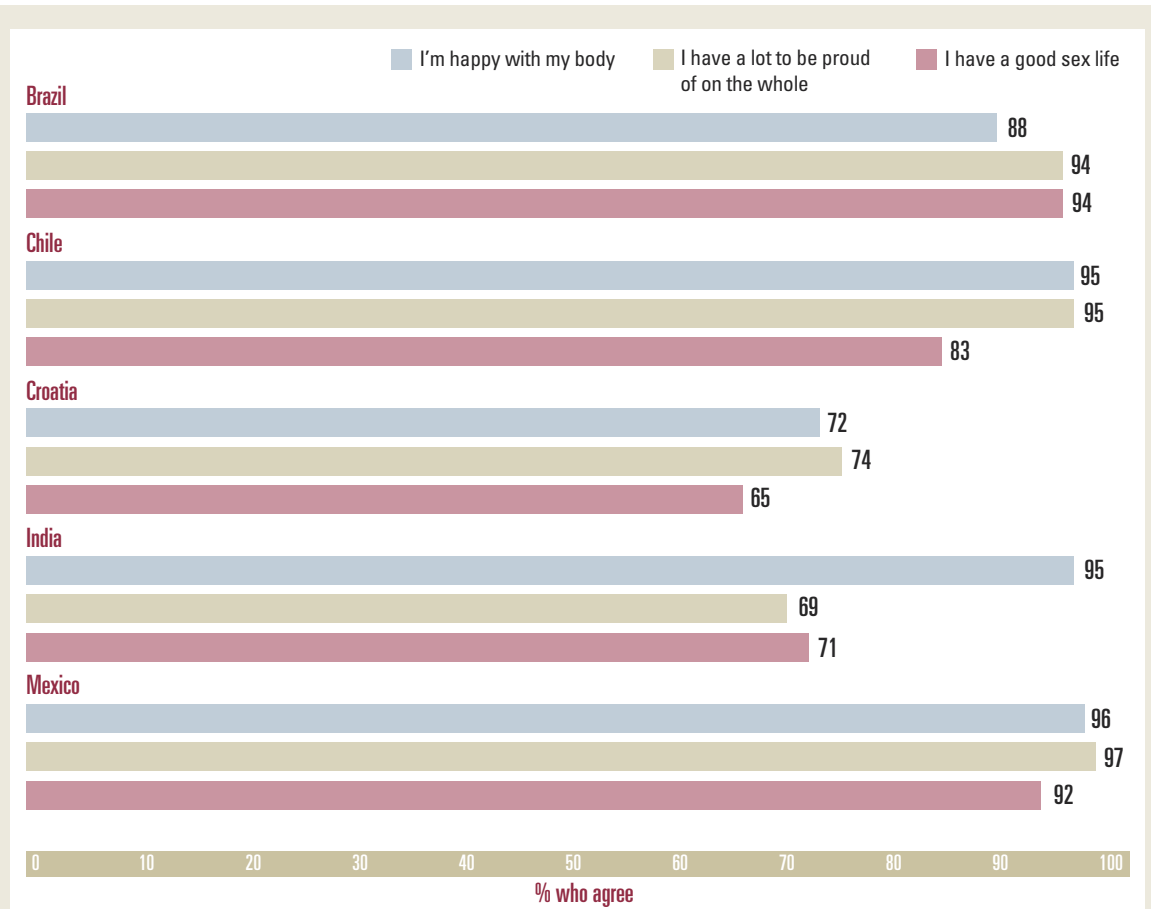


Figure 23: Men's Affirmations of Positive Self-Esteem

dents who reported having suicidal thoughts sometimes or often in the last month ranged from 1 percent in Mexico to 5 percent in Croatia (Figure 26).

As with depression, male respondents' experiences

of stress about work or income are strongly associated with the likelihood of having suicidal thoughts. Again, in three of the of the five study countries where the question was asked, those men who report feelings of stress about work or income are more

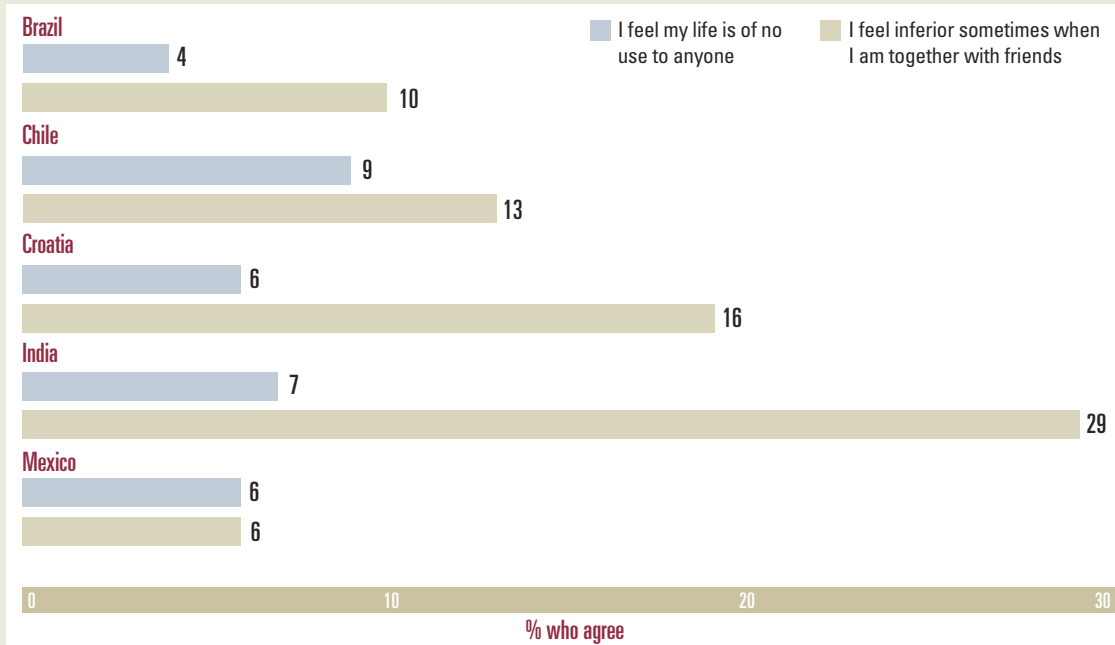


Figure 24: Men's Negative Statements of Well-Being



Figure 25: Men's Reports of Feeling Depressed (Sometimes or Often in the Last Month)



Figure 26: Men's Reports of Suicidal Thoughts (Sometimes or Often Thinking About Suicide in the Past Month)

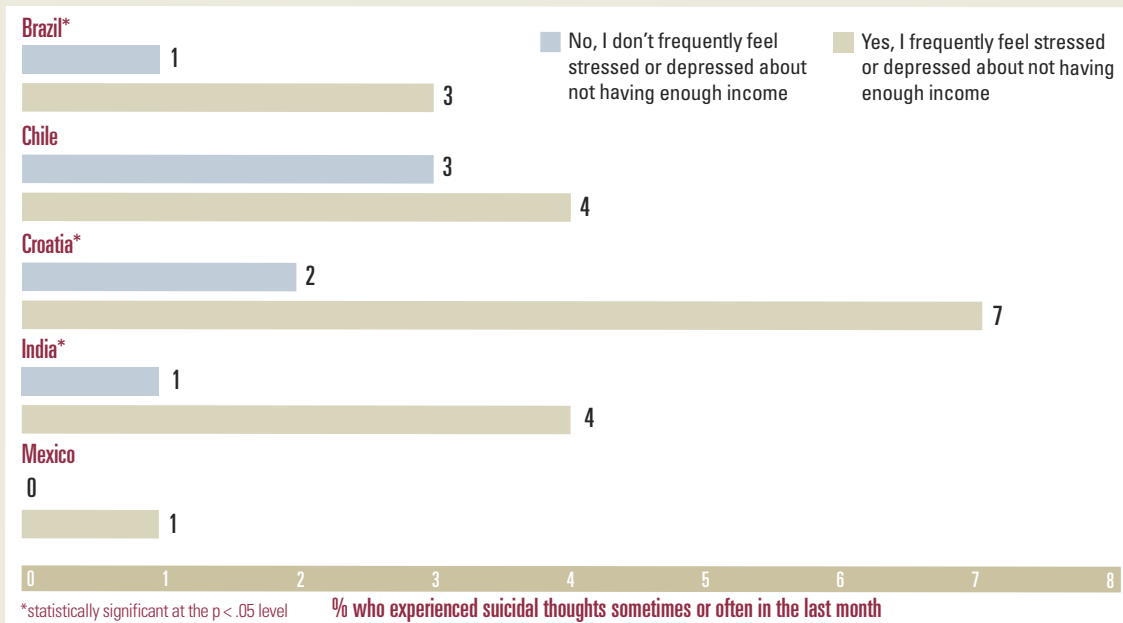


Figure 27: Association Between Men's Reports of Work-Related Stress and Suicidal Thoughts

likely to report harboring suicidal thoughts at a statistically significant level (Figure 27).

Men seek help at far lower rates than women, despite men's high levels of depression and suicidal thoughts. In no country did more than two-thirds of men report seeking help in cases of sadness, disappoint-

ment or frustration (Figure 28). In the two countries where women's data are available on the same question, the gendered differences are stark. For example, only 11 percent of Indian men seek help or support in these situations as compared to 93 percent of their female counterparts.

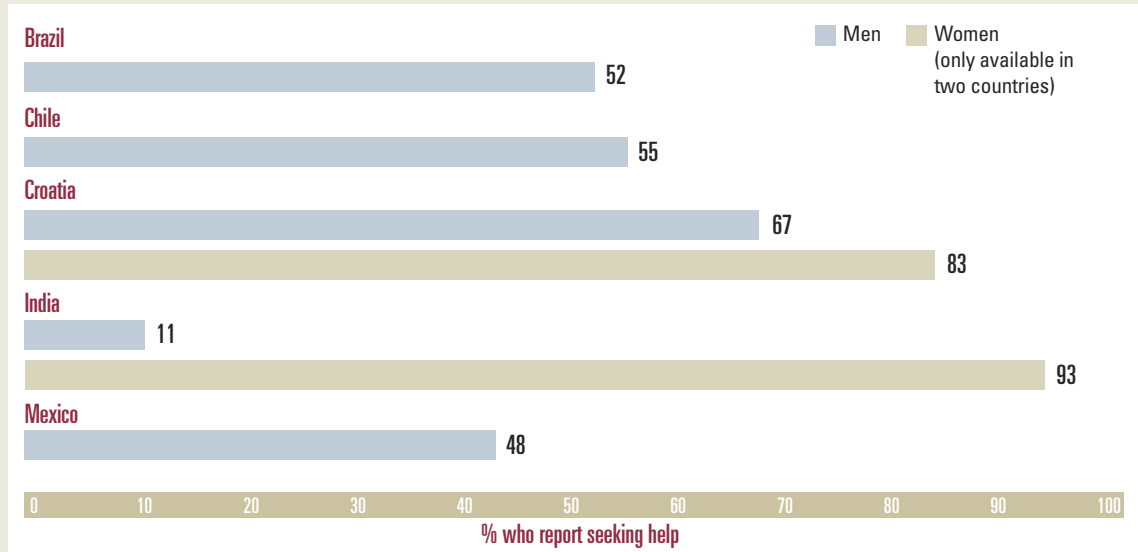


Figure 28: Men’s and Women’s Reports of Seeking Help When They Feel Sad, Disappointed or Frustrated

Discussion: Health Practices and Vulnerabilities

The results in this section affirm a strong association between holding inequitable views about gender (and rigid norms about what it means to be man) and men’s negative health practices and vulnerabilities. These results also affirm that a key factor associated with men’s health vulnerabilities is their work-related stress. These findings echo the evidence in the literature that conforming to stoic and rigid notions of masculinity – for example, that a man must provide financially for his family and should not show vulnerabilities or seek help – contribute to suicidal behavior and depression (Moller-Leimkuhler, 2003; Emslie, et al. 2006).



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Violence and Criminal Practices

The IMAGES questions on violence were informed by existing literature affirming the linkages between men's use of violence, their experiences of violence during childhood, and socially prevalent norms related to masculinities (Connell, 2000). Violence is one of the most extreme manifestations of power inequalities and is both experienced and used by many men to exert control and dominance over women, children and other men. In formulating

questions on violence, we took into account this previous research showing these linkages between men's experiences of violence and their use of violence, in particularly childhood experiences of violence in multiple forms, as well as attitudes about gender and manhood.

In recent years, the amount of research on violence against women has increased tremendously, accompanied by the development of more sophisticated

	Reports ever perpetrating physical violence against partner		Reports ever perpetrating physical violence against partner in the last year	
	%	n	%	n
Brazil	24	738	11	738
Chile	30	1147		
Croatia	33	1369		
India	37	929	19	929
Mexico	17	989		
Rwanda	39	1709	2	1709

Table 6: Men's Reports of Physical Violence Against a Female Partner

	Survivor of physical violence ever		Survivor of physical violence in the last year	
	%	n	%	n
Brazil	28	445	8	445
Chile	31	408		
Croatia	38	465		
India	31	524	19	525
Mexico	31	378		
Rwanda	41	1086	6	1090

Table 7: Women's Reports of Physical Violence by an Intimate Male Partner

research instruments and more appropriate ethical guidelines, which IMAGES followed. Most notably, the WHO multi-country study on violence against women, and other surveys based on that, have provided representative, household data on women’s reports of numerous forms of violence from male partners and the factors associated with that violence (García-Moreno, et al., 2005). Although there also have been a number of studies on men’s experiences of and use of violence (against other men and against female partners), few studies, if any, are on par with the scale of the WHO multi-country study of women, and fewer still in the context of low- and middle-income countries.

Accordingly, IMAGES provides population-based data on the prevalence of different acts of violence and explores more in-depth the factors associated with violence against women from both men’s and women’s perspectives. Key IMAGES questions focused

on intimate partner violence in heterosexual couples, including the association of violence experienced during childhood, perpetration of sexual violence against women (either intimate partners or strangers), men’s reports of their involvement in criminal activities and use of violence against other men.

Men reported lifetime rates of using intimate partner violence ranging from 25 percent to 40 percent with women reporting slightly higher rates of victimization. The WHO multi-country study (García-Moreno, et al., 2005) found that women’s lifetime reports of physical intimate partner violence (IPV) were between 10 percent and 70 percent among the 10 countries studied.²⁴ In IMAGES, IPV was measured using a slightly modified version of the WHO methodology. Men were asked about particular types of physically violent acts perpetrated against their female partners, and women were asked about their experiences of the same forms of violence.^{25,26}

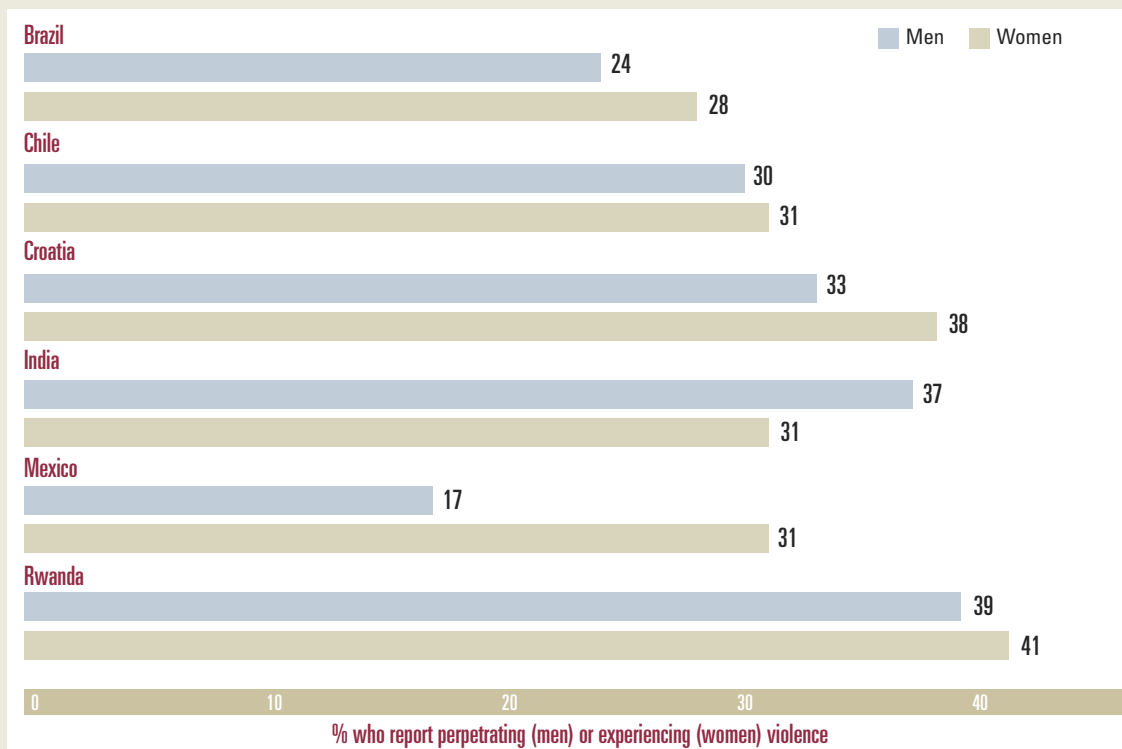


Figure 29: Men’s Reports of Using IPV Against a Female Partner and Women’s Reports of Experiencing IPV from a Male Partner (Lifetime)

Men's lifetime reports of using IPV varied from around 25 percent to almost 40 percent, with the exception of Mexico where fewer than 20 percent of men reported ever use of IPV (Table 6).²⁷ Brazil and Chile show rates below 30 percent while India and Rwanda have the highest rates at around 38 percent. Reports of IPV use in the last year range from 2 percent in Rwanda to almost 19 percent in India and 11 percent in Brazil. The 2 percent rate reported by men in Rwanda is far lower than the rate of 9 percent of women who reported experiencing IPV in the last year, suggesting that men may be under-reporting IPV in Rwanda. This may be due to changing social acceptability of violence as exhibited in a new law to prevent gender-based violence and increased efforts by NGOs and the government on the issue.

Women's lifetime reports of IPV in IMAGES sites varied from 27 percent to 41 percent, only slightly higher than men's reports everywhere but India, where women reported lower rates than men, and Mexico, where men reported significantly lower rates than women (Table 7 and Figure 29).

Overall, as shown in Annex V, the lifetime levels of IPV found in IMAGES are similar to those found in previous large population-based surveys in the six countries. It is important to mention that in four countries (Chile, Croatia, India and Rwanda) the levels found in IMAGES based on men's reports of use of IPV are higher than many of the previous surveys that only included women's reports. For example, in Rwanda, data from the DHS survey estimated IPV levels of 30 percent whereas IMAGES estimates prevalence of IPV against women at 39 percent (men's reports) and 41 percent (women's reports). This suggests that the methodology used by IMAGES for both men and women provided for accurate assessments of the magnitude of IPV.

Factors associated with men's use of violence were rigid gender attitudes, work stress, experiences of violence in childhood and alcohol use.

In Brazil and India (two among the three countries whose surveys included an item on IPV in the last year), younger men were more likely to report use of

IPV, although this was statistically significant only in the case of Brazil. Men with higher educational levels report the lowest levels of IPV (although only statistically significant in the case of Brazil, Chile and India). Analysis of IPV in the last year presents the same patterns regarding the link with younger and more educated men with a statistically significant association in the case of India.

In all other countries, with the exception of Mexico, there is a clear association between men reporting economic stress and higher rates of lifetime use of IPV, with a statistically significant association in Chile, Croatia and India. In Brazil and India, there is also a significant association related to the perpetration of IPV in the last year.

Men who hold gender-inequitable attitudes are more likely to report having used IPV, with a clear pattern in all countries (statistically significant in Chile, Croatia, Mexico and Rwanda, and also statistically significant for IPV use in the last year in the case of Brazil). Alcohol abuse was also shown to be associated with IPV, again consistent with previous research. In all research sites, men who regularly (at least monthly) have five or more drinks at one time report higher levels of IPV compared to men who do not report this heavy drinking. This association was statistically significant in Chile and Mexico for lifetime IPV use and in India for IPV perpetration in the last year.

IMAGES results confirmed a strong association in all countries between witnessing violence within the household of origin during childhood and IPV during adulthood, which also is consistent with previous research. This is the only variable that presents a statistically significant association in all countries, both during lifetime and in the last 12 months.

Men's reports of perpetration of sexual violence against women range from 6 to 29 percent, the majority of this against a stable female partner in the cases of India and Mexico.^{28,29} Figure 30 shows the percentage of men who report ever having used sexual violence (including acts against a partner and/or other women either alone or in a group),

the percentage of men who have ever forced their current or ex-partners to have sex and the percentage of men who have forced their current or ex-partners to have sex in the last 12 months.

The percentages of men who reported that they have ever used sexual violence (against a partner or against any woman) vary from 2 percent (in Brazil) to 25 percent (in India). In the other countries, men’s lifetime reported use of sexual violence was around 9 percent, except Mexico, which as in the case of IPV, also shows lower rates (and far lower than those reported by women in Mexico). These

results are difficult to compare with other studies, with the exception of the MRC study in South Africa, whose methodology IMAGES followed. However, the levels found in IMAGES are high and disturbing, and call attention to the need for increased efforts for sexual prevention.

Sexual violence against a stable partner was the most common form reported by men in India and Brazil. In India, nearly 20 percent of men reported ever having carried out sexual violence against a female partner, with lower but still high rates in other countries. The levels of sexual violence against

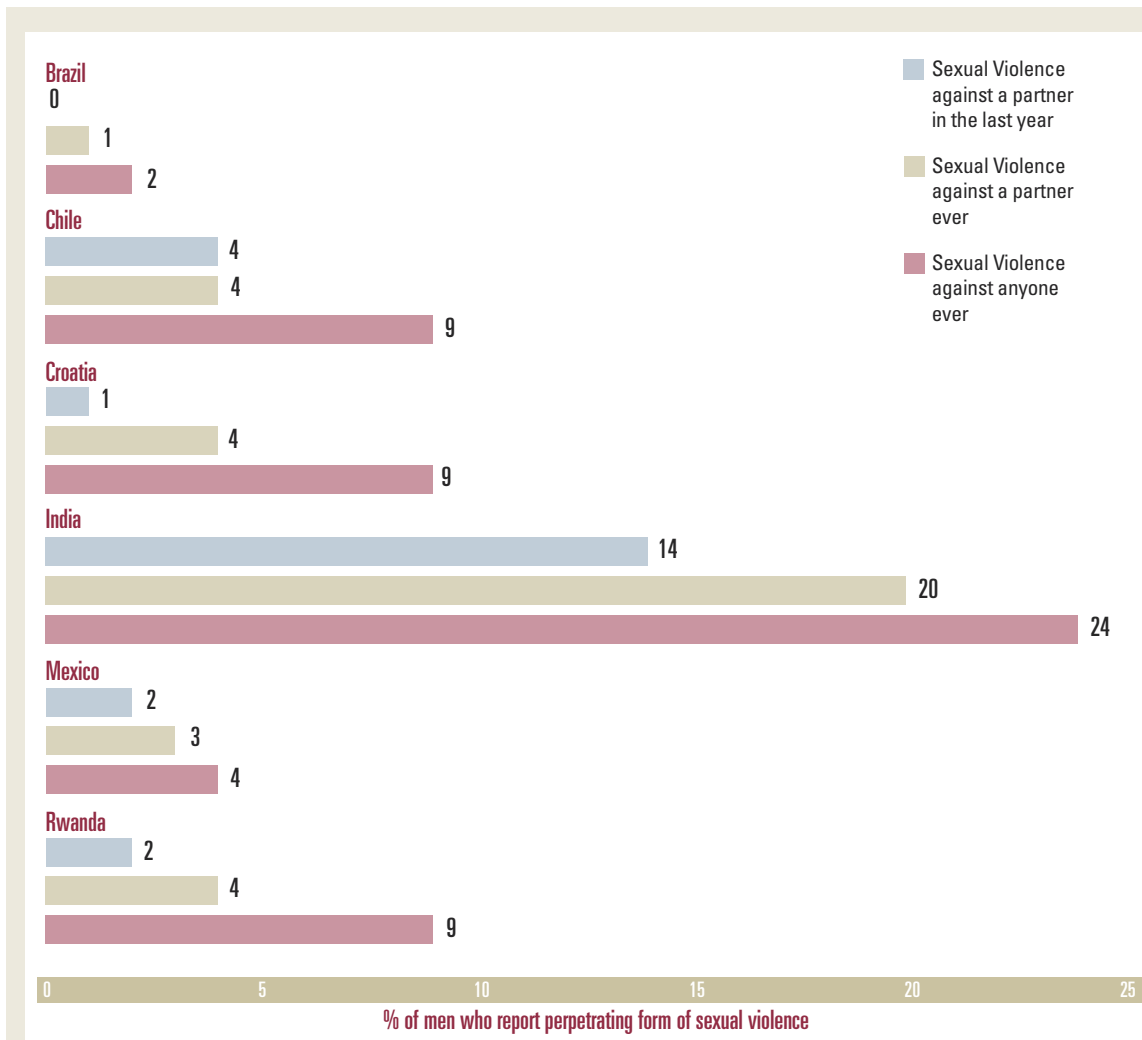


Figure 30: Men’s Reports of Using Sexual Violence

	Brazil	Chile	Croatia	India	Mexico	Rwanda
Robbery	10	22	36	4	3	13
Fights	22	16	18	7	13	5
Own Firearm	3	10	11	1	3	4
Arrested	13	29	18	6	28	25
Prison	3	4	6	1	3	16

Table 8: Men's Reports of Criminal Activity, Firearm Ownership and Imprisonment (percent of all male respondents)

a female partner in the last 12 months varied from .05 percent in Brazil to 14 percent in India; in other countries, the figures are around 1 to 4 percent.³⁰

Similar to IPV, men who experienced violence growing up and showed more inequitable attitudes were more likely to report using sexual violence, as were men who reported high rates of alcohol use.

In terms of factors associated with men's reports of sexual violence, holding gender-inequitable attitudes and witnessing violence within the household during childhood are the two variables that present a clear pattern in all countries (nearly always statistically significant). As in the case of IPV, men who showed more gender-equitable attitudes were less likely to perpetrate sexual violence (statistically significant everywhere but Brazil). Men who witnessed violence during childhood were more prone to use sexual violence, which was statistically significant in all countries except Brazil, although results there showed a similar pattern. Work stress was found to be significantly related to men's use of sexual violence only in Croatia. Alcohol abuse was significantly associated with men's reports of sexual violence in Chile, Croatia and Mexico.

Unlike data from South Africa, where gang rape has been found to represent a significant portion of men's reports of sexual violence (Jewkes, et al. 2009), and where 9 percent of men interviewed

reporting having participated in a gang rape, among IMAGES sites, men's reports of having participated in gang rape were less than 1 percent in Brazil, India, Mexico and Rwanda and less than 2 percent in Chile and Croatia. In terms of factors associated with men's reports of having participated in gang rape, no clear patterns or significant associations were found, except for gender attitudes in the case of Croatia and alcohol abuse in the case of Chile.

Relatively high percentages of men report ever having participated in criminal or delinquent acts, and between 6 percent and 29 percent of men report ever having been arrested.

Table 8 shows the percentage of men who report ever having been involved in robberies, fights with weapons, firearm ownership and having been arrested and imprisoned.

The highest rate of reported participation in robbery was in Croatia (36 percent) and the lowest in India (4 percent) and Mexico (3 percent). Fights with weapons were the highest in Brazil, where one in five men reported this practice, followed closely by Croatia. In India and Rwanda, this was not a common practice, with levels less than 10 percent. Croatia and Chile show the highest rates of firearm ownership, with the lowest rates found in India.

The Latin American countries show the highest

levels of men who have been arrested (Chile and Mexico) or imprisoned (Brazil)³¹ followed closely by Rwanda, and with the lowest levels for both of these found in India. Interestingly, India had among the highest rates of men's reports of IPV and sexual violence but low rates of other forms of violence and criminal behavior by men, while Latin America (and Croatia) had lower rates of IPV and sexual violence but high rates of men's involvement in other forms of violence (and high rates of incarceration).

In terms of factors associated with men's participation in criminal activity, firearm ownership and incarceration, men's socio-economic situation was the most significant. Men with lower educational attainment, for example, were more likely to have reported participating in robbery (with a similar pattern seen in most countries and statistically significant in Croatia and Mexico). Similarly, men with lower educational attainment were more likely to report being involved in fights with weapons, with significant associations in Brazil and Croatia. Likewise, in Mexico, 75 percent of men who do not have a formal education have been in prison compared with 8 percent of men with the highest levels of education. In Chile, Croatia and Mexico, gender attitudes were found to be associated with criminal activity, with men adhering to more rigid or inequitable norms more likely to have participated in some forms of criminal behavior. For example, in Croatia, robbery, having been arrested, fighting with a weapon, and having a firearm were associated with gender-inequitable attitudes (although there was only a statistically significant association with the last two factors).

Men who owned firearms or carried out other violence or criminal behavior were more likely to report having used IPV.

Another interesting aspect to mention is the statistically significant association in all countries of involvement in robbery, fights and being in prison with use of IPV. Men who reported one or more of these behaviors were more likely to also report having used IPV. In addition, men who reported owning firearms in the case of Brazil, Chile, Croatia and Mexico were more likely to have used IPV (with statistically significant associations in the Brazil, Croatia and Mexico).

Men are more likely to report having experienced violence outside the home than are women.

Women's rates of experiencing violence outside the home in the last year, ranging from 2 percent in Mexico to 15 percent in Rwanda, were less than men's reports of experiencing violence outside the home in the past three months. For men, the percentages for experiencing violence outside the home in the past three months ranged from 5 percent in Brazil to 23 percent in Chile. Although the forms of violence that women experience outside the home may be different than that experienced by men (both in kinds of violence, nature of threats, and power differentials between perpetrator and victim) and thus such numbers may not be strictly comparable, they are indicative of how widespread violence is in the lives of men and women, inside and outside the home.



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Discussion: Violence and Criminal Practices

Although women's reports of physical IPV in the same settings are slightly higher than men's (with the exception of Mexico, where they are considerably higher), the results affirm that in a well-designed survey, men will disclose their use of various forms of violence, including IPV and sexual violence at rates that are quite close to the rates that women in the same setting report having experienced.

In terms of factors associated with men's reports of IPV, the results from IMAGES confirm previous

research showing associations between men's use of IPV and their childhood experiences of violence, holding inequitable attitudes about gender, work-related stress and alcohol use.

Furthermore, the strong association between men's reports of economic stress and lifetime use of IPV confirm the need to understand and pay greater attention to work, poverty and economic marginalization and their relationships to men's practices as well as to women's vulnerability to IPV.

The finding of the association between having carried out other forms of violence and men's use of IPV affirm other research suggesting that IPV and other forms of criminal behavior form part of a broader gendered culture of violence. Men's high rates of incarceration or confrontations with the police, as well as high rates of experiencing violence outside the home (in childhood and adulthood) confirm how much violence is a common part of too many men's and women's lives and how such forms of violence interact.³²

Transactional Sex

Globally, numerous studies have affirmed how gender-related norms and social expectations about men's sexuality encourage men's purchasing of sex (Jõe-Cannon 2006; Ricardo and Barker, 2008). A recent review of the literature on men, masculinities and transactional sex suggests that the global percentage of men who purchased sex in the last 12 months was estimated at 9 to 10 percent, with estimates from 13 percent to 15 percent in the Central African region, 10 to 11 percent in Eastern and Southern Africa, and 5 to 7 percent in Asia and Latin America (Carael et al, 2006). Other available data indicates, however, that the percentage of men who buy sex varies widely among countries and cultures, ranging from a few percent in some countries to 40 percent in others (Jõe-Cannon, 2006; IOM, 2003).

What do men in the IMAGES sites report as their practices related to purchasing sex? What factors are associated with men's purchasing of sex? Key IMAGES questions looked at men's lifetime reports of paying for sex, age of sex workers for whom they paid for sex, whether they thought the sex worker might have been coerced or trafficked, and men's attitudes about transactional sex or sex work (and sex workers). We asked men about paying for sex and other forms of transactional sex such as giving gifts in exchange for sex.

	Have you ever had sex with any sex worker?	Have you ever had sex with a female sex worker?	Have you ever had sex with a male sex worker?	Have you ever had sex with a transvestite sex worker?
	%	%	%	%
Brazil (n=626)	56	54	1	2
Chile (n=1153)	23	22	1	0
Croatia (n=1458)	12	11	0	0
India (n=1527)	27	24	2	1
Mexico (n=994)	18	18		
Rwanda (n=2231)	16	15	0	1

Table 9: Men's Reports of Transactional Sex

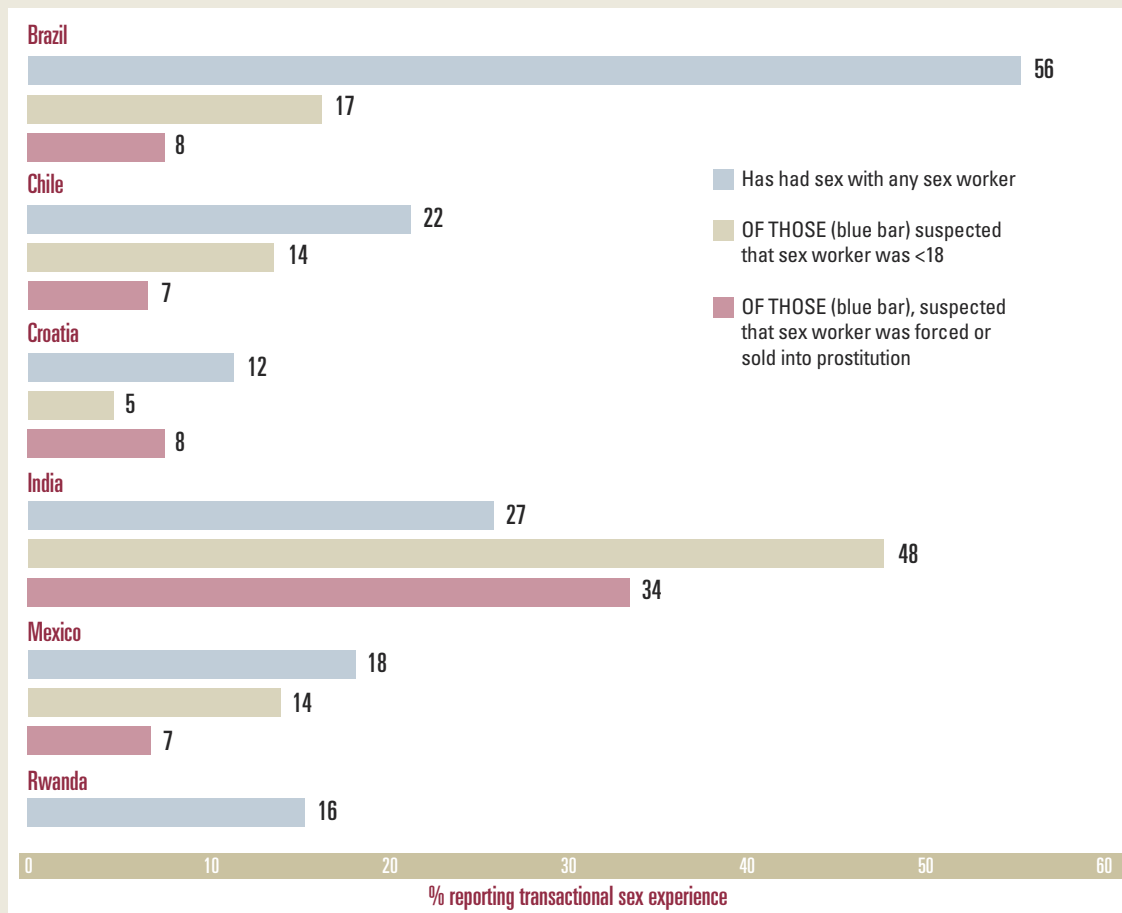


Figure 31: Transactional Sex Experiences: Men’s Reports that a Sex Worker with Whom they Had Sex was Under 18 or Forced/Sold into Prostitution

Between 16 percent and 56 percent of men in the countries surveyed say they have paid for sex at least once. IMAGES results are consistent with other surveys on men’s reports of paying for sex: between 16 percent of men (in the case of Rwanda) and up to 56 percent of men (in the case of Brazil) reported that they had ever paid for sex with any sex worker (male, female or transvestite, although the vast majority of those reported sex with female sex workers). Sex with male sex workers ranged from a high of 1.8 percent in India, to roughly 0.5 percent in the case of Brazil, Croatia and India, with negligible rates in the case of Rwanda. Men’s reports of having paid for sex with transvestite sex workers ranged from greater than 1 percent in Brazil and India and less than 1 percent in Chile, Croatia and Rwanda.

Men with lower educational attainment and less gender-equitable attitudes are more likely to have paid for sex. Men with lower educational attainment were more likely to report having paid for sex in the case of Croatia and India. In Brazil, a more complex association emerged in terms of having paid for sex and educational attainment; men with the lowest and the highest levels of education reported higher rates of paying for sex.³³

In all countries except Brazil, the men who most support rigid, inequitable gender norms (as assessed by the GEM Scale) were more likely to report having had sex with sex workers. In Brazil, the association was not statistically significant but there was an association in the opposite direction: men with more gender-equitable attitudes were more likely to report having paid

for sex. In the case of Croatia and India, men who reported work-related stress were more likely to report having paid for sex.

Men who are unsatisfied in their sexual relationship with a stable partner are more likely to report having paid for sex.

In the cases of Chile, Croatia and Mexico, men who reported being unsatisfied with their current sexual relationship with their stable partners were more than two times more likely to report having had sex with a sex worker than men who reported being sexually satisfied with their current stable partner. This association was also seen in Rwanda and Brazil, although it was not statistically significant.

An important minority of men who have paid for sex have done so with a sex worker they think was under age 18 or who was coerced into sex work.

IMAGES also asked men who reported having paid for sex if they thought those sex workers were under the age of 18 and also asked if they thought that a sex worker with whom they had sex (regardless of age) was coerced into being a sex worker. In many cases, men do not know with certainty about either of these points, but it is nonetheless useful to understand their assessments of both. Of all men who report having sex with a sex worker, significant proportions (ranging from 48 percent in India to 5 percent in Croatia) suspected that in at least once incidence, a sex worker with whom they had sex was younger than age 18. Of this same group, anywhere from 7 percent (in Chile) to 34 percent (in India) suspected that in at least one incidence a sex worker with whom they had sex had been forced or sold into prostitution (Figure 31). Looking specifically at India and Brazil, this suggests that 4 percent of Brazilian men surveyed and 9 percent of Indian men surveyed report ever having

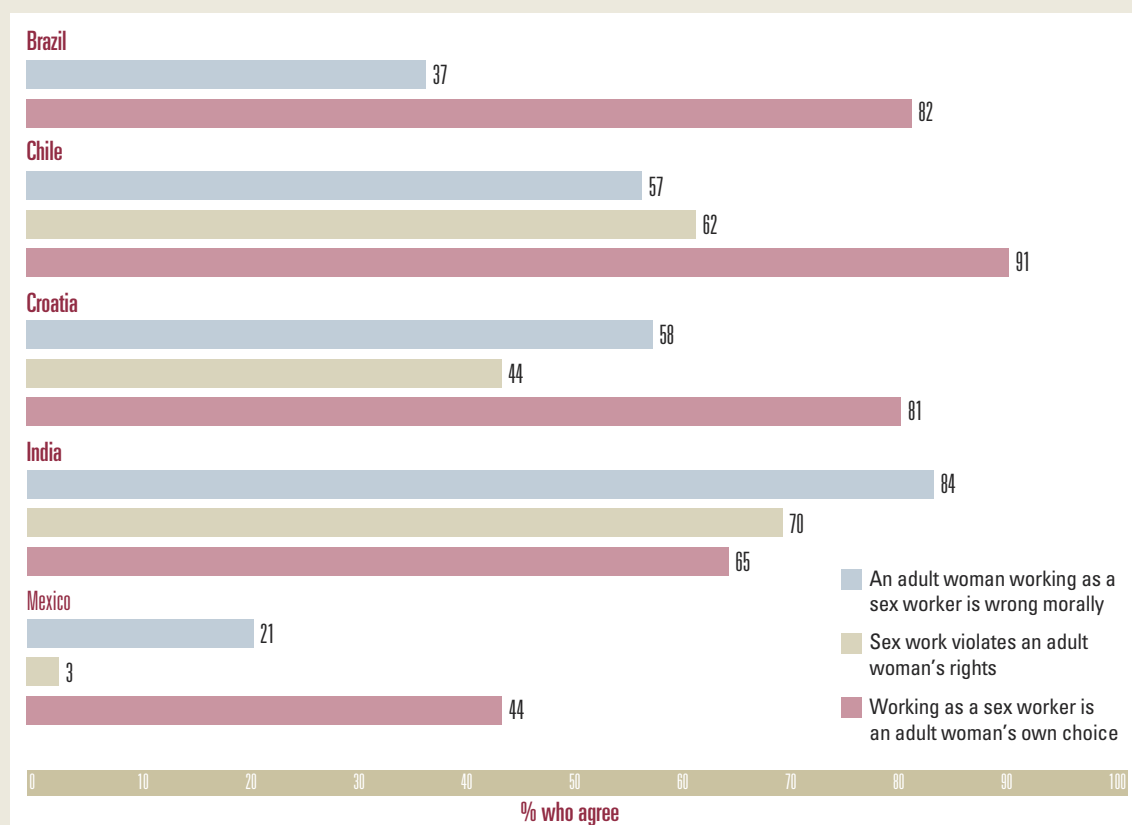


Figure 32: Men's Attitudes about Adult Female Sex Workers

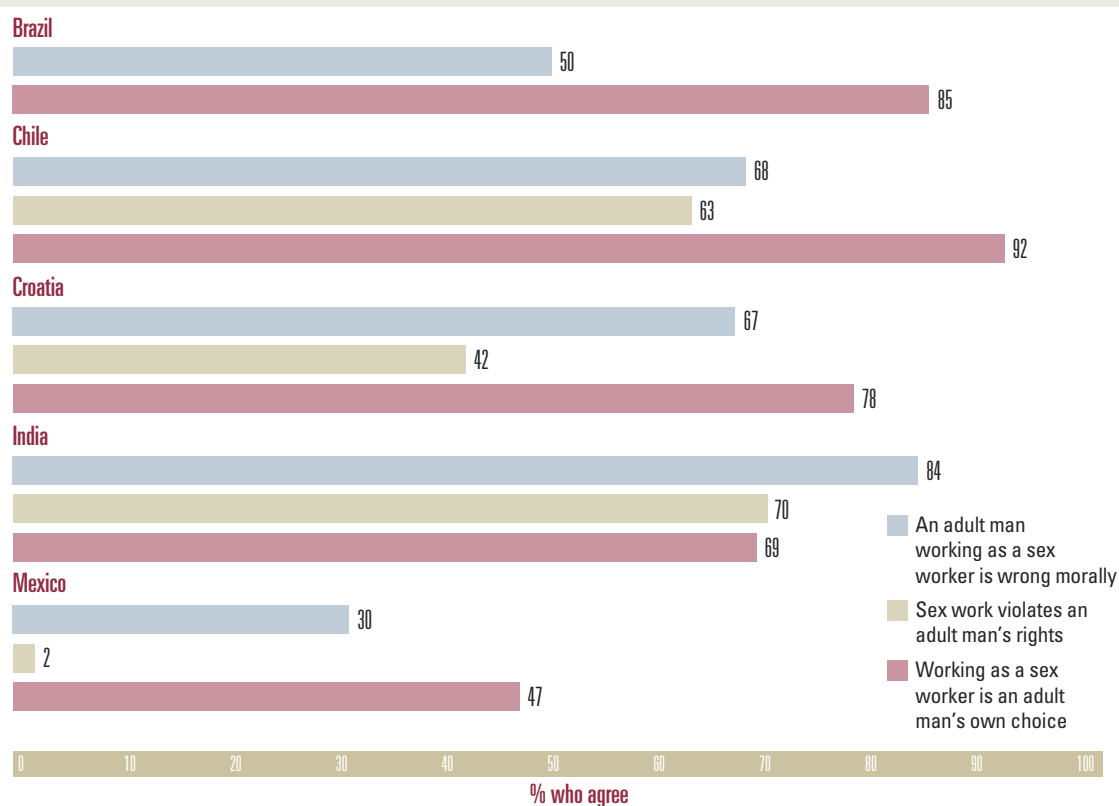


Figure 33: Men's Attitudes about Adult Male Sex Workers

had sex with a sex worker they thought was forced or sold into prostitution.

Men have contradicting attitudes about sex work: many think it is both morally wrong and violates the rights of those involved but many think it is also a woman's choice to be a sex worker, even if she is younger than 18.

Across the countries men showed contradictory attitudes about sex work. On the one hand, between 65 percent and 91 percent of men believe that it is a woman's choice to be a sex worker (with 44 percent in the case of Mexico). At the same time, between 21 percent and 84 percent think that sex work is morally wrong. High percentages of men thought that sex work violates a woman's rights while at the same time saying it was her choice (Figure 32). Men who think sex work is morally wrong were less likely to have paid for sex in the case of Brazil, Chile, Croatia and Mexico. Men who

believe it is a woman's choice to be a sex worker were more likely to have paid for sex in the case of Croatia.

Men had fairly similar attitudes about adult male sex workers, although the percentage who thought male sex work was morally wrong was slightly higher in a few settings (Figure 33). In addition, men showed similarly contradictory attitudes about sex work with girls younger than 18 (which is illegal in all the countries studied), with relatively high rates of men thinking it is a girl's choice to be sex worker or trade sex for goods or money, while only small percentages think that this practice by girls is morally acceptable (Figure 34). Figure 35 shows the responses in terms of men's attitudes about sex work carried out by boys younger than age 18.

Interestingly, significantly more men thought it was a boy's choice to be engaged in sex work than it was for girls.

Discussion: Transactional Sex

Between one out of five and more than half of men in the cities surveyed reported that they had ever paid for sex, confirming that transactional sex is a common practice. Men with lower levels of education, men who were less satisfied in their sexual relationships with their stable partner and men with the most gender-inequitable views are generally those most likely to have paid for sex. Furthermore, a small but sizable minority of men in Brazil and India affirm that they have had sex with sex workers younger than 18, and with a sex worker they think was coerced into sex work. When asked what they think about sex work and sex workers, men showed convergent and in many ways conflicting views. At the risk of oversimplifying men's responses on these issues, they seem to be saying that sex work violates women's rights, that it is morally wrong, but that it is a woman's choice (even if she is younger than 18). Reducing or questioning men's practice of paying for sex has seldom been part of large-scale efforts around engaging men. While the ethical and policy issues involved are complex – often centered around whether sex work is inherently exploitative – these

results affirm that it is a widespread practice related to salient versions of manhood, and that men hold views about it that are as complex (and contradictory) as the policy debates currently underway.

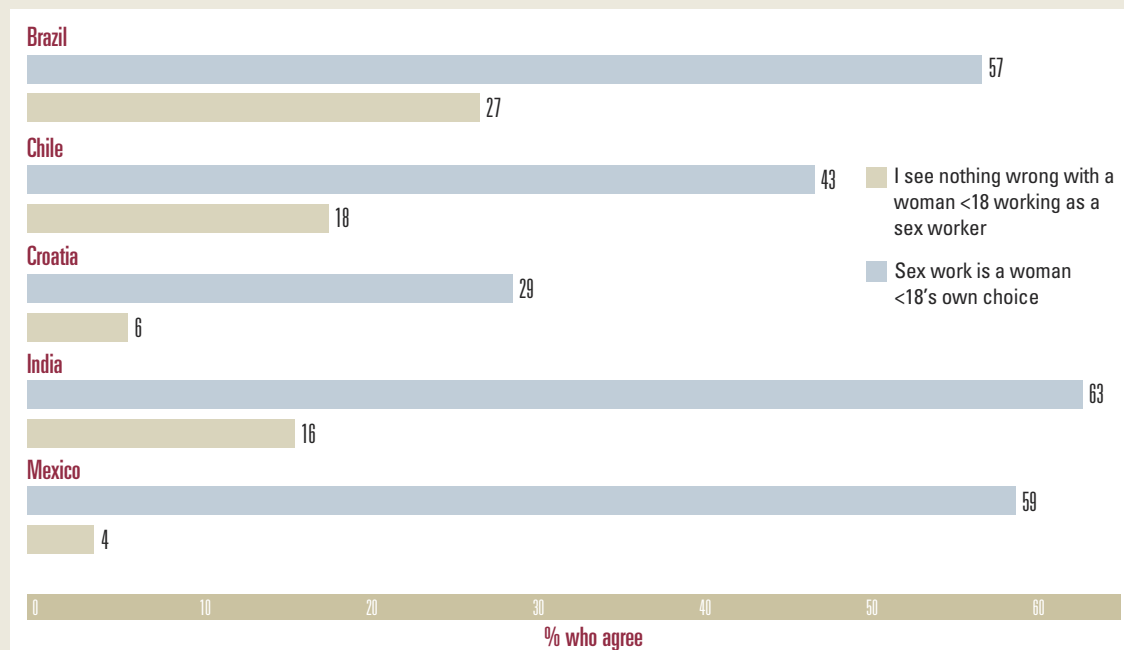


Figure 34: Men's Attitudes about Female Sex Workers Younger than 18

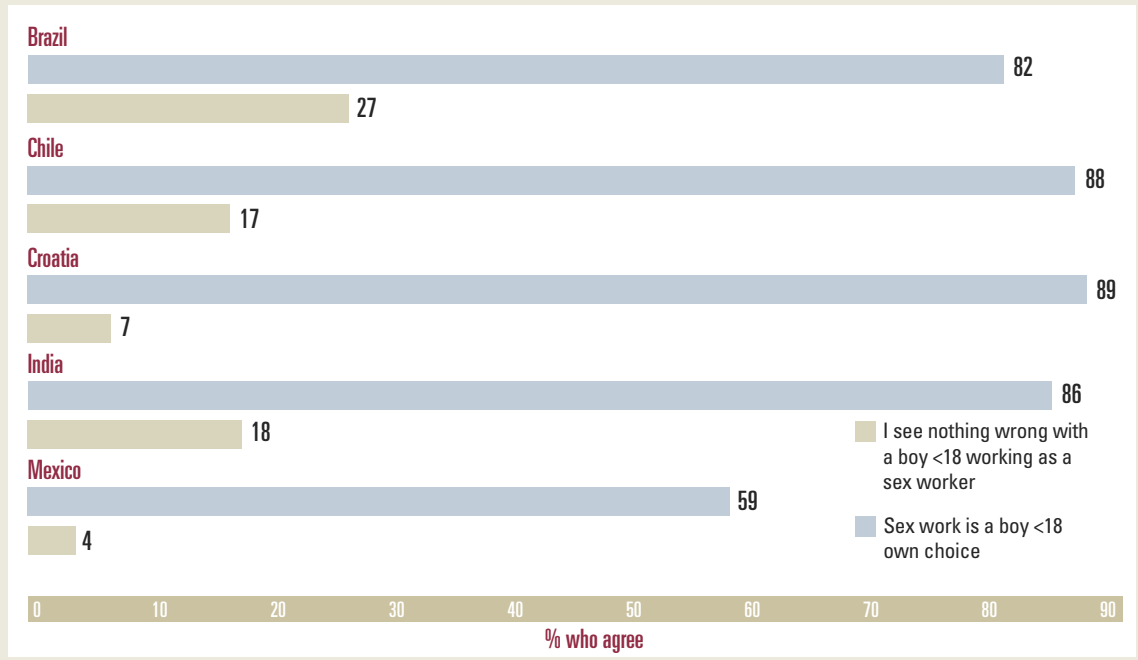


Figure 35: Men's Attitudes about Male Sex Workers Younger than 18



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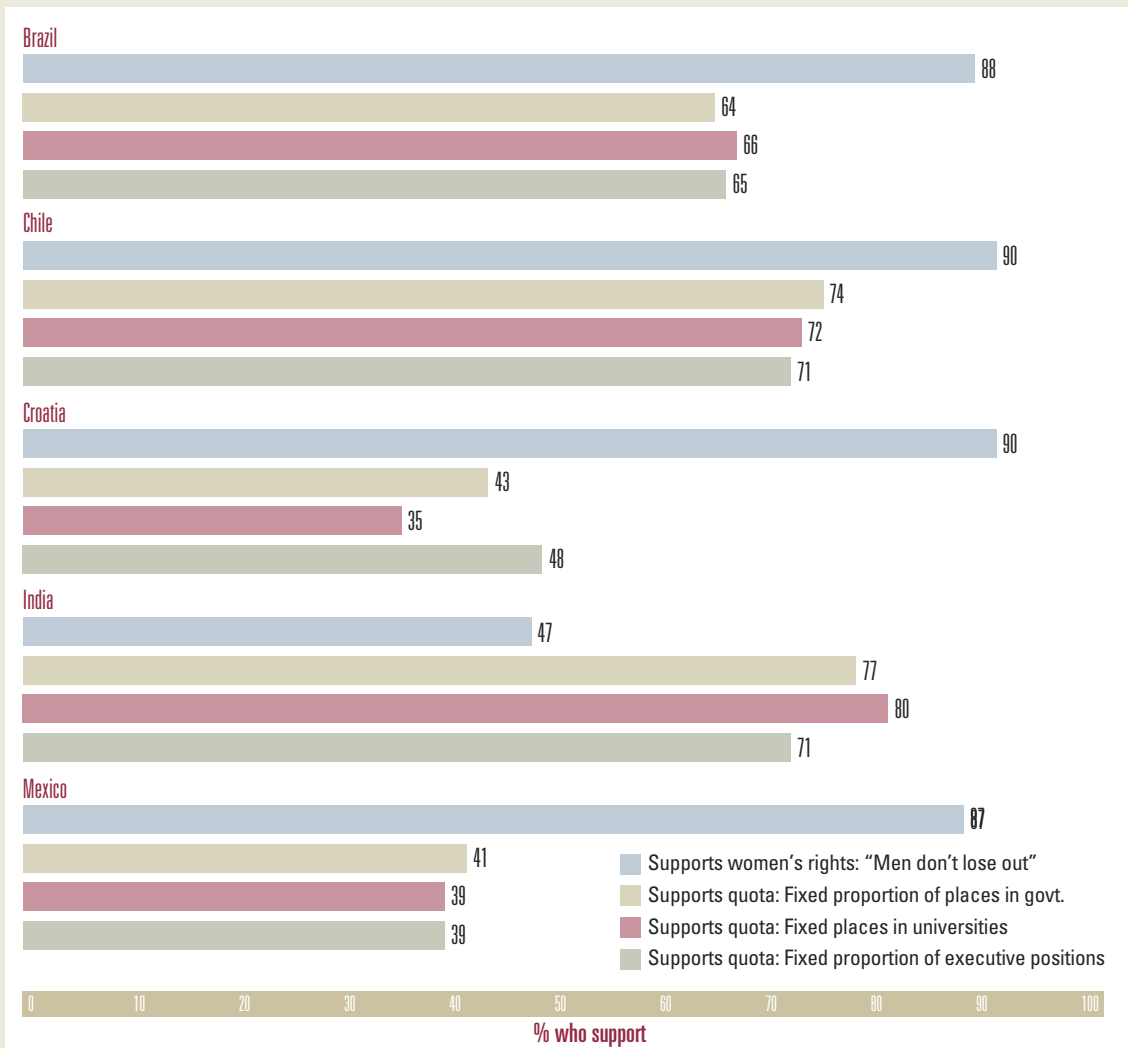


Figure 36: Men's Support for Gender Equality Overall and Specific Quota-Based Policies

Knowledge and Attitudes about Policies and Laws Promoting Gender Equality

In the past 10 years, there has been increased attention to engaging men in gender equality at the policy level. Notably, in all of the countries included in IMAGES, there are now laws that stipulate sanctions for men convicted of using physical violence against intimate partners. What do men think about these policies and laws related to gender-based violence, as well as policies related to gender equality in general? What percentage of men

have been exposed to messages or campaigns (or report having seen them), focused on gender-based violence, reducing homophobia, men's involvement in caregiving or as fathers?

In terms of gender equality overall, men in all the countries, with the notable exception of India, are generally supportive of gender equality, with 87 percent to 90 percent saying that "men do not lose out when women's rights are promoted" (Figure 36). Even when asked about specific policies, such as quotas for

women in executive positions, university enrollment or government, men’s support for such policies is reasonably high, with roughly 40 percent to 74 percent of men supporting such quotas. In India, the pattern was the opposite: only 47 percent of men of Indian men supported gender equality overall, while higher percentages (71 to 80 percent) supported quotas for women in work, education and government.

Gender-based violence is the policy issue that has received the most attention in terms of engaging men in gender equality, and one that many men have heard about, in all the countries included in IMAGES. Figure 37 shows that 41 percent to 85 percent have ever seen an advertisement related

to GBV, while 17 percent to 77 percent have ever seen a campaign related to GBV.

Figure 38 shows that in addition to being exposed to campaigns about VAW, men are more and more aware of laws against VAW. Between 88 percent to 96 percent of men know about the laws related to VAW in their countries. In all countries but India this high awareness of VAW laws coincides with low levels of agreement with the statement “There are times when a woman deserves to be beaten,” suggesting that (with the exception of India), men in IMAGES study countries have both the knowledge and attitude that might lead to decreased perpetration of intimate partner violence. As the third bar in Figure 38 asserts,

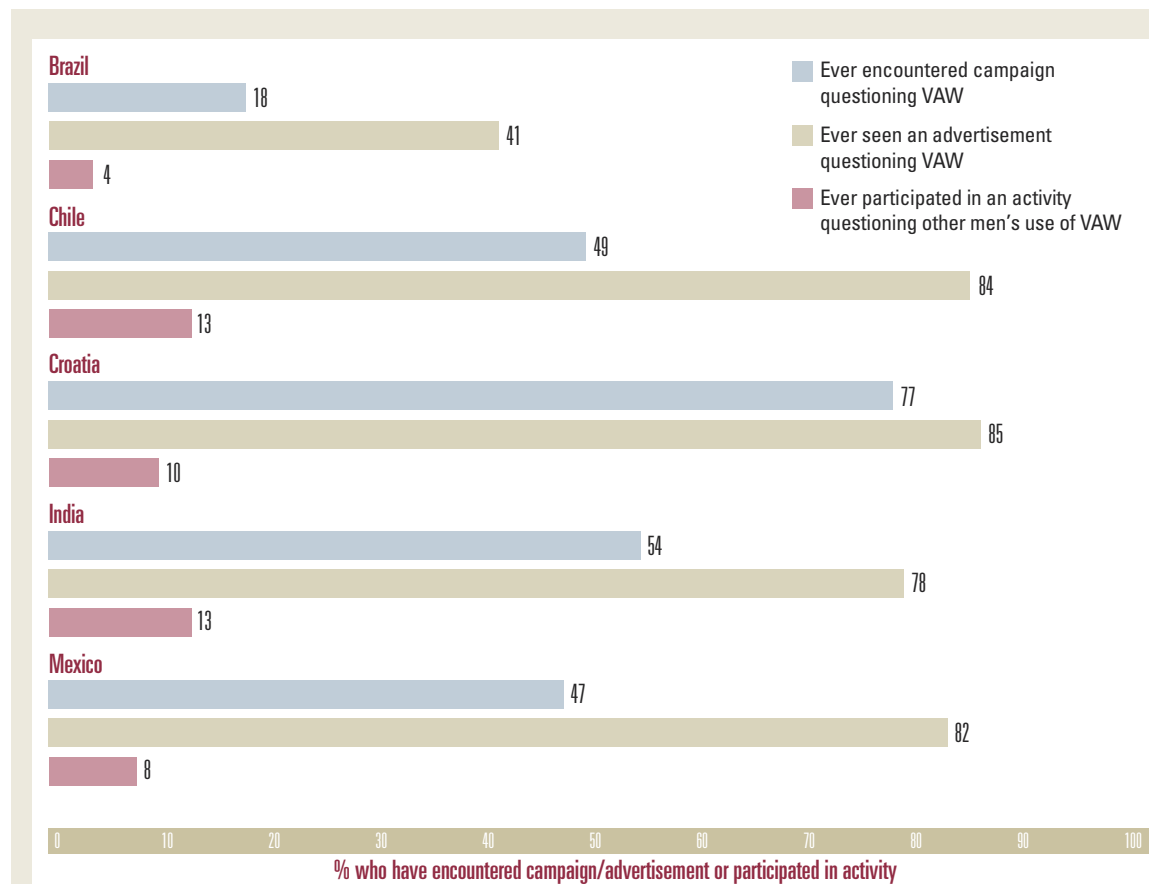


Figure 37: Men’s Exposure to Messages and Campaigns About Violence Against Women

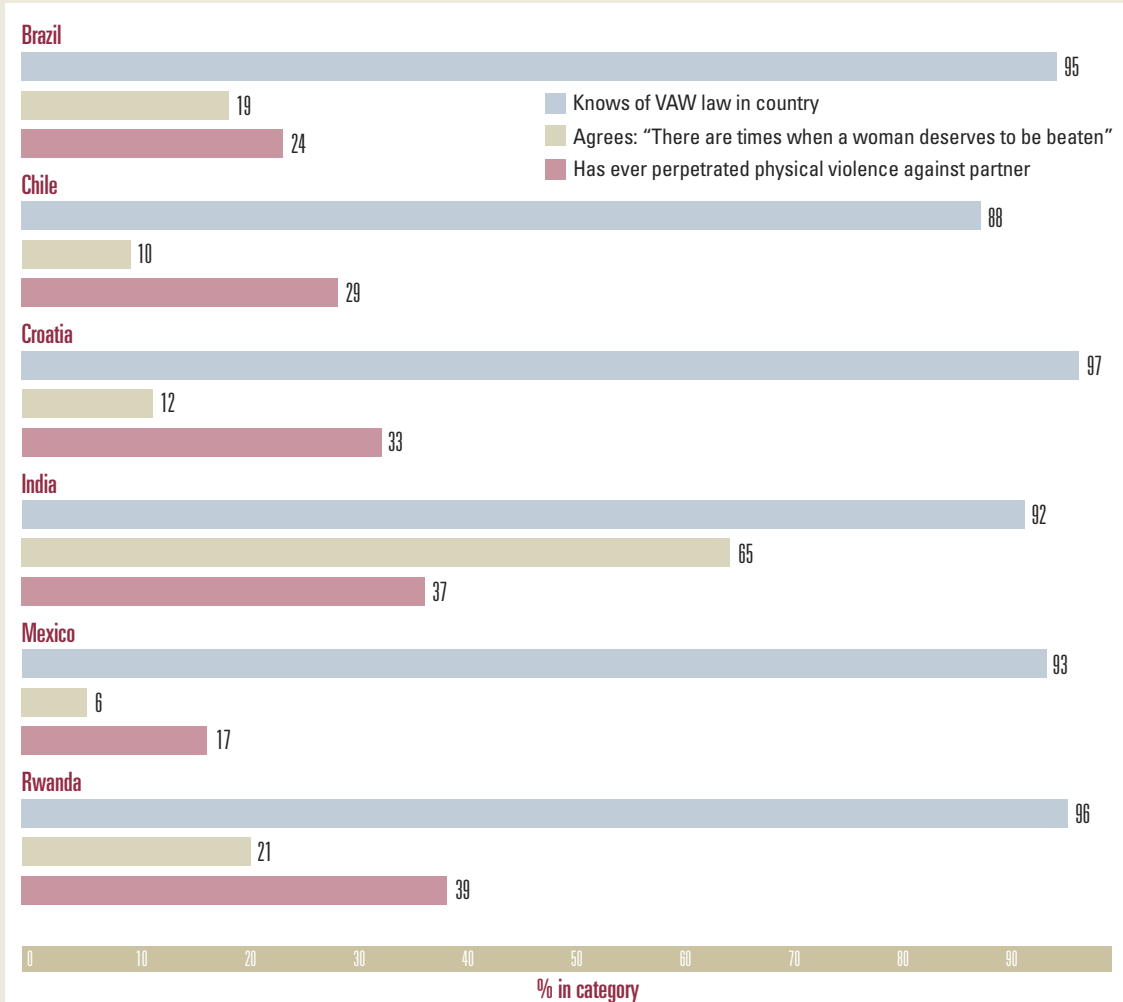


Figure 38: Knowledge About VAW Law, Attitudes about VAW, and Perpetration of Violence

however, rates of lifetime perpetration of IPV remain high in all IMAGES countries.

While men are clearly receiving messages about GBV and know about the existence of laws related to GBV, Figure 39 confirms the contradictory attitudes that men have about the existing laws related to GBV. Between 39 percent and 92 percent of men think the laws on GBV in their country make it too easy to bring charges against men. Given the relatively low number of men who have been formally charged under these laws in all the countries included, this is hardly an accurate assessment of these laws. At the same time, between 40 percent

and 88 percent of men in the countries surveyed think these laws do not offer enough protection to women who experience GBV.

In terms of other gender-related campaigns or activities, between 12 percent and 23 percent of men have seen campaigns promoting men's involvement as fathers and 6 percent to 11 percent say they have ever participated in an educational or discussion session about their roles as fathers (Figure 40). In addition, 10 percent to 38 percent of men report ever having seen a message in their country about reducing homophobia or messages or campaigns promoting the rights of same-sex attracted individuals.

Discussion: Knowledge and Attitudes about Policies and Laws Promoting Gender Equality

In general, the impression that emerges is that GBV has been the locus of most large-scale campaigns targeting men in the area of gender equality, but that men continue to have conflicting attitudes about these laws, may not understand the laws and may feel defensive about them. Furthermore, it appears that the combination of increased awareness of GBV-related laws and high levels of attitudes rejecting violence (in all countries but India) has not coincided with a concomitant reduction in levels of intimate partner violence. This report does not test the statistical association between these factors, but nonetheless these findings suggest the need for

government and civil society to carry out more nuanced, long-term and wider reaching public education – particular outreach to men – about these laws. For example, campaigns should go beyond the simplistic “violence against women is against the law,” which still prevail in some parts of the world.

We did not ask men about their impressions of messages related to their roles as fathers, but we can reasonably assume that they have fewer negative reactions to them. These findings suggest the need for national and local campaigns that engage men on multiple topics, including some that men perceive as positive and reflective of their perceived needs, challenges, and health-related and other vulnerabilities.

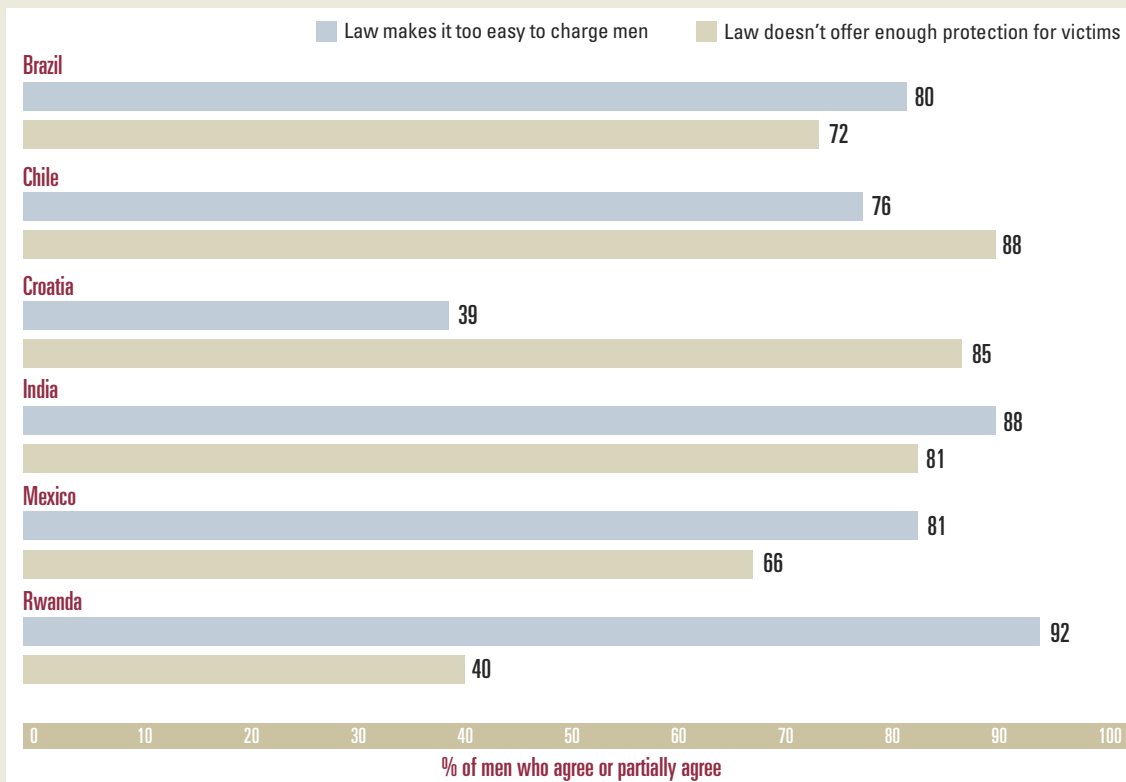


Figure 39: Men's Attitude about Laws Criminalizing Intimate Partner Violence

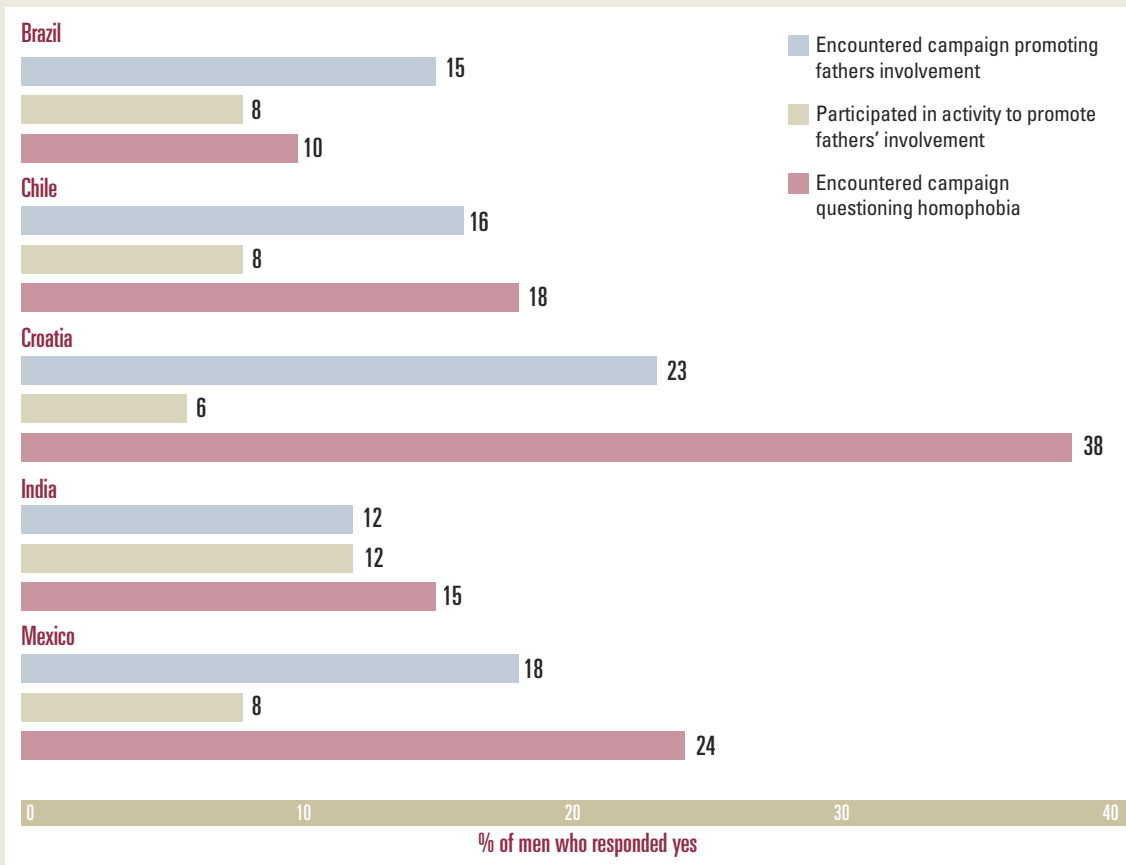


Figure 40: Men's Exposure to Messages and Campaigns Related to Fatherhood and Related to Sexual Diversity



PART III: Conclusions

Are men evolving in their practices and attitudes related to gender equality? We can affirm in reviewing these initial comparative findings from IMAGES that change seems to be happening. Overall, these results attest that gender equality can be and should be seen as a gain for women and men. Policies, programs and public education campaigns aimed at engaging men must move creatively and boldly beyond small-scale approaches to capitalize on this apparent emerging shift in men's attitudes.

Ultimately, the harmful practices of men are rooted in gender norms, economic and work-related stress, men's childhood experiences of violence and the rigid class differences that lead to the arrest and imprisonment of sizable minorities of men. If we seek to end violence, and to achieve gender equality, we need to understand the conditions that lead to these practices.

The following key findings from IMAGES can help us more effectively engage men in achieving gender equality:

Work-related stress is a major factor and common occurrence in men's lives.

Between 34 and 88 percent of men interviewed say that they are frequently stressed or depressed because of not having enough work or income. Ten to 50 percent of unemployed men say they have considered leaving their families because of work-related stress. Men's stress related to not having enough income or work and achieving the role of provider was a key factor associated with perpetration of violence, higher rates of incarceration, higher rates of alcohol abuse and higher rates of suicidal thoughts. These initial findings suggest that measuring work-related stress, rather than simply measuring income, may be a useful way to understand how income and employment (and unemployment) affect men's and women's lives. Achieving gender equality requires overcoming the notion that men's only social role is as provider.

That said, we must seek to understand the dimensions of work-related stress and understand that income and employment are key elements in men's (and women's) identities, self-esteem, sense of purpose in life and social relations.

Gender attitudes matter.

Men's attitudes about gender – whether they believe in a set of norms related to men and women being equal – were consistently associated with their practices across the vast majority of topics examined. These results affirm the need to change structural issues – campaigns to involve men in childbirth have proven very successful in Chile, for instance – while still working to deconstruct the inequitable norms that many men and boys continue to internalize related to their use of violence, limited participation in care work, and limited help- and health-seeking behavior.

Men are generally positive about gender equality.

In all the countries, with the possible exception of men in India, men did not see gender equality as a “zero-sum game” where gains for women mean losses for men. Public education campaigns and policies should do more to emphasize to men that achieving gender equality benefits all – societies, children, women and men themselves. It is clear from some women and men interviewed that sizeable portions of men are practicing and living at least some elements of gender equality. Efforts to promote gender equality should tap into the support that some men already show for gender equality and women's empowerment, despite the apparent contradictions in men's responses that support gender equality in the abstract while resisting it in practice.

Educated men are more likely to “live” gender equality in their daily lives.

Education is an important factor contributing to men's more gender-equitable attitudes and practices. Using the education system, particularly secondary education, can be an important locus for



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doing even more with girls and boys to promote gender equality. There also is some evidence of generational change as well as the role that co-habitation plays in shaping views about gender equality.

Childhood experiences matter, affirming the need to engage men in gender-equitable practices in the lives of children.

Men who report that their fathers were involved in child care or domestic work were significantly more likely to be involved themselves. This affirms the importance of men's interactions with their children in both promoting child well-being and as a matter of equity in their families. Men's participation in traditionally feminine activities like care work is a powerful political act as well; men who are involved in care work demonstrate to the next generation of boys and girls, both in the home and in their communities, that care work should be equally shared between women and men.

A sizable portion of men have experienced and used violence in multiple ways.

IMAGES results affirm the need for integrated violence prevention interventions and policies that seek to change gender-related attitudes associated with violence; create spaces where men can discuss and overcome violence they have experienced; reduce violence against children (in the home,

school and community); reduce alcohol abuse; protect and support survivors of all forms of violence; and rehabilitate rather than solely punish perpetrators of violence. Related to this, the IMAGES data also affirm the complex cultural and social transmission of violence. The relatively high percentage of men with low educational levels interviewed who have been arrested or imprisoned is alarming and must be discussed as a social justice issue that has gendered components. These data affirm that far too many men have experienced violence, perpetrate violence (in multiple forms) and have been arrested or imprisoned with limited or no access to rehabilitative programs or support services, and that this violence is directly related to the violence that many men perpetrate against women.

Address the structural factors of gender equality.

Engaging men in gender equality requires being empathetic with men's lived experiences – the unspoken depression, suicidal thoughts, high levels of childhood experiences of violence, and their high levels of work-related stress. But being empathetic toward the structural conditions of men's lives is not to make excuses for the violent and oppressive practices of some men. It is, instead, an affirmation of the need to move beyond a superficial understanding of gender equality toward addressing the structural – but changeable – factors that underpin it.

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Annex I: Overview of Related Studies

Key Findings from Norway Study on Gender Equality and Quality of Life

Summary by study co-author Øystein Gullvåg Holter, Center for Gender Studies, University of Oslo

The 2007 “Gender Equality and Quality of Life” survey in Norway provided much of the conceptual background and many of the questions for IMAGES. The Norway study was groundbreaking in several respects. It applied a multidimensional gender equality model where the dimensions (including normative gender equality, practical gender equality and resource balance in couples) were measured by wide sets of variables. It also included more detail than earlier gender surveys, incorporated a life-course perspective and maintained a practical focus that went beyond opinion-based surveys to include self-reported practices in terms of division of household tasks. The 16-page questionnaire was answered by 2,805 men and women with a response rate of 41 percent.

The Norwegian survey was implemented in a country with a relatively high level of gender equality, at least on the normative level researchers would expect to find gender equality (Norway is always near the top of the World Economic Forum’s annual Global Gender Gap Index, for instance). Also, Norway is a rich country with fairly moderate class differences and a well-functioning welfare system. All of these macro-level conditions mean that direct comparisons between Norway and the different countries in IMAGES should be done carefully. This summary highlights the key results of the Norway study although some of them are not immediately comparable with IMAGES findings.

Main results included the following:

The proportion of households where domestic tasks and care work are distributed equally between men and women has risen significantly when compared with 1988 data. For example, 75 percent of men reported that the woman prepared food in 1988, compared to 50 percent in 2007. Here, as in other studies, women were more skeptical that equality at

the household level had been achieved, but the difference was not dramatic. To be sure, some household tasks remain “feminine” in the perceptions of respondents, but some have shifted from “feminine” to “neutral” (or gender-balanced) as compared to data from 1988. For example, cleaning the house remained feminine while shopping and making food were neutral. Caring for children is more gender-balanced than 20 years ago as well. Sixty percent of fathers reported that they were equally involved in the daily care of children.

Responsibility for and organization of household tasks often remain more traditionally gendered than the performance of those tasks themselves. Although men played a greater role in traditionally feminine tasks, few of these households reported that these tasks had become primarily the man’s responsibility. Even if the man and woman shared traditionally feminine tasks more equally, it was still most often the woman who had the main responsibility and was seen as the organizer of these tasks. This was true of domestic duties and responsibilities in the so-called “reproductive sphere.” Conversely, production sphere tasks remained the man’s responsibility, including household repairs and projects, as well as income generation and financial provision for the family. A common rule emerged: the greater the social orientation of a task, the more feminine; the more technical orientation of the task, the more masculine.

Norway’s gendered professional environment remained unchanged between 1988 and 2007 as compared to these measurable changes in households. Despite increasing gender equality in many areas, including political representation and educational achievement, the economic imbalance between women and men remained, as other research has shown. The gendered wage gap was not reduced in Norway between 1988 and 2007. Furthermore, only 50 percent of men reported gender-equal cooperation in their jobs in 2007, the same as in 1988.

Norway's new paternity leave or "father quota" has produced broad positive changes in household and parenting dynamics. Taking parental leave after the birth of a child led to more subsequent responsibility for daily childcare by men and more shared parental roles overall. Young mothers were more satisfied with their relationships and their quality of life if their partners had used the quota. On the whole, a majority of women and men supported an extension of the father quota; the quota has since increased from four weeks in 2007 to 10 weeks in 2010.

Survey results suggest that gender equality may be more experience-driven – and less ideologically-driven – than is commonly recognized. Gender equality is a strong norm in today's Norway. As many as 90 percent of survey respondents shared the opinion that men and women should share three central tasks equally: care for children, housework and wage work. Although gender equality norms do influence the daily implementation of these tasks, material and practical matters play a larger role than is commonly recognized. These include the income balance and other economic resources on the couple, as well as experiential factors from one's childhood, one's psychological gender formation, the gender culture in local context and one's professional experience. These influences together, rather than gender equality norms or political ideology alone, determine whether an individual's or couples' decisions, choices and practices are in fact gender equal.

Gender equality benefits both women and men. The positive effects of gender equality for both women and men were most evident in the realm of family and household dynamics. Those holding more gender-equitable attitudes and reporting a more gender-equitable division of tasks and decision-making reported increased quality of life and

relationship satisfaction (both women and men). Gender equality at home also was consistently associated, among men and women, with a reduction in couple conflict and chance of divorce, as well as with a reduction of violence including lower violence against children. The latter finding – that gender equality leads to a reduction of intimate partner violence and violence against children – was one of the strongest and most significant in the survey. Gender-equal men and women also got a relatively good bill of health regarding depression, suicide and health.

Do these findings mean that Norwegians now have a clear path forward to improved well-being and gender equality? The answer is not completely, but new insights and possibilities have certainly come to light. As was the case in the IMAGES study countries, and despite the success of their new paternity leave quota, Norwegians remain divided (with men the most skeptical) on gender quotas and gender equality policies. Equality in the home enjoys widespread support, but active state regulation less so. These opinions exist alongside findings from the survey that gender equality precipitates positive effects on the health and well-being of women and men.

The Gender Equality and Quality of Life survey significantly advanced empirical knowledge of Norwegian men's and women's attitudes and behaviors related to gender equality. In borrowing and adapting elements of the survey for application internationally, IMAGES has further advanced the social benefit of this project and expanded knowledge about gender equality attitudes and behaviors on a much larger scale. Much more work remains to be done, and qualitative research insights will be crucial to understanding the nuances of these quantitative findings.

This summary is based on the report: Holter, Øystein Gullvåg; Svare, Helge & Egeland, Cathrine 2009: Gender Equality and Quality of Life – A Nordic Perspective. Nordic Gender Institute and Work Research Institute, Oslo. See: <http://www.nikk.no/?module=Articles;action=Article.publicShow;ID=892>

Key Findings from South Africa Study on Men, Masculinities, Violence and HIV

Summary authored by Rachel Jewkes, Yandisa Sikweyiya, Robert Morrell, Kristin Dunkle, Gender and Health Research Unit, Medical Research Council, Pretoria

Introduction and Methods

This summary presents some key findings from the 2008 South African study on men, HIV and violence, which was conducted as a partner study to IMAGES, incorporating some items from the Norwegian study, and some that were later used in the IMAGES questionnaire. The South African survey was conducted in a country with a legendary reputation for crime and violence, and the world's largest HIV epidemic. These problems have been laid at the door of South Africa's men. Still scarred by the legacy of apartheid, its education system is dysfunctional, unemployment rife and the wealth distribution is extremely inequitable. This survey sought to better understand men and masculinities and gender relations.

The South African study was conducted in three districts in the Eastern Cape and KwaZulu Natal Provinces. It was cross-sectional with a two-stage random sample, with interviews conducted in 215 clusters. Eligible men ages 18-49 were chosen at random in the selected households. Most men interviewed were Black African (85 percent); 9 percent were Indian and 6 percent were colored (mixed race) or White. South Africa has a largely youthful population and reflecting this, half of the men were under 25 years of age and 70 percent were under 30. Respondents used an electronic device, APDAs (Audio-enhanced Personal Digital Assistants), to answer questions that were accessed visually or audibly via the APDA. HIV testing was conducted. The survey interviewed 1,738 men with a response rate of 75.6 percent.

Main results include the following:

Low educational attainment, high unemployment and low rates of marriage/cohabiting

The great majority of men (65 percent) were unmarried and not cohabiting. Educational attainment was poor, with nearly two-thirds not having finished school. Unemployment was very high. Fewer than a third (30 percent) were regularly employed, a quarter had never worked and the others worked seasonally or occasionally. Thus few men were occupying a provider role, which is widely cited as very important in traditional ideas of South African manhood.

Gender equity

The survey confirmed the patriarchal nature of South African society, with 85 percent of African men agreeing that to be a man it is important to be tough. Nearly two-thirds (60 percent) said that a man should have the final say on decisions at home, and half said that women sometimes deserve to be beaten. Only 10 percent of men scored in the most gender equitable tertile of the Gender Equitable Men (GEM) scale and just under 30 percent were in the lowest equity category. With these scores, South African men appeared more gender inequitable than those from any other IMAGES country.

The men's GEM Scale scores were strongly associated with education, income and race. Multivariable analysis showed that while men earning over R2000 per month (about \$300) had significantly higher scores than those not earning, the most important factor associated with gender equity was education, with incrementally more education resulting in more gender-equitable attitudes. If attitudes of men of different ages can be seen as indicative of change, there was precious little evidence of this as younger men held attitudes that were no different from those of older men.

Communication with their partner

The survey asked about communication between partners about problems or challenges faced at home or work, in the family or community and money. Findings suggest that communication between partners is often poor. For example, among those married or cohabiting, only half (53 percent) had discussed problems in the previous fortnight; this did not vary significantly between racial groups. Many men had not discussed any problems or challenges with their partner in the previous month, including 18 percent of married men and 22 percent of men who were dating. South African men's communication with their partners appeared to be less satisfactory than that of men from most other IMAGES countries, which is characteristic of more inequitable relationships.

Engagement with child care

Given how many men did not discuss problems with their partners, it was unsurprising that over a third never discussed personal matters with their children. When men lived with their children, many men did participate in child care, with half of the men saying they often played with children, helped with homework or fixed food for them. However, if men did not live with their children, they commonly failed to perceive themselves as obligated to provide financial or social support, irrespective of ability. Only half of men who did not live with their children and were earning an income provided monthly maintenance. This problem is well recognized in the country with very high levels of maintenance default. In 2002, one urban district in Durban recorded 372,000 complaints for default.

Men and violence

A very high proportion of men disclosed perpetration of gender-based violence, many more than in most IMAGES countries. Eleven percent of men had been physically violent towards a woman partner in the last year, 42 percent had ever been violent

toward a partner and 28 percent had ever raped a woman or girl. Further, many men had been involved in other crime and violence. A third (34 percent) had stolen or been part of a robbery on more than two occasions, and over a quarter had been involved in a fight with knives (27 percent). Many men had other weapons (20 percent) and a greater proportion of men (11 percent) had ever had possession of an illegal gun. While having been arrested and imprisoned were common experiences (24 percent and 8 percent prevalence, respectively), when compared to other IMAGES countries, South African men were not particularly unusual. This reflects the considerable impunity with which men may engage in crime and violence in the country.

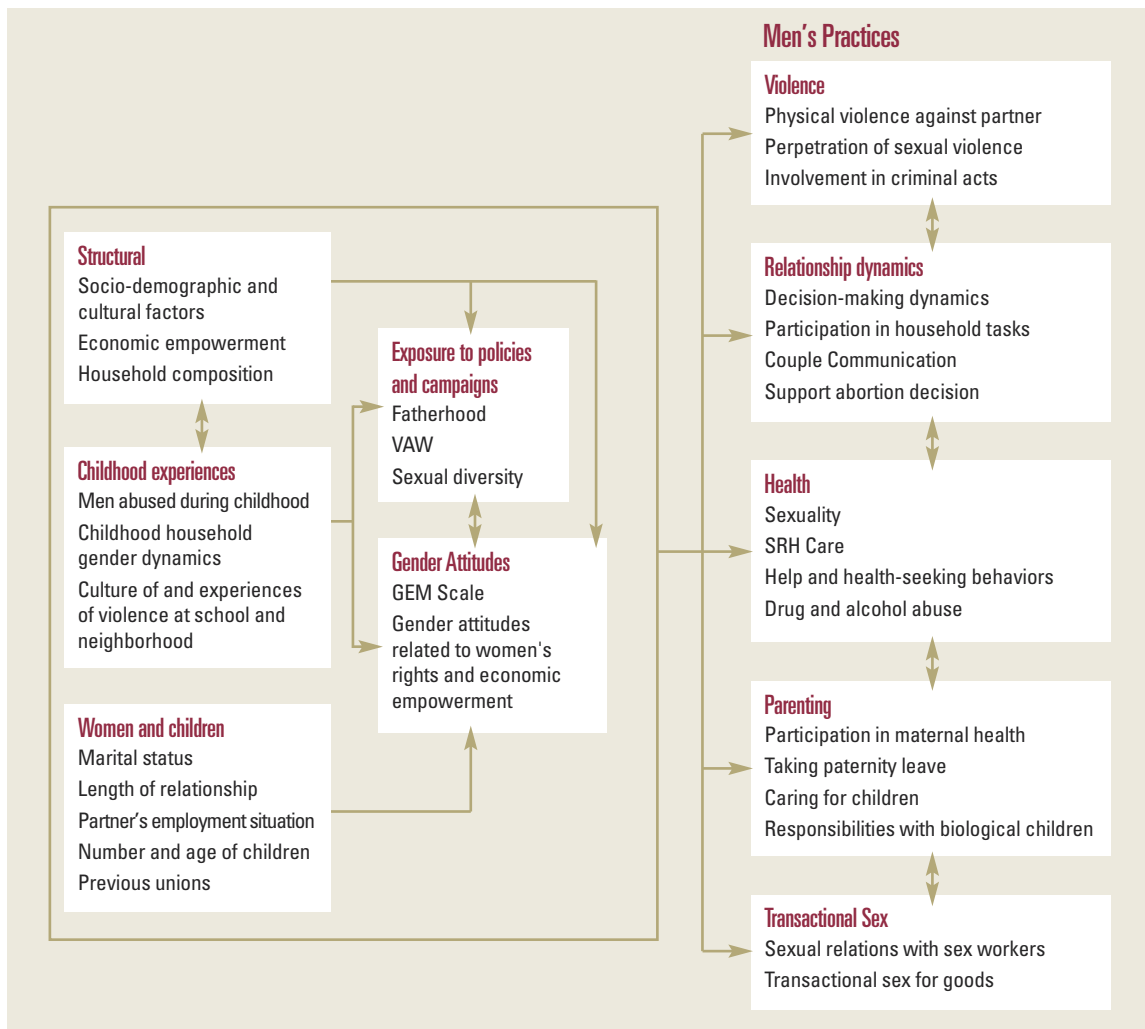
Conclusions

Although most of the men in this study had spent all of their adult lives and much of their childhood in the democratic (post-apartheid era) South Africa, there was precious little evidence that they enjoyed material fruits of freedom, or had generally imbibed attitudes supportive of gender equity which are found in the country's constitution. The men generally held patriarchal views and many had been involved in violence and crime. This did not prevent some of them from being involved with child care, but if men did not live with their children, the norm was not to regularly financially support them. Gender equity in South Africa is still a work in progress, but the evidence suggests that change in men's attitudes and practices is in many ways predicated upon broader social development, particularly improvements in education.

This study was funded by the U.K. Department for International Development (DFID), and the grant was managed by their local partner Human Life Sciences Partnership (HLSP). Further details of methods and findings related to rape and HIV are available on: <http://www.mrc.ac.za/gender/interfaceofrape&hivsarpt.pdf>

Annex II: Original Conceptual Framework

The graphic below represents the conceptual framework which informed the selection of questions in the IMAGES questionnaires. This report has explored some of the relationships implied in the framework below; additional studies will include multivariate analyses of these and other relationships.

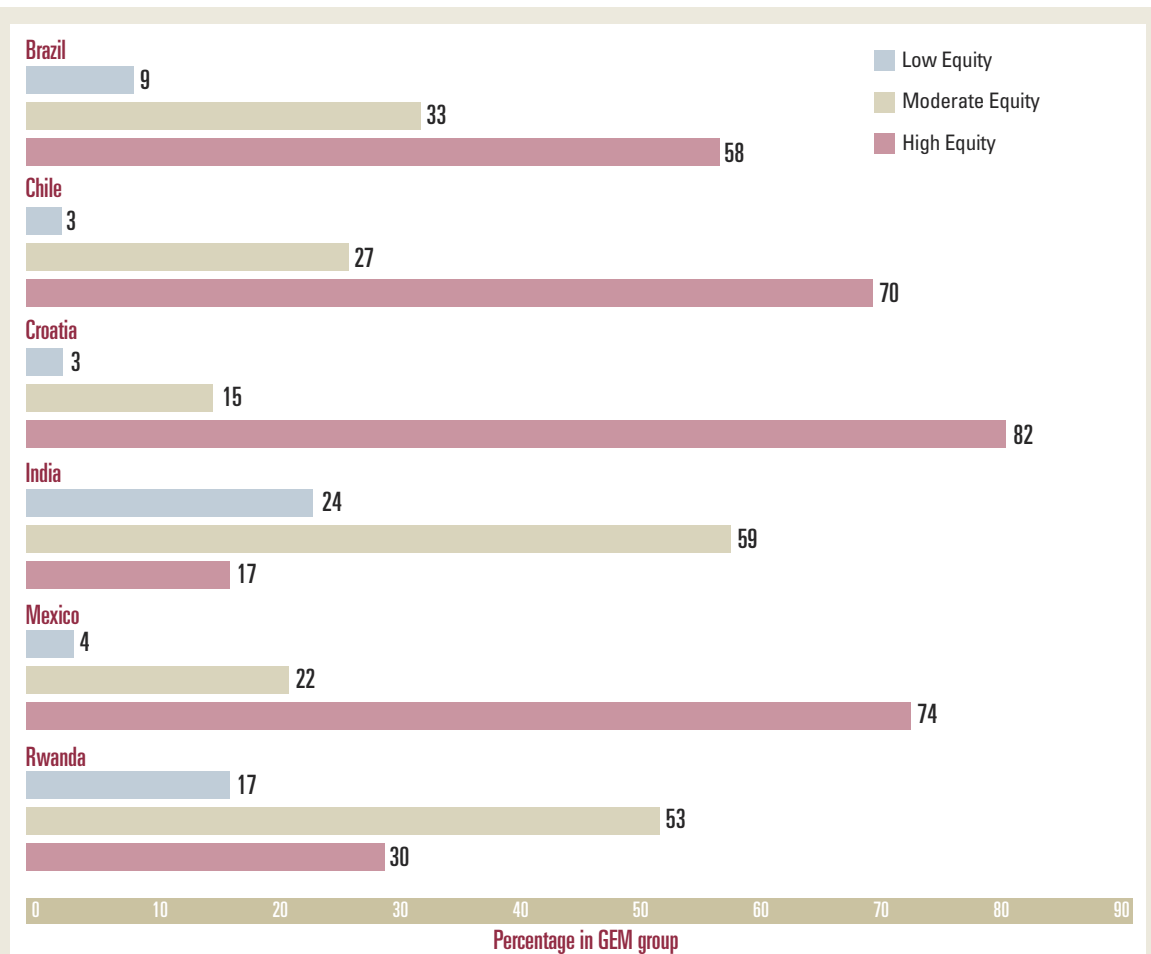


Annex III: GEM Scale Scores Trichotomized by Country

The figure below presents the distribution of men in each country according to the trichotomized GEM Scale results. As described earlier, this scale was constructed independently for each country based on Cronbach Alpha tests of internal consistency. The final scales included from eleven to fifteen items based on the country (see Table 4). The scale results were trichotomized by their total score. That is, the range of possible scores for that country was divided into equal thirds; thereafter the men scoring in the lowest third (of the possible score, not of the weighted pool of responses) were placed in the “low equity” category, those in the middle third in the “moderate

equity” category and those in the highest third in the “high equity” category.

Because each country’s scale included different items, they are not strictly comparable with one another. Thus the high proportion of men in the “high equity” category in any country does not necessarily imply that men in that country are more gender-equitable than those in another, or vice versa. These distributions merely illustrate where men’s GEM Scale scores landed among the range of possible answers on that country’s finalized, internally consistent scale.



GEM Scale Trichotomized Distribution by Country

Annex IV: Sampling Methodologies

This annex describes the sampling strategies and fieldwork methodologies for all six study countries. A brief overview of these methodologies can be found in Table 1.

Brazil

IMAGES Brazil was conducted in two sites in the metropolitan area of Rio de Janeiro: Maré, a low-income community and Vila Valquiere, a middle-income community. The sample size was calculated based on data from the Census 2000 – IBGE. A stratified proportional household sample was used in each of communities with a sampling error of 5 percent. The survey instrument was administered by fieldworkers who conducted face-to-face interviews with a total of 750 men and 448 women ages 18-59 between both communities. The refusal rate was 10 percent in Maré and 45 percent in Vila Valquiere.

The data collection took nearly four months. There were more difficulties in the middle-income community due to high refusal rates. The men’s questionnaire contained 343 questions with a mean time of 43 minutes of application while the women’s questionnaire contained 255 questions and a mean time of 32 minutes of application. All respondents had to sign an informed consent form before application of the questionnaire.

Eleven male and seven female interviewers were trained for 8 hours. Along with training on application of the survey instrument, they also received preparation on research techniques, data collection and ethical issues.

Chile

The IMAGES study in Chile had a sample of 426 women and 1192 men age 18 to 59. The sample of men was conducted in 3 major urban centers: Gran Santiago, Valparaiso and Gran Gran Concepción, with a combined sampling error of 2.8 percent. The sample of women was held in Gran Santiago with a sampling error of 5 percent.

The survey was conducted among people living in private households in urban centers. The sample was geographically stratified, with clusters at three stages:

- First Stage Unit: Census block or “manzana,” chosen based on its size.
- Second Stage Unit: Private, permanently inhabited homes were selected with equal probability within each block.
- Third Stage Unit: A person 18 to 59 years old was selected with equal probability in each house by a random selection table (Kish Table).

The survey was anonymous. Informed consent was obtained verbally because in Chile there is a high fear of fraud from signing documents. Additionally, each respondent was given a written copy of the consent form explaining the objectives of the study and their rights as participants, including contact details of the researchers responsible. The questionnaire was performed in all cases as a one-on-one interview, with the option to self-administer a later section on violence and other sensitive topics. After the interview each questionnaire was kept in a sealed envelope. Each participant was given a handout with information on health networks to contact or visit on issues such as GBV, HIV / AIDS, drugs, child care, and health. Additionally, women were given a booklet on the GBV National Service for Women.

Men were interviewed by male interviewers and women by female interviewers. The interviewers were trained and monitored continuously. Ethical procedures of this study were approved by the Chilean Institute ICMER Reproductive Medicine.

Croatia

IMAGES survey data for Croatia were collected from 1501 men and 506 women aged 18-69. Respondents were selected from one urban area (Zagreb) and two rural counties in the Eastern part of the country (Osječko-baranjska and Vukovarsko-srijemska counties). In these two counties, respondents from around 100 towns and villages took part in the survey.

The sample was stratified by age and place of living. Random sampling was used to select a sufficient number of respondents from each stratum. The percentages of men and women from particular age groups were calculated according to the 2001 Census. Self-administered questionnaires were used.

Around 70 trained interviewers were responsible for identifying respondents according to their sample templates. Sample templates included the number of about 30 respondents with two criteria: age and place of living.

Informed consent was obtained but respondents could at any point decide to stop filling in the questionnaire. Respondents had privacy while filling in the questionnaire but interviewers were accessible for additional clarification. After completing the questionnaires, respondents placed them into sealed envelopes and interviewers pasted two labels on the envelope (one consisting of the info on the process of administering and the other to prevent the opening of the envelope) In Croatia a refusal rate was not calculated. However

field managers and data collectors reported that the response rate was high.

India

IMAGES in India was conducted in two sites: Delhi and Vijayawada. In Delhi 1037 male and 313 women were interviewed for the quantitative survey. Three districts (Central Delhi, East Delhi and South Delhi) were selected randomly and then using Probability Proportion to Size (PPS) sampling procedure, 15 urban wards were selected; further two Census Enumeration Blocks (CEB) were selected randomly from the selected urban wards. A complete house listing was done in the CEBs and list of all the eligible respondents were marked and then using systematic random sampling, around 30 households were selected for interviewing eligible men and 10 household were selected for interviewing eligible women respondents.

In Vijayawada, 497 men and 208 women were interviewed using the same procedure. Five urban wards were selected using PPS sampling and three CEB were selected randomly from each selected urban ward. A complete house listing was done in the selected CEB and list of all the eligible respondents were marked and then using systematic random sampling, around 34 households were selected for interviewing eligible men and 14 household were selected for interviewing eligible women respondents in each CEB.

Croatia Survey Sites	Sex of the Respondents	Number of Respondents (Response Rate)
Zagreb	Men*	789 (52.6%)
	Women**	259 (51.2%)
Osječko-baranjska and Vukovarsko-srijemska County	Men	692 (46.1%)
	Women	242 (47.8%)

* Men: 1.3% is missing (n=20)
** Women: 1% is missing (n=5)

Only one interview was conducted from selected households, ensuring that no male and female respondents came from the same household. Kish tables were used if more than one eligible respondent lived in the same household. The refusal rate was quite high in both locations.

And to ensure the required number of men and women are interviewed, a circular systematic random sampling was applied in all the survey sites, separately for men and women. This resulted in visiting more households than originally planned for the interviews.

India Survey Sites	Sex of the Respondents	Total number of HH visited for Interview	Success	Response Rate
Delhi	Men	1917	1037	54%
	Women	655	313	48%
Vijayawada	Men	933	497	53%
	Women	496	208	42%

Mexico

In IMAGES in Mexico, the study population is aged 18 to 59 years for both men and women. Only ever-married women were interviewed. The survey was conducted in Monterrey (one of Mexico’s three major metropolitan areas), Queretaro and Xalapa (two intermediate-sized cities). The design of the sample through Primary Sampling Units was contracted to the National Institute of Statistics, Geography and Informatics (INEGI). The sample design was designed to produce survey results generalizable to the population of the three cities. The design used a stratified cluster methodology, where the last unit of selection is a housing unit that contains at least one eligible respondent aged 18 to 59.

The sampling frame used is INEGI’s National Housing Framework 2002, which draws on the geographic and demographic information obtained by the 2000 Census of Population and Housing. “Primary Sampling Units” were identified in designing the IMAGES sampling frame, from which were selected housing units based on other INEGI

survey samples. The primary sampling units consist of groups of dwellings, and in the case of localities over 100,000 inhabitants, the size of a PSU ranges from 80 to 160 inhabited households. A PSU can comprise the following characteristics:

- a block or “manzana”,
- the union of two or more contiguous blocks of the same BGA (Basic Geostatistics Area),
- the union of two or more contiguous blocks of different census tracts in the same locality, or
- the union of two or more contiguous blocks of different locations but the same size of locality.

High levels of violence in the research sites appear to be associated with high levels of non-response that occurred when trying to conduct interviews. Given a high incidence of violence related to drug trafficking in the country, it is understandable that many people allude to a fear of abduction, fraud and extortion in refusing to participate in the survey. Researchers were able to interview 1001 men and 383 women, according to the distribution described below, comparing the data with the estimate was for each city and town.

Sex	Municipality	Houses	PSUs
Male	Querétaro	350 *	35
	Xalapa	350	35
	Monterrey	800	80
<i>subtotal</i>		<i>1500</i>	<i>150</i>
Women	Querétaro	120	12
	Xalapa	120	12
	Monterrey	260	26
<i>subtotal</i>		<i>500</i>	<i>50</i>
Total		2000	200

* These sample sizes were proposed by researchers at the Colegio de Mexico, based on the resources available for the collection of information through interviews.

Distribution of Primary Sampling Units, Mexico

Mexico Location	Sex	Number of Completed Interviews
Querétaro	Men	222
	Women	127
Jalapa	Men	264
	Women	84
Monterrey	Men	515
	Women	172
Total	Men	1001
	Women	383

Rwanda

IMAGES in Rwanda was conducted among men and women between 18-59 years old at a national level (covering all provinces of the country). The study sites in districts and villages were selected by cluster sampling exercised by the National Institute of Statistics of Rwanda. The study design has been approved by the same institute. For selection of the households within the villages a multi stage sampling was applied. The sample was stratified in such a way that it would include 2/3 men and 1/3 women from each age group. All five provinces are represented, with a slight difference in numbers of completed questionnaires.

The quantitative data have been collected in a survey carried out by 72 trained data collectors. The women were interviewed by female data collectors, while male data collectors conducted the interviews with men. In total we received 3612 completed questionnaires, 2301 by men and 1311 by women. All procedures on ethical considerations have been followed and all survey interviews were carried out only after receiving written or oral informed consent from the participants.

The data collectors had to be trained within six days in the application of the survey instrument on interview application as well as gender issues. The field teams managed to carry out all planned interviews as is demonstrated by the total number of completed forms.



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Rwanda Province	Districts	Questionnaires
Eastern province	Bugesera, Gatsibo, Kayonza, Kirehe, Ngoma, Nyagatare, Rwamagana	24.3%
Kigali	Gasabo, Kicukiro, Nyarugenge	11.0%
Northern province	Burera, Gakenke, Gicumbi, Musanze, Rulindo	19.2%
Southern province	Huye, Gisagara, Kamonyi, Muhanga, Nyamagabe, Nyaruguru, Nyanza, Ruhango	25.0%
Western province	Karongi, Ngororero, Nyabihu, Nyamasheke, Rubavu, Rusizi, Rutsiro	19.8%

Annex V: Intimate Partner Violence Prevalence, IMAGES and other Recent Studies

The table below presents the IMAGES study's intimate partner violence prevalence figures in percentages side-by-side with those of other major studies in the same countries.

	Year	Ever perpetrated IPV (Men's reports)	Ever experienced IPV (Women's reports)	Experienced IPV in last year (Women's reports)
Brazil (IMAGES)	2010	24	28	8
Brazil (Sao Paulo) ³⁴	2001	—	27	8
Brazil (Pernambuco) ³⁵	2001	—	34	13
Chile (IMAGES)	2010	30	31	—
Chile (Sta. Rosa) ³⁶	2004	—	25	4
Croatia (IMAGES)	2010	33	38	—
Croatia (National Study on Family Violence) ³⁷	2003	—	29	—
India (IMAGES)	2010	37	31	19
India (DHS) ³⁸	2006	—	35	21
Mexico (IMAGES)	2010	17	31	—
Mexico (DHS) ³⁹	2003	—	—	10
Rwanda (IMAGES)	2010	39	41	6
Rwanda (DHS) ⁴⁰	2005	—	30	27

Annex VI: Tests of Association

The tables on the following pages show the frequencies and tests of association between the four key independent variables of the present paper (age, education, GEM Scale, and work-related stress) and the dependent variables of analysis (organized by topic). Cells where percentage figures appear in red italicized print represent those associations that were statistically significant at a $p < .05$ level.

The “Total Respondents” column presents the total number of respondents in any particular independent variable category (age, education, GEM Scale, work-related stress) among respondents who answered that particular module of questions. The Total Respondents column refers to the following populations in each set of tables:

Topic	Population represented by “Total Respondents”
Relationship Dynamics	Only men with a regular or stable partner
Parenting	Only men with biological children living in their household
Physical and Sexual Health	All men*
Mental Health	All men
Criminal Behaviors	All men
IPV and Sexual Violence	Only men who have ever had a female partner
Transactional Sex	All men

* Under Physical and Sexual Health, two variables have exceptions: “Ever sought a prostate exam” was only asked of men age 40 or older, and “Ever participated in an abortion decision” was only asked of men who reported that their partners had terminated a pregnancy.

For all variables included, the only difference between the numbers in the “Total Respondents” column and the actual “n” for any specific test is the negligible number of “don’t know” or “not available” responses. These responses were coded as missing and omitted from the analyses underlying the figures presented in the tables. For the sake of table concision and readability, precise “n” values for every independent variable/dependent variable pairing have been omitted.



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Brazil	Couple Communication	Participation in Domestic Duties	Sexual Satisfaction	Overall Relationship Satisfaction	Total Respondents
Age					
18-24	86	59	96	93	106
25-34	86	55	93	88	139
35-49	85	65	91	87	184
50-59	89	60	91	93	108
Education					
No Formal Education	92	38	77	85	13
Up to Primary Class V	83	56	90	88	294
Primary to Senior Secondary	90	64	97	90	178
Beyond Senior Secondary	90	77	96	100	51
GEM					
Low Equity	87	46	80	88	40
Moderate Equity	84	53	91	87	174
High Equity	87	65	95	91	315
Work Stress					
No	83	58	93	93	274
Yes	88	60	91	89	149
Total	86	60	92	90	
Chile	Couple Communication	Participation in Domestic Duties	Sexual Satisfaction	Overall Relationship Satisfaction	Total Respondents
Age					
18-24	92	62	88	97	107
25-34	90	69	94	94	302
35-49	87	51	85	92	324
50-59	84	37	76	94	185
Education					
No Formal Education	70	50	88	88	10
Up to Primary Class V	89	47	83	92	99
Primary to Senior Secondary	87	45	84	95	397
Beyond Senior Secondary	89	65	88	93	312
GEM					
Low Equity	50	19	50	95	24
Moderate Equity	86	36	83	96	227
High Equity	90	61	88	92	568
Work Stress					
No	87	56	88	96	312
Yes	88	49	85	92	440
Total	88	52	86	94	

Croatia	Couple Communication	Participation in Domestic Duties	Sexual Satisfaction	Overall Relationship Satisfaction	Total Respondents
Age					
18-24	99	83	93	79	133
25-34	96	75	85	95	333
35-49	91	57	72	90	322
50-59	90	55	68	95	255
Education					
No Formal Education					0
Up to Primary Class V	72	45	66	83	34
Primary to Senior Secondary	94	61	76	95	625
Beyond Senior Secondary	94	64	80	91	418
GEM					
Low Equity	70	28	61	95	23
Moderate Equity	88	49	67	92	162
High Equity	95	65	79	93	847
Work Stress					
No	96	67	84	96	355
Yes	93	60	72	91	412
Total	93	61	77	93	
India	Couple Communication	Participation in Domestic Duties	Sexual Satisfaction	Overall Relationship Satisfaction	Total Respondents
Age					
18-24	69	23	98	100	52
25-34	68	16	98	98	333
35-49	63	15	98	97	425
50-59	72	17	97	98	122
Education					
No Formal Education	65	13	98	99	133
Up to Primary Class V	62	16	95	94	98
Primary to Senior Secondary	68	18	99	99	342
Beyond Senior Secondary	67	16	97	98	359
GEM					
Low Equity	73	15	98	99	221
Moderate Equity	65	17	98	97	570
High Equity	64	14	98	98	141
Work Stress					
No	63	14	99	99	360
Yes	70	17	98	97	526
Total	67	16	98	98	

Mexico	Couple Communication	Participation in Domestic Duties	Sexual Satisfaction	Overall Relationship Satisfaction	Total Respondents
Age					
18-24	94	60	100	89	151
25-34	89	56	98	93	196
35-49	91	56	95	94	273
50-59	83	45	88	95	121
Education					
No Formal Education	70	50	100	90	11
Up to Primary Class V	77	47	86	96	90
Primary to Senior Secondary	86	48	95	93	186
Beyond Senior Secondary	94	60	97	94	454
GEM					
Low Equity	71	35	86	100	24
Moderate Equity	85	39	91	94	161
High Equity	91	60	96	93	556
Work Stress					
No	91	58	93	94	80
Yes	89	52	95	94	527
Total	89	54	95	94	
Rwanda	Couple Communication	Participation in Domestic Duties	Sexual Satisfaction	Overall Relationship Satisfaction	Total Respondents
Age					
18-24		62	86		98
25-34		57	87		644
35-49		48	88		730
50-59		51	83		443
Education					
No Formal Education		49	85		353
Up to Primary Class V		52	87		1248
Primary to Senior Secondary		58	81		229
Beyond Senior Secondary		58	94		85
GEM					
Low Equity		43	83		306
Moderate Equity		47	85		999
High Equity		65	90		555
Work Stress					
No					
Yes					
Total		52	86		

Parenting

Brazil	Presence at last birth	Accompaniment to prenatal visit	Took leave at birth of last child	Participation in daily care of child	Total Respondents
Age					
18-24	41	83	55	42	47
25-34	40	83	66	33	118
35-49	51	79	67	43	182
50-59	48	70	51	38	122
Education					
No Formal Education	33	60	75	13	18
Up to Primary Class V	38	71	57	36	285
Primary to Senior Secondary	55	90	67	42	126
Beyond Senior Secondary	83	97	71	67	39
GEM					
Low Equity	23	58	56	25	38
Moderate Equity	41	68	58	34	164
High Equity	53	87	66	42	255
Work Stress					
No	50	81	67	34	236
Yes	39	78	53	38	133
Total	46	78	62	39	

Chile	Presence at last birth	Accompaniment to prenatal visit	Took leave at birth of last child	Participation in daily care of child	Total Respondents
Age					
18-24	95	95	73	40	40
25-34	85	90	34	35	131
35-49	70	87	23	36	309
50-59	61	78	10	37	197
Education					
No Formal Education	44	67	29	13	10
Up to Primary Class V	53	70	17	35	93
Primary to Senior Secondary	71	86	20	33	356
Beyond Senior Secondary	82	92	31	44	217
GEM					
Low Equity	44	27	7	8	21
Moderate Equity	69	83	19	31	204
High Equity	75	89	26	40	452
Work Stress					
No	79	85	24	37	260
Yes	68	87	23	35	385
Total	72	86	23	36	

Croatia	Presence at last birth	Accompaniment to prenatal visit	Took leave at birth of last child	Participation in daily care of child	Total Respondents
Age					
18-24	33	100	33	67	3
25-34	66	96	57	55	92
35-49	49	92	39	61	259
50-59	32	89	37	67	248
Education					
No Formal Education					0
Up to Primary Class V	44	83	50	45	27
Primary to Senior Secondary	39	89	42	61	370
Beyond Senior Secondary	55	96	38	66	237
GEM					
Low Equity	27	69	8	36	17
Moderate Equity	43	84	29	45	107
High Equity	47	94	43	67	478
Work Stress					
No	55	96	44	70	196
Yes	43	92	40	55	263
Total	46	92	40	63	
India	Presence at last birth	Accompaniment to prenatal visit	Took leave at birth of last child	Participation in daily care of child	Total Respondents
Age					
18-24	37	89	75	43	22
25-34	76	92	72	37	242
35-49	73	91	66	37	414
50-59	76	90	67	36	131
Education					
No Formal Education	69	90	59	39	127
Up to Primary Class V	67	87	69	32	87
Primary to Senior Secondary	71	91	65	36	302
Beyond Senior Secondary	76	93	75	39	293
GEM					
Low Equity	65	91	61	38	194
Moderate Equity	74	91	71	35	489
High Equity	75	93	69	45	126
Work Stress					
No	76	85	78	35	317
Yes	74	96	62	38	449
Total	72	91	69	37	

Mexico	Presence at last birth	Accompaniment to prenatal visit	Took leave at birth of last child	Participation in daily care of child	Total Respondents
Age					
18-24	28	96	80	52	33
25-34	29	92	71	42	132
35-49	29	93	62	44	259
50-59	18	89	68	54	125
Education					
No Formal Education	50	100	60	50	13
Up to Primary Class V	18	85	68	50	85
Primary to Senior Secondary	18	89	67	45	167
Beyond Senior Secondary	33	95	65	45	284
GEM					
Low Equity	31	75	43	44	22
Moderate Equity	27	87	63	37	132
High Equity	26	94	68	49	395
Work Stress					
No	25	92	67	47	61
Yes	27	92	66	43	428
Total	27	92	66	46	
Rwanda	Presence at last birth	Accompaniment to prenatal visit	Took leave at birth of last child	Participation in daily care of child	Total Respondents
Age					
18-24	45		52		52
25-34	54		49		595
35-49	50		46		729
50-59	49		51		463
Education					
No Formal Education	40		55		347
Up to Primary Class V	53		46		1202
Primary to Senior Secondary	53		52		214
Beyond Senior Secondary	63		55		77
GEM					
Low Equity	58		41		291
Moderate Equity	48		46		969
High Equity	52		56		534
Work Stress					
No					
Yes					
Total	51		48		

Brazil	Binge drinking	Prostate Exam (among those age 40+)	HIV exam	Participated in abortion decision (among those whose partners terminated a pregnancy)	Total Respondents
Age					
18-24	67		26	12	176
25-34	72		34	31	187
35-49	68	21	41	30	236
50-59	69	44	38	50	151
Education					
No Formal Education	69	50	24	0	21
Up to Primary Class V	69	28	32	27	401
Primary to Senior Secondary	67	38	39	37	238
Beyond Senior Secondary	78	41	39	50	89
GEM					
Low Equity	64	37	28	18	65
Moderate Equity	69	29	31	29	243
High Equity	70	35	38	30	427
Work Stress					
No	69	25	35	29	366
Yes	73	39	39	39	190
Total	69	33	35	30	
Chile	Binge drinking	Prostate Exam (among those age 40+)	HIV exam	Participated in abortion decision (among those whose partners terminated a pregnancy)	Total Respondents
Age					
18-24	53		16	67	289
25-34	44		36	47	283
35-49	32		33	71	391
50-59	24		29	76	229
Education					
No Formal Education	33		35		17
Up to Primary Class V	43		22	50	127
Primary to Senior Secondary	37		26	68	566
Beyond Senior Secondary	41		33	66	481
GEM					
Low Equity	69		21	67	35
Moderate Equity	47		24	78	321
High Equity	35		31	62	835
Work Stress					
No	35		33	66	432
Yes	38		28	67	578
Total	39		29	65	

Croatia	Binge drinking	Prostate Exam (among those age 40+)	HIV exam	Participated in abortion decision (among those whose partners terminated a pregnancy)	Total Respondents
Age					
18-24	64		8	50	277
25-34	48		13	67	498
35-49	33	33	12	72	389
50-59	23	49	10	69	290
Education					
No Formal Education	100		0		1
Up to Primary Class V	42	30	4	63	55
Primary to Senior Secondary	44	35	9	75	902
Beyond Senior Secondary	38	53	16	62	537
GEM					
Low Equity	56	24	5	75	39
Moderate Equity	49	37	3	69	220
High Equity	40	44	13	70	1161
Work Stress					
No	38	49	14	64	475
Yes	40	39	12	74	534
Total	42	42	11	71	
India					
Age					
18-24	16		8	83	469
25-34	23		17	78	494
35-49	27	8	14	41	452
50-59	21	38	15		137
Education					
No Formal Education	36	25	12	67	180
Up to Primary Class V	12	19	16	50	133
Primary to Senior Secondary	18	17	13	55	533
Beyond Senior Secondary	25	26	13	62	706
GEM					
Low Equity	25	28	20	80	366
Moderate Equity	21	20	12	50	923
High Equity	28	16	6		263
Work Stress					
No	14	10	12	60	466
Yes	31	21	15	57	762
Total	23	22	13	59	

Mexico	Binge drinking	Prostate Exam (among those age 40+)	HIV exam	Participated in abortion decision (among those whose partners terminated a pregnancy)	Total Respondents
Age					
18-24	33		13	33	283
25-34	41		36	19	250
35-49	33	16	29	15	323
50-59	26	25	29	12	146
Education					
No Formal Education	21	0	14	0	14
Up to Primary Class V	37	12	17	14	116
Primary to Senior Secondary	37	12	15	21	245
Beyond Senior Secondary	33	26	33	18	627
GEM					
Low Equity	50	13	16	40	37
Moderate Equity	39	20	15	27	220
High Equity	32	20	31	14	745
Work Stress					
No	39	5	20	33	96
Yes	35	21	30	17	674
Total	34	20	27	18	

Rwanda	Binge drinking	Prostate Exam (among those age 40+)	HIV exam	Participated in abortion decision (among those whose partners terminated a pregnancy)	Total Respondents
Age					
18-24			73		303
25-34			94		760
35-49			90		768
50-59			78		470
Education					
No Formal Education			81		406
Up to Primary Class V			87		1481
Primary to Senior Secondary			91		312
Beyond Senior Secondary			91		102
GEM					
Low Equity			85		363
Moderate Equity			87		1160
High Equity			89		647
Work Stress					
No					
Yes					
Total			87		

Mental Health

Brazil	Experienced depression in last month	Suicidal thoughts in last month	Seeks help when sad, disappointed, frustrated	Total Respondents
Age				
18-24	13	5	55	176
25-34	13	3	52	187
35-49	14	3	54	236
50-59	23	5	44	151
Education				
No Formal Education	19	5	38	21
Up to Primary Class V	13	3	52	401
Primary to Senior Secondary	18	4	55	238
Beyond Senior Secondary	18	4	48	89
GEM				
Low Equity	11	3	43	65
Moderate Equity	19	5	53	243
High Equity	13	4	52	427
Work Stress				
No	9	2	49	366
Yes	24	7	53	190
Total	15	4	52	

Chile	Experienced depression in last month	Suicidal thoughts in last month	Seeks help when sad, disappointed, frustrated	Total Respondents
Age				
18-24	34	8	66	289
25-34	36	12	60	283
35-49	41	8	51	391
50-59	39	7	43	229
Education				
No Formal Education	41	12	35	17
Up to Primary Class V	47	17	40	127
Primary to Senior Secondary	39	9	53	566
Beyond Senior Secondary	33	7	63	481
GEM				
Low Equity	43	11	26	35
Moderate Equity	39	10	49	321
High Equity	37	8	59	835
Work Stress				
No	27	5	63	432
Yes	46	10	48	578
Total	38	9	55	

Croatia	Experienced depression in last month	Suicidal thoughts in last month	Seeks help when sad, disappointed, frustrated	Total Respondents
Age				
18-24	62	17	73	277
25-34	66	15	70	498
35-49	67	17	66	389
50-59	66	9	61	290
Education				
No Formal Education	100	100		1
Up to Primary Class V	66	30	56	55
Primary to Senior Secondary	68	16	64	902
Beyond Senior Secondary	60	12	72	537
GEM				
Low Equity	81	31	42	39
Moderate Equity	71	20	62	220
High Equity	64	13	70	1161
Work Stress				
No	51	10	71	475
Yes	79	19	67	534
Total	65	15	67	
India	Experienced depression in last month	Suicidal thoughts in last month	Seeks help when sad, disappointed, frustrated	Total Respondents
Age				
18-24	56	7	12	469
25-34	54	5	11	494
35-49	53	7	10	452
50-59	45	9	11	137
Education				
No Formal Education	47	4	13	180
Up to Primary Class V	58	8	7	133
Primary to Senior Secondary	58	8	12	533
Beyond Senior Secondary	51	6	11	706
GEM				
Low Equity	25	4	15	366
Moderate Equity	59	8	11	923
High Equity	73	6	5	263
Work Stress				
No	38	4	12	466
Yes	65	9	9	762
Total	54	7	11	

Mexico	Experienced depression in last month	Suicidal thoughts in last month	Seeks help when sad, disappointed, frustrated	Total Respondents
Age				
18-24	27	2	47	283
25-34	30	4	52	250
35-49	27	3	49	323
50-59	40	4	41	146
Education				
No Formal Education	36	7	29	14
Up to Primary Class V	33	2	39	116
Primary to Senior Secondary	29	4	49	245
Beyond Senior Secondary	29	3	50	627
GEM				
Low Equity	35	0	28	37
Moderate Equity	35	4	40	220
High Equity	28	3	51	745
Work Stress				
No	44	7	53	96
Yes	27	2	47	674
Total	30	3	48	

Brazil	Robbery	Fights	Owns Firearm	Arrested	Prison	Total Respondents
Age						
18-24	13	25	4	13	5	176
25-34	10	20	1	13	2	187
35-49	12	22	4	14	2	236
50-59	5	19	3	13	2	151
Education						
No Formal Education	15	30	0	15	0	21
Up to Primary Class V	12	22	3	17	4	401
Primary to Senior Secondary	10	25	2	10	2	238
Beyond Senior Secondary	3	9	2	6	0	89
GEM						
Low Equity	11	16	2	13	5	65
Moderate Equity	11	24	0	18	4	243
High Equity	10	21	4	11	2	427
Work Stress						
No	9	21	3	13	3	366
Yes	10	27	2	14	3	190
Total	10	22	3	13	3	
Chile	Robbery	Fights	Owns Firearm	Arrested	Prison	Total Respondents
Age						
18-24	31	24	5	29	1	289
25-34	27	20	9	29	5	283
35-49	17	10	10	31	5	391
50-59	13	8	15	26	5	229
Education						
No Formal Education	24	12	24	41	6	17
Up to Primary Class V	23	20	8	41	12	127
Primary to Senior Secondary	24	17	8	31	4	566
Beyond Senior Secondary	19	12	12	23	3	481
GEM						
Low Equity	26	29	15	44	9	35
Moderate Equity	24	16	15	26	5	321
High Equity	21	15	8	30	4	835
Work Stress						
No	20	13	10	25	3	432
Yes	21	17	9	32	6	578
Total	22	16	10	29	4	

Croatia	Robbery	Fights	Owns Firearm	Arrested	Prison	Total Respondents
Age						
18-24	44	17	3	14	3	277
25-34	46	18	7	27	7	498
35-49	31	18	14	14	6	389
50-59	21	18	20	15	8	290
Education						
No Formal Education	100	0	0	0	0	1
Up to Primary Class V	46	40	12	24	12	55
Primary to Senior Secondary	40	19	11	21	6	902
Beyond Senior Secondary	29	14	11	14	5	537
GEM						
Low Equity	54	43	19	22	3	39
Moderate Equity	38	30	15	19	7	220
High Equity	35	15	10	18	6	1161
Work Stress						
No	31	14	10	17	6	475
Yes	40	21	11	20	6	534
Total	36	18	11	18	6	
India	Robbery	Fights	Owns Firearm	Arrested	Prison	Total Respondents
Age						
18-24	4	5	1	3	0	469
25-34	6	9	1	9	1	494
35-49	2	6	2	6	1	452
50-59	4	5	0	9	3	137
Education						
No Formal Education	6	5	1	8	1	180
Up to Primary Class V	2	11	0	8	2	133
Primary to Senior Secondary	5	6	2	6	1	533
Beyond Senior Secondary	4	7	1	5	1	706
GEM						
Low Equity	4	7	2	9	2	366
Moderate Equity	5	8	1	6	1	923
High Equity	2	1	1	3	0	263
Work Stress						
No	1	7	1	6	0	466
Yes	6	6	2	7	1	762
Total	4	7	1	6	1	

Mexico	Robbery	Fights	Owns Firearm	Arrested	Prison	Total Respondents
Age						
18-24	4	17	3	28	2	283
25-34	3	12	3	26	2	250
35-49	3	12	3	27	4	323
50-59	3	5	5	31	6	146
Education						
No Formal Education	0	0	0	29	21	14
Up to Primary Class V	0	9	3	37	8	116
Primary to Senior Secondary	6	16	3	34	4	245
Beyond Senior Secondary	3	12	4	23	2	627
GEM						
Low Equity	16	22	8	49	3	37
Moderate Equity	4	12	2	34	4	220
High Equity	2	12	4	25	3	745
Work Stress						
No	7	13	7	23	1	96
Yes	2	11	3	28	4	674
Total	3	13	3	28	3	
Rwanda	Robbery	Fights	Owns Firearm	Arrested	Prison	Total Respondents
Age						
18-24	18	4	2	15	8	303
25-34	16	7	5	21	12	760
35-49	11	5	3	28	21	768
50-59	6	2	5	30	22	470
Education						
No Formal Education	9	2	4	31	20	406
Up to Primary Class V	13	4	3	23	16	1481
Primary to Senior Secondary	16	11	5	22	13	312
Beyond Senior Secondary	15	8	8	24	14	102
GEM						
Low Equity	14	5	6	21	18	363
Moderate Equity	13	6	4	26	16	1160
High Equity	11	3	3	26	17	647
Work Stress						
No						
Yes						
Total	13	5	4	25	16	

IPV and Sexual Violence

Brazil	Physical violence against partner ever	Physical violence against partner in the last year	Sexual violence ever	Sexual violence in a group ever	Total Respondents
Age					
18-24	25	18	4	2	173
25-34	19	9	2	1	185
35-49	31	10	2	1	231
50-59	19	4	1	0	149
Education					
No Formal Education	24	14	0	0	21
Up to Primary Class V	29	12	3	2	395
Primary to Senior Secondary	23	11	2	1	234
Beyond Senior Secondary	9	2	0	0	87
GEM					
Low Equity	33	20	0	0	64
Moderate Equity	26	13	4	1	239
High Equity	22	8	1	1	421
Work Stress					
No	23	8	2	1	361
Yes	29	14	2	2	188
Total	24	11	2	1	

Chile	Physical violence against partner ever	Physical violence against partner in the last year	Sexual violence ever	Sexual violence in a group ever	Total Respondents
Age					
18-24	17		10	2	272
25-34	30		9	2	271
35-49	35		9	1	381
50-59	35		10	1	223
Education					
No Formal Education	40		6	0	15
Up to Primary Class V	41		8	2	121
Primary to Senior Secondary	30		9	1	544
Beyond Senior Secondary	26		10	1	466
GEM					
Low Equity	64		27	3	33
Moderate Equity	32		11	2	309
High Equity	27		8	1	805
Work Stress					
No	27		10	2	420
Yes	35		9	1	559
Total	29		9	2	

Croatia	Physical violence against partner ever	Physical violence against partner in the last year	Sexual violence ever	Sexual violence in a group ever	Total Respondents
Age					
18-24	18		11	2	259
25-34	29		9	2	470
35-49	39		8	1	352
50-59	47		6	0	247
Education					
No Formal Education	0				1
Up to Primary Class V	39		14	0	41
Primary to Senior Secondary	34		9	2	826
Beyond Senior Secondary	30		7	1	496
GEM					
Low Equity	63		63	16	35
Moderate Equity	43		17	3	200
High Equity	30		6	1	1067
Work Stress					
No	28		6	1	436
Yes	36		11	2	486
Total	33		9	2	
India	Physical violence against partner ever	Physical violence against partner in the last year	Sexual violence ever	Sexual violence in a group ever	Total Respondents
Age					
18-24	16	7	11	0	55
25-34	34	19	30	1	327
35-49	40	19	34	0	420
50-59	49	21	17	1	127
Education					
No Formal Education	43	27	28	0	135
Up to Primary Class V	52	29	29	1	96
Primary to Senior Secondary	38	20	25	1	343
Beyond Senior Secondary	30	12	22	0	355
GEM					
Low Equity	39	20	27	1	214
Moderate Equity	39	19	26	1	575
High Equity	29	14	14	0	140
Work Stress					
No	30	12	30	0	356
Yes	43	24	27	1	529
Total	37	19	24	1	

Mexico	Physical Violence Against partner ever	Physical violence against partner in the last year	Sexual violence ever	Sexual violence in a group ever	Total Respondents
Age					
18-24	14		6	1	273
25-34	18		5	0	249
35-49	18		3	1	323
50-59	22		1	0	144
Education					
No Formal Education	21		0	0	14
Up to Primary Class V	18		3	1	115
Primary to Senior Secondary	22		8	2	242
Beyond Senior Secondary	15		3	0	618
GEM					
Low Equity	49		14	3	37
Moderate Equity	21		8	1	216
High Equity	15		3	0	736
Work Stress					
No	28		6	0	96
Yes	18		4	1	670
Total	17		4	1	
Rwanda	Physical Violence Against partner ever	Physical violence against partner in the last year	Sexual violence ever	Sexual violence in a group ever	Total Respondents
Age					
18-24	28	3	4	1	61
25-34	38	2	11	1	553
35-49	38	3	10	1	669
50-59	42	1	8	1	426
Education					
No Formal Education	40	2	10	2	301
Up to Primary Class V	38	2	8	1	1137
Primary to Senior Secondary	43	4	13	1	198
Beyond Senior Secondary	30	0	9	0	73
GEM					
Low Equity	45	2	12	1	264
Moderate Equity	40	3	11	1	889
High Equity	34	1	6	1	516
Work Stress					
No					
Yes					
Total	39	2	9	1	

Brazil	Sex with any sex worker	Sex with female sex worker	Sex with male sex worker	Sex with trans-gender sex worker	Total Respondents
Age					
18-24	50	47	1	1	176
25-34	60	58	0	2	187
35-49	56	54	1	2	236
50-59	58	56	0	1	151
Education					
No Formal Education	79	74	0	5	21
Up to Primary Class V	53	50	0	2	401
Primary to Senior Secondary	56	54	1	2	238
Beyond Senior Secondary	65	65	0	0	89
GEM					
Low Equity	51	49	0	2	65
Moderate Equity	53	53	0	0	243
High Equity	59	56	1	2	427
Work Stress					
No	57	55	0	2	366
Yes	59	56	1	2	190
Total	56	54	0	2	
Chile	Sex with any sex worker	Sex with female sex worker	Sex with male sex worker	Sex with trans-gender sex worker	Total Respondents
Age					
18-24	12	12	0	0	289
25-34	20	19	0	0	283
35-49	26	25	1	0	391
50-59	32	32	0	0	229
Education					
No Formal Education	38	38	0	0	17
Up to Primary Class V	25	23	2	0	127
Primary to Senior Secondary	22	21	1	0	566
Beyond Senior Secondary	22	22	0	0	481
GEM					
Low Equity	48	48	0	0	35
Moderate Equity	26	25	0	0	321
High Equity	20	19	1	0	835
Work Stress					
No	26	25	0	0	432
Yes	22	21	1	0	578
Total	22	22	1	0	

Croatia	Sex with any sex worker	Sex with female sex worker	Sex with male sex worker	Sex with trans-gender sex worker	Total Respondents
Age					
18-24	6	6	0	0	277
25-34	12	11	0	0	498
35-49	13	13	0	0	389
50-59	15	15	0	0	290
Education					
No Formal Education	100	100	0	0	1
Up to Primary Class V	20	20	0	0	55
Primary to Senior Secondary	12	12	0	0	902
Beyond Senior Secondary	10	10	0	0	537
GEM					
Low Equity	42	42	0	0	39
Moderate Equity	20	20	0	0	220
High Equity	9	9	0	0	1161
Work Stress					
No	9	9	0	0	475
Yes	14	14	0	0	534
Total	12	11	0	0	

India	Sex with any sex worker	Sex with female sex worker	Sex with male sex worker	Sex with trans-gender sex worker	Total Respondents
Age					
18-24	23	19	3	1	469
25-34	28	25	2	1	494
35-49	30	28	1	2	452
50-59	30	27	1	1	137
Education					
No Formal Education	35	34	1	0	180
Up to Primary Class V	38	35	1	2	133
Primary to Senior Secondary	27	24	2	1	533
Beyond Senior Secondary	23	19	2	2	706
GEM					
Low Equity	24	24	0	0	366
Moderate Equity	30	26	2	2	923
High Equity	23	16	5	2	263
Work Stress					
No	24	21	1	2	466
Yes	31	28	2	1	762
Total	27	24	2	1	

Mexico	Sex with any sex worker	Sex with female sex worker	Sex with male sex worker	Sex with trans-gender sex worker	Total Respondents
Age					
18-24	8	8	0	0	283
25-34	17	17	0	0	250
35-49	22	22	0	0	323
50-59	26	26	0	0	146
Education					
No Formal Education	7	7	0	0	14
Up to Primary Class V	16	16	0	0	116
Primary to Senior Secondary	18	18	0	0	245
Beyond Senior Secondary	18	18	0	0	627
GEM					
Low Equity	35	35	0	0	37
Moderate Equity	18	18	0	0	220
High Equity	17	17	0	0	745
Work Stress					
No	21	21	0	0	96
Yes	19	19	0	0	674
Total	18	18	0	0	

Rwanda	Sex with any sex worker	Sex with female sex worker	Sex with male sex worker	Sex with trans-gender sex worker	Total Respondents
Age					
18-24	10	9	0	1	303
25-34	16	15	0	1	760
35-49	17	16	0	1	768
50-59	17	17	0	0	470
Education					
No Formal Education	13	12	0	1	406
Up to Primary Class V	15	15	0	1	1481
Primary to Senior Secondary	19	19	0	0	312
Beyond Senior Secondary	22	22	0	0	102
GEM					
Low Equity	19	18	0	1	363
Moderate Equity	17	16	0	1	1160
High Equity	12	11	0	1	647
Work Stress					
No					
Yes					
Total	16	15	0	1	

Notes

- ¹ The IMAGES survey will be carried out in additional countries in 2011 and thereafter.
- ² The GEM Scale is a collection of attitude questions widely used in diverse settings and consistently show high rates of internal reliability.
- ³ U.N. Division of Advancement of Women, The Agreed Conclusions of the 48th session of the Commission on the Status of Women available at: <http://www.un.org/womenwatch/daw/csw/csw48/ac-men-auv.pdf>
- ⁴ An overview of these policies is presented in the final section of this chapter.
- ⁵ For more information about MenEngage, see www.menengage.org or www.engagingmen.net.
- ⁶ As of 2010–2011, additional countries will be carrying out an adapted version of IMAGES in Asia and the Pacific region as part of Partners for Prevention – the U.N. Joint Programme for Ending Violence Against Women in Asia and the Pacific, based in the U.N. regional office Bangkok, Thailand, and in other parts of the world with other partners.
- ⁷ These items include the “Questionnaire on Gender Equality and Quality of Life” implemented by the Norwegian Ministry of Gender Equality and Children Affairs, the WHO multi-country study on violence against women, the Gender Equitable Men (GEM) Scale, developed by Population Council and Promundo, and surveys on sexual violence and physical violence against women carried out the Medical Research Council in South Africa.
- ⁸ World Health Organization and PATH (2005). *Researching Violence Against Women: A Practical Guide for Researchers and Activists*. Available online at: http://www.who.int/gender/documents/women_and_girls/9241546476/en/index.html
- ⁹ A more detailed description of the sampling methodology in each setting is included in Annex IV.
- ¹⁰ This study is available for download at: <http://www.nikk.no/>
- ¹¹ This study is available for download at: <http://www.mrc.ac.za/>
- ¹² The full IMAGES questionnaires for women and men are available online at: www.icrw.org and www.promundo.org.
- ¹³ This section makes ample use of relevant WHO and other U.N. instruments, including relevant items from the Demographic and Health Surveys. The IMAGES questionnaire includes relatively few questions about contraceptive use, condom use, STIs and HIV precisely because these issues have frequently been included in other studies.
- ¹⁴ Specific questions about work-related stress asked of all men (regardless of current employment status) were: “I am frequently stressed or depressed because of not having enough work” and “I am frequently stressed or depressed because of not having enough income.” Possible responses were: yes, partly, no, don’t know. Throughout this report, the independent variable “work-related stress” refers to men’s responses to either or both of these two items. Unemployed men were also asked specific questions about feeling ashamed to face their family, having considered leaving their family and or whether they drink or stay away from home when they cannot find work.
- ¹⁵ The GEM Scale was originally developed by the Population Council and Promundo with young men aged 15–24 years (Pulerwitz and Barker, 2008). The original scale includes 17 attitudinal statements about different dimension of men’s gender attitudes. The scale has since been validated in household research in more than 15 countries. For IMAGES, the GEM Scale was slightly adapted with additional questions appropriate for adult men. However, care was taken that each country should have at least 15 common GEMS items covering the same range of issues from the original scale: sexuality, violence, household tasks, homophobia and male/female roles.
- ¹⁶ Following the original GEM Scale process, principal component factor analysis was carried out to create a final GEM Scale for each country (with 11–15 items included, depending on the country). Internal consistency was assessed using reliability analysis with Cronbach Alpha scores ranging from 0.72 to 0.83, which is considered a high degree of reliability. Please see Annex III for more information.
- ¹⁷ Men were asked about each of these activities as separate questions.
- ¹⁸ Any man who specifically said that the birth happened in the home was excluded from this analysis.
- ¹⁹ Apart from the obvious gender equality issues involved, numerous studies have affirmed the importance of such practices for men themselves. A study in the United Kingdom found that participating in prenatal ultrasound examinations was important for the men, as it helped them to “visualize the baby and realize their transition to fatherhood” (Draper, 2002), and a study from Sweden concludes that that many men, in the context of Sweden, experience the ultrasound as confirmation of a new life and therefore “an important milestone” in developing a paternal identity (Ekelin, et al., 2004).
- ²⁰ In India and other parts of Asia, ultrasound is sometimes used for sex selective abortion (of girl fetuses) and thus has obviously different social meanings depending on cultural context, men’s attitudes and family decision-making processes.
- ²¹ Percentage of men with children who, when asked about the daily care of children, said “Always me,” “usually me” or “equally or done together.”
- ²² As mentioned in the introduction, one component of the Men and Gender Equality Policy project is a multi-country qualitative study on men in care-giving roles (either in their domestic/personal lives or as a profession). These results, which aim to provide greater understanding on men who are the chief caregivers in their families, will complement the findings from IMAGES. The final qualitative report will be published later in 2011.
- ²³ IMAGES did not use any of the standard instruments on depression, which provide a list of symptoms. Instead, it simply asked about experiencing “depression” in the last month (never, seldom, sometimes, often).
- ²⁴ In Annex V, we provide comparisons between the WHO data and IMAGES data.
- ²⁵ In the questionnaire, physical violence includes the following acts: slapping, throwing objects, pushing, shoving, hitting, kicking, dragging, beating, choking, burning, threatening or using of weapons.
- ²⁶ In Brazil, India and Rwanda, both women and men were asked if any of the forms of IPV experienced or used had been perpetrated during the last 12 months.

- ²⁷ The levels of IPV found in Mexico from the male questionnaire are clearly underestimated. Different national surveys in this country show higher levels similar to those found from the IMAGES female's questionnaire (higher than 30 percent). Several methodological issues could be related to this finding, particularly the fact that some women interviewers were employed to interview men (although no men interviewed women).
- ²⁸ These rates include men's self-reports of sexual violence against other boys or men, but these were very few in number (six cases in total of all the men who responded to the questions).
- ²⁹ Sexual violence questions included forced sex ("How many times have you had sex with a woman or girl when she didn't consent to sex or after you forced her?"); having sex with a woman or girl if she had had too much to drink ("How many times have you had sex with a woman or girl when she was too drunk to say whether she wanted it or not?"); specific questions about forced sex with either a current wife or girlfriend, an ex-girlfriend or ex-wife, forced sex with any other partner; forced sex with a boy or man; and gang rape with other men or boys against a woman or girl. IMAGES items on sexual violence were informed by the work of the Medical Research Council of South Africa, particularly the recent study (Jewkes, et al 2009) on men, health and violence, which takes into account the most recent research on factors associated with men's use of sexual violence as well as methodological advances in asking sensitive questions
- ³⁰ Questions about sexual violence were not included in the women's questionnaire, thus we cannot compare men's reports to women's reports of sexual violence.
- ³¹ The majority of respondents in the case of Brazil were from a low income urban setting (favela) in Rio de Janeiro, were previous research has found similarly high rates of incarceration and conflict with the law.
- ³² Though not reported here, IMAGES found significant percentages of men in the survey sites had witnessed violence by a man against their mother and/or experienced physical violence from a parent while growing up. A more detailed analysis of these childhood experiences from IMAGES will be published in a forthcoming report.
- ³³ Sex work is legal in Brazil (except with minors). Moreover, having had sex with a sex worker is seen as a legitimate sexual practice among many Brazilian men, so it is not surprising that men's reported rates of having paid for sex were so high.
- ³⁴ García-Moreno, C., Janse, H., Ellsberg, M., Heise, L., Watts, C. (2005). *WHO Multi-country Study on Women's Health and Domestic Violence against Women. Initial results on prevalence, health outcomes and women's responses*. Geneva, Switzerland: World Health Organization.
- ²⁵ Same as previous note
- ³⁶ Ellsberg, M., Heise, L. (2005). *Researching Violence Against Women: a practical guide for researchers and activists*. Washington, D.C.: WHO, PATH.
- ³⁷ Bego, A. et al. (2007). *National Study on Family Violence against Women in the Republic of Croatia*. Croatia: Center for Women War Victims-Rosa, Autonomous Women's House.
- ³⁸ International Institute for Population Sciences and Macro International (2007). *National Family Health Survey 2005-2006. India. Vol. I*. Mumbai: IIPS.
- ³⁹ Instituto Nacional de Estadística, Geografía e Informática (INEGI). (2004). *Encuesta Nacional sobre la Dinámica de las Relaciones en los Hogares 2003 (ENDIREH). Tabulados Básicos*. Aguascalientes, México: INEGI.
- ⁴⁰ Institut National de la Statistique du Rwanda (INSR) and Macro International (2006). *Rwanda Demographic and Health Survey 2005*. Maryland, USA: INSR.



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