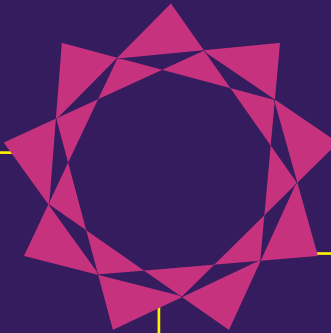
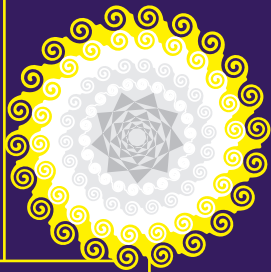
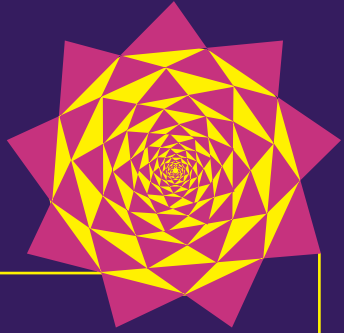


Results from the

**INTERNATIONAL MEN
AND
GENDER EQUALITY
SURVEY-PAKISTAN**

(Pak-IMAGES)



Disclaimer

COPYRIGHT © Rutgers

All rights reserved

No part of this publication may be reproduced, stored in a retrieval system or transmitted in any form or by any means, electronic, photocopying, recording or otherwise without the written permission of the Rutgers.

For information, address Rutgers Pakistan Program, Plot No 3A, Street No. 7, Ibn-e-Sina Road, Rabbani Market, G-10/2, Islamabad, Pakistan. office@rutgers.pk

Results from the
INTERNATIONAL MEN
AND
GENDER EQUALITY SURVEY-
PAKISTAN
(Pak-IMAGES)

April 2018



Ministry of Foreign Affairs





About this study



The International Men and Gender Equality Survey-Pakistan (PAK-IMAGES) combines quantitative and qualitative data with a literature review on gender-based violence. The survey incorporates male and female participants, aged 18-49 from four provinces in Pakistan: Balochistan, Khyber Pakhtunkhwa, Punjab and Sindh. This is the first formalized authenticated study which assesses men's perception on a variety of topics pertaining to gender equality in Pakistan.

This countrywide study was coordinated by Rutgers, Rozan and the Federal Ministry of Human Rights, Government of Pakistan with the financial support of Dutch Ministry of Foreign Affairs (via Prevention +) and the Norwegian Church Aid (NCA). The Population Council, Pakistan carried out the research as the technical partner on the study. Printing and dissemination of the study were done by Rutgers.

About IMAGES

The International Men and Gender Equality Survey (IMAGES) is one of the most comprehensive household studies ever carried out on men's and women's attitudes and practices on a wide variety of topics related to gender equality. Promundo and International Center for Research on Women (ICRW) created IMAGES in 2008. As of 2017, IMAGES studies had been carried out in more than 20 countries around the world. Studies inspired by IMAGES, including the Partners for Prevention UN Multi-Country Study on Men and Violence, have been conducted in at least another 10 countries. Since 2009, household surveys were administered to more than 25,000 men and 16,000 women, ages 18 to 59, as part of IMAGES. (www.promundoglobal.org/images)

Rutgers

Rutgers is an International non-governmental organization that has been working for several decades to improve sexual and reproductive health and rights. The organization was founded and is based in the Netherlands, and implements its programmes both domestically and in more than 18 countries in Western Africa, Eastern Africa, Southern Asia and South-East Asia. In Pakistan, Indonesia and Uganda, Rutgers has country offices which operate within the corporate strategy but apply context specific sets of programme implementation, research and advocacy. Since 1997, Rutgers Pakistan has been working on different themes of women empowerment, Gender-based Violence, Sexual & Reproductive health & Rights and Life Skills Based Education. (www.rutgers.pk)

Rozan

Rozan is an Islamabad-based NGO working on issues related to emotional and psychological health, gender, masculinities, violence against women and children, and the psychological and reproductive health of adolescents. Rozan's Interventions are framed from a prevention (awareness-raising, mobilization, skills-building), and protection (law enforcement, service delivery, and advocacy) perspective. All Rozan programmes are structured around one or more of three core strategies: awareness raising; psychological support and referral; and capacity building and training. (www.rozan.org)



Population Council

The Population Council confronts critical health and development issues—from stopping the spread of HIV to improving reproductive health and ensuring that young people lead full and productive lives. Through biomedical, social science, and public health research in 50 countries, we work with our partners to deliver solutions that lead to more effective policies, programs, and technologies that improve lives around the world. Established in 1952 and headquartered in New York, the Council is a nongovernmental, nonprofit organization governed by an international board of trustees.

The Council's history of working in Pakistan dates to 1957, and its permanent office in Islamabad was established in 1991. The Population Council, Pakistan is regarded as one of the leading organizations in the country in capacity building, research and evaluation, policy analysis and advocacy, communications and behavior change, as well as the management of large-scale intervention programs supported by a range of bilateral and multilateral donors and foundations. (www.popcouncil.org)

Ministry of Human Rights (MoHR)

The Ministry of Human Rights is mandated to review human rights situation in the country including implementation of laws, policies and measures. It coordinates the activities of Ministries, Divisions and Provincial Governments with respect to human rights. It refers and recommends investigations and inquiries in respect of any incident of violation of human rights. It takes initiatives for harmonization of legislation, regulations and practices with the international human rights covenants and agreements to which Pakistan is a party and monitors their implementation. The Prime Minister of Pakistan approved Action Plan to improve Human Rights situation in Pakistan on 13th February, 2016. The Action Plan includes formulation of National Policy Framework and provincial strategies on promotion and protection of human rights, legal reforms, proposal to improve forensic sciences, upgrade physical facilities and equipments to investigate human rights violation on scientific grounds. The Action Plan sets four key human rights priority areas concerning vulnerable segments of the society i.e. Protection of Women Rights, Child Rights, Rights of Minorities and the Rights of Persons with Disabilities (PWDs). Capacity Building, Advocacy, Awareness, Publicity, Research and Communication have been given space for all key stakeholders involved in realization of human rights at grass roots level to bring attitudinal change in the society. (www.mohr.gov.pk)

Acknowledgements

AUTHORS

- Ms. Seemin Ashfaq, Director Communications, Population Council, Pakistan.
- Ms. Iram Kamran, Programme Manager, Population Council, Pakistan.
- Mr. Rehan Niazi, Programme Officer, Population Council, Pakistan.
- Dr. Ali Muhammad Mir, Associate/Director Programs, Population Council, Pakistan.

CONTRIBUTORS

- Mr. Maqsood Sadiq, Senior Program Officer, Population Council, Pakistan.
- Mr. Sabahat Hussain, Researcher, Population Council, Pakistan.

REVIEW BOARD MEMBERS

- Dr. Farid Midhet, Country Director, Jhpiego.
- Dr. Tauseef Ahmed, Former Country Representative, Pathfinder International.
- Ms. Bilquis Tahira, Executive Director, Shirakat-Partnership for Development.

EDITOR

- Ms. Kiren Khan, Consultant, Population Council, Pakistan.

INTERNATIONAL EXPERTS TEAM

- Dr. Gary Barker, President & CEO, Promundo US.
- Ms. Ruth Van Zorge, Programme Manager, Rutgers Netherlands.
- Mr. Harald Kedde, Researcher/PME Officer, Rutgers Netherlands.
- Ms. Rachel Ploem, Advisor Gender & Mencare+, Rutgers Netherlands.
- Mr. Ciel Wijssen Manager Reserch, Rutgers Netherlands.

PROGRAMME TEAM

The Programme team have contributed in designing, review of research tool, training of enumerators and technical input for the finalization of the study. The team is given as follow;

RUTGERS

- Dr. Rubina Ali, Country Representative.
- Ms. Hafsa Mazhar Siddiqui, Technical Advisor, Gender & Men Engage.



- Mr. Irshad Rana, Planning, Monitoring, Evaluation and Research.
- Mr. Malik Aftab Awan, Programme Manager.
- Ms. Adeela Khan, Programme Officer.
- Mr. Aman Ullah Khan, Programme Officer.
- Mr. Kashif Muneer, IT & Knowledge Management Officer.
- Ms. Habiba Salman, Programme Officer Advocacy and Communication.
- Mr. Shahzaib Raja, Editing & Proofreading.

ROZAN

- Mr. Babar Bashir, Managing Director.
- Mr. Rizwan Saeed, Programme Coordinator.
- Ms. Shumaila Kausar, Senior Programme Officer.

THE MINISTRY OF HUMAN RIGHTS (MoHR)

- Ms. Rabiya Javeri Agha, Secretary.
- Mr. Muhammad Arshad, Director General.
- Mr. Zulfiqar Ali, Director.
- Mr. Arfan Shabbir, Deputy Director.

TECHNICAL ADVISORY GROUP (TAG)

Technical Advisory Group was formed comprising of researchers, gender experts and development practitioners. It includes;

- Dr. Ambreen Ahmed, Expert Psychiatrist/Advisor, Rozan.
- Dr. Ayesha Sheraz, Fellow (Research & Survey), National Institute of Population Studies (NIPS).
- Dr. Babar Tasneem Shaikh, Associate Professor, Health Services Academy.
- Dr. Jamil Chitrali, Director, Institute of Peace and Conflict Studies Peshawar.
- Ms. Rabia Waqar, Manager Programmes, Norwegian Church Aid (NCA).
- Ms. Rabia Awan, Director, Pakistan Bureau of Statistics.
- Mr. Raziq Faheem, Executive Director, College of Youth Activism & Development.
- Mr. Saffiullah Khan, Programme Officer, Trocaire.



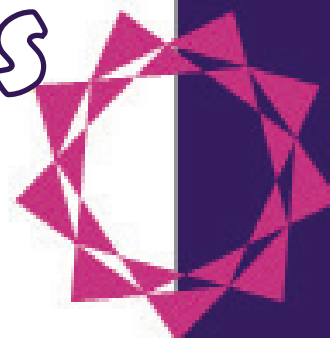
- Dr. Tazeen Saeed Ali, Associate Professor, Agha Khan University (AKU).
- Ms. Valerie Khan, Chairperson - Acid Survivors Foundation.
- Dr. Yasmin Zaidi, Director, Center of Gender & Policy Studies.

The questionnaire used in Pakistan was adapted from original IMAGES and Afghanistan study. We are thankful to Promundo for permitting us to use the original IMAGES questionnaire.

Suggested citation: Ashfaq, Seemin, Iram Kamran, and Rehan Niazi. 2018. "The International Men and Gender Equality Survey - Pakistan (PAK-IMAGES)." Islamabad: Population Council, Rutgers, Rozan, and Ministry of Human Rights.



Table of Contents

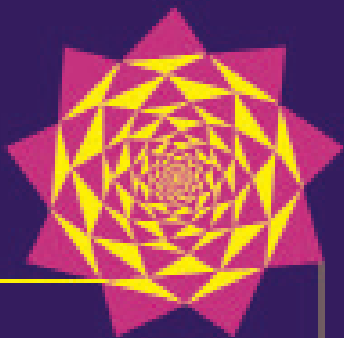


Executive Summary	16
1. Introduction and Methodology	25
Background to the IMAGES Study in Pakistan	26
The IMAGES Conceptual Framework and Themes	28
Objectives	29
Methodology	30
IMAGES Pakistan	30
Adaptation of IMAGES Questionnaire	33
Management of Data Collection	35
Data Processing and Analysis	36
Other Study Components	36
Ethical Considerations	38
Limitations of the Study	38
Structure of the Report	38
2. The PAK-IMAGES Respondents – Socio-demographic Profile, Childhood Experiences, and Men’s Work Stress and Health	40
Key Findings	41
Socio-demographic Features	42
Childhood Experiences	44
Gender Discrimination among Siblings	44
Men’s Participation in Household Chores in Childhood	45
Work and Related Stresses on Men	45
Men’s Health and Quality of Life	47

3. GENDER ATTITUDES	52
Key Findings	53
GEM Scale Results	54
GEM Scale Scores of Married Men, Unmarried Men, and Women	59
Influence of Regional and Socio-demographic Variable on GEM Scale scores	60
Views on Women’s Rights	64
Attitudes to Women’s Political Participation and Leadership	65
Attitudes to Women as Superiors or Colleagues at the Workplace	67
Attitudes to Sons and Daughters	67
Attitude to Gender-Based Violence	68
Views on Harassment	68
Views on Traditional Forms of Violence	69
Views about Honor Killing	70
Exposure to Campaigns against GBV	74
4. GENDER DYNAMICS WITHIN HOUSEHOLDS	75
Key Findings	76
Household Decision-Making	77
Influence of Childhood Experiences on Decision Making Patterns	80
Influence of Socio-demographic Characteristics and Gender Attitudes	83
Men’s Participation in Household Work	85
Childhood Observations	85
Current Practices	86
Views on Division of Housework	88
Spousal Relationship and Couple Communication	89
Men as Fathers	92
Participation in Antenatal Visits	92
Presence at Childbirth	92

Paternity Leave	93
Influence of Socio-demographic Factors	94
Participation in Seeking Abortion Services	95
Men’s Caregiving Role as Fathers	95
5. Perpetration and Experience of Gender-Based Violence	97
Key Findings	98
Spousal Violence	99
Physical Violence	100
Perpetrators of Physical Violence during Pregnancy	102
Psychological Violence	102
Economic Violence	104
Differences in the Reports of Men and Women	104
Comparison of Findings with PDHS 2012-13	106
District Variations in Reported Spousal Violence	107
Spousal Violence and Demographic and Socio-economic Characteristics	109
Spousal Violence and Childhood Experiences	113
Spousal Violence and Gender Attitudes	116
Non-Partner Violence against Women	117
Responding to GBV: Community Perspectives	119
Communities’ Typical Response to GBV	120
Survivors’ Response to GBV	121
Factors that Increase or Mitigate GBV Risk	123
Recommendations for Reducing GBV	124
6. Conclusions and Recommendations	126
References	135
Annexes	140

Acronyms

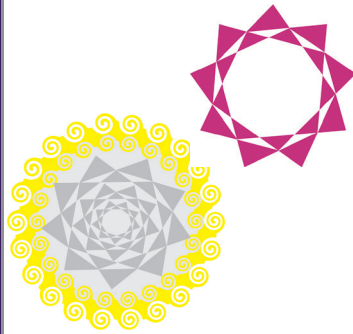


AASHA	Alliance Against Sexual Harassment
ASF	The Acid Survivor Foundation
CEDAW	Convention to End All Forms of Discrimination Against Women
DEVAW	Declaration on Elimination of Violence Against Women
DFID	Department for International Development
FGDs	Focus Group Discussions
FP	Family planning
FPAP	Family Planning Association of Pakistan
FPRCWs	Family Protection and Rehabilitation Centers for Women
GBV	Gender-based violence
GEMS	Gender-equitable Men Scale
HIV	Human Immunodeficiency Virus
HRCP	Human Rights Commission of Pakistan
ICRW	International Center for Research on Women
IMAGES	International Men and Gender Equality Survey
PAK-IMAGES	International Men and Gender Equality Survey in Pakistan
IPV	Intimate Partner Violence

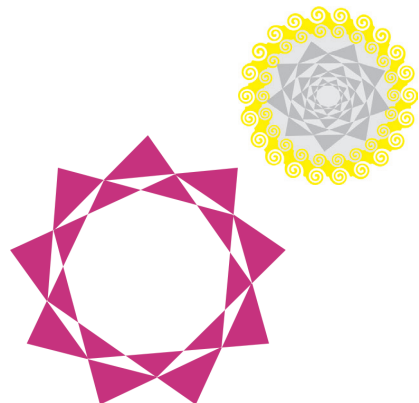


IRB	Institutional Review Board
KP	Khyber Pakhtunkhwa
LHWs	Lady Health Workers
MICS	Multiple Indicator Cluster Survey
MoHR	Ministry of Human Rights
MPI	Multidimensional Poverty Index
NCSW	National Commission on the Status of Women
NGOs	Non-governmental Organizations
NPA	National Plan of Action
NPDEW	National Policy on Development and Empowerment of Women
OPHI	Oxford Poverty & Human Development Initiative
PDHS	Pakistan Demographic and Health Survey
Pak-IMAGES	International Men and Gender Equality Survey Pakistan
PSLM	Pakistan Social and Living Standard Measurement Survey
PSU	Primary Sampling Unit
SDG	Sustainable Development Goals
SES	Socio-economic Status
SPARC	Society for the Protection of the Rights of the Child
STI	Sexually Transmitted Infection
TAG	Technical Advisory Group
UNFPA	United Nations Population Fund
UNODC	United Nations Office on Drugs and Crime
VAW	Violence Against Women
WHO	World Health Organization
WPF	World Population Foundation
WRCP	White Ribbon Campaign Pakistan





Executive Summary



This report presents the findings of the International Men and Gender Equality Survey–Pakistan (Pak-IMAGES) study, which was coordinated by Rutgers and Rozan, facilitated by Ministry of Human Rights, Government of Pakistan and conducted by the Population Council Pakistan, with the financial assistance of the Ministry of Foreign Affairs Netherlands through Prevention+ programme and Norwegian Church Aid (NCA), in 2017. Created by Instituto Promundo and the International Center for Research on Women (ICRW) in 2008, IMAGES is one of the most comprehensive household studies to study men’s attitudes and practices on a wide variety of topics related to gender equality; gender norms; household dynamics including caregiving; gender-based violence; and associated aspects of health and economic stress. For comparison, women’s opinions and reports of their own experiences in many of these areas is also explored. Thus far, IMAGES and IMAGES-inspired studies have been conducted in more than 30 countries.

Women in Pakistan lag far behind men in terms of economic participation and opportunity; education attainment; health and survival; and political participation: among a total of 144 countries, the country is ranked 143rd on the Global Gender Gap Index in 2016 (World Economic Forum 2016). The current study utilizes the IMAGES framework to produce evidence for filling the gaps in our understanding of men, masculinities and gender equality in Pakistan, with the aim of informing efforts to foster gender equality, especially for those that seek to involve men in the process. The quantitative findings of the Pak-IMAGES study are complemented by a qualitative component, as well as a literature review on gender-based violence, which is one of the most concerning aspects of gender inequality in the country.

Methodology – Primary data collection for the Pak-IMAGES survey was conducted in 10 districts representing low, medium, and high poverty according to the Multidimensional Poverty Index (MPI) in the four provinces, including Jhelum, Multan, and Chiniot in Punjab; Hyderabad, Jacobabad, and Umerkot in Sindh; Quetta and Lasbela in Balochistan; and Swabi and Haripur in Khyber Pakhtunkhwa (KP). A total of 1,250 married and unmarried men and married women (not couples) of ages 18 to 49 years, randomly selected in a two-stage sample of communities and union councils from the ten districts participated in Pak-IMAGES. Prevailing attitudes to gender norms and equality in the study districts were measured through several questions, including the Gender-Equitable Men (GEM) Scale, a validated instrument for



measuring men's and women's gender attitudes, which was adapted to Pakistan's cultural context. The adapted scale contained 20 statements covering four conceptual domains, i.e., Gender Roles, Reproductive Health, Masculinities and Violence. Other sections of the Pak-IMAGES questionnaire examined views and practices to these and other themes in further detail.

The qualitative component of the study comprised of 20 focus group discussions (FGDs), one with women and one with men in each of the 10 study districts, which were carried out in randomly selected communities in the same union councils where the household survey was conducted. In total, 190 randomly selected men and women (8-10 in each FGD) were asked about local perceptions, practices, and possible responses regarding gender equality and gender-based violence.

Profile of PAK-IMAGES Respondents – The Pak-IMAGES sample consists of 637 married men, 297 unmarried men, and 300 women ages 18-49.¹ Sixty-five percent of the respondents are from rural areas and 35 percent are urban. Most of married men (83%) and women (77%) are of ages 26-49 years, while most unmarried men (78%) are 18-25 years old. More than half of the women have no schooling and 60 percent of married men report the same about their wives. However, the majority of men (married 72%, unmarried 88%) are educated. Most men (67%) and women (71%) have 3 or more children. Most married men (90%) but only a quarter of married women are employed. Unemployment is high among unmarried men (30%).

FINDINGS

Men's Work-related Stress and Health - Over 75 percent of respondents (both men and women) report that employed men are overworked. Reported mean hours per week are 53 according to men, and 58 according to women about their husbands. Stress due to not having enough paid work is reported by 53 percent of married and 59 percent of unmarried men, while 64 percent of married and 61 percent of unmarried men are worried about low income.

Although over 90 percent of men seek medical help for physical ailments, only 14 percent of married men and 5 percent of unmarried men have ever been tested for sexually transmitted infections or HIV. Regarding mental health and wellbeing, 45 percent of both married and unmarried men report feeling depressed in the past month, 59 percent and 48 percent, respectively, report feeling stressed. These complaints are more frequently reported by men who are older, employed, married, and of low or medium socio-economic status.

Respondents' Childhood Experiences and Observations – Respondents' reports about their childhood homes indicate gender discrimination amongst siblings; dominance of men over decision-making; and strongly gendered division of domestic work, with most daily chores and child care tasks considered women's domain, although over 80 percent of respondents do

¹Out of 1,250 interviews, 13 (10 with married and 3 with unmarried men) were excluded due to quality issues.



say their fathers helped in child care.

Data about childhood experiences reveals a disturbing level of exposure to violence. About a quarter of men and over a third of women report witnessing their mothers being beaten by their fathers or other male relatives in their childhood, and higher proportions of all respondents' report being physically and emotionally abused by their parents, peers in the neighborhood, at schools, mosques or madrassahs. Sexual abuse in childhood is reported by more than a tenth of both men and women.

Gender Attitudes – Overall, respondents' GEM Scale results indicate that 55 percent of women, compared to only 28 percent of men, and 23 percent of unmarried men have most equitable attitudes, whereas 14 percent of women, 37 percent of married men, and 44 percent unmarried men (who are mainly young) have the least inequitable attitudes.

Most respondents (over 80%) believe men must be physically and emotionally tough, and about half the women and over three fourths of men believe a man should have the final word in household decisions. Men and women largely support stereotypical, conventional gender roles: over 80 percent believe a woman's primary role is to take care of the home, cook for the family and care for children. However, in terms of the right to work and earn, there is a clear divide with men favoring the status quo and women desiring change: 71 percent of women agree that a married woman should have the same right to work outside the home as her husband, only 33 percent of married men share the same view. Qualitative findings also suggest that many women long to go out and earn, and are deeply frustrated at not being allowed to do so. While most men (90%) and women (about 80%) believe it is important to have sons to carry on the family name and take care of parents in their old age, only a tenth of men and less than a fifth of women consider daughters a financial burden.

Acceptance of spousal violence is quite high. Nearly two thirds of married men and women and even more unmarried men believe a woman may not refuse sex to her husband. Moreover, a third of women and more than half the men agree that a woman needs to be beaten at times, and more than three quarters of married men and women agree that a woman should tolerate violence to keep the family together. In FGDs, some men explained that they saw spousal violence as a disciplinary measure distinct from violence. Awareness of policies and laws against GBV is very low in the study districts, although the majority of women (60% compared to 42% of men) do feel the need for more laws to safeguard women's rights. High proportions of both men (more than 60% to 97%) and women (80% to 99%) recognize that traditional practices like forced and exchange marriages are harmful to women and girls.



Gender attitudes vary across districts and provinces, although the proportion of women espousing more equitable attitudes remains higher than men. Least equitable attitudes are most common among men in both Sindh (48%) and Punjab (43%). Contrary to expectations, moderately equitable attitudes were found among men in KP (37%) and Balochistan (40%), considered to be highly conservative societies. Higher proportions of men who are older, educated, of high socio-economic status, and who have an educated wife have the most equitable attitudes. Urban or rural location does not appear to influence attitudes.

Gender Dynamics in the Household – Almost all married men (99%) and a majority of women (80%) report they have a good relationship with their spouse and they frequently talk to one another about their problems.

HOUSEHOLD DECISION-MAKING: Findings about who has the final say in household decisions show that more couples make joint decisions (54%) compared to their parents (34%). However, men continue to exercise sole decision-making authority, especially in matters concerning their wives' mobility, which frequently hampers women's access to social opportunities and health services. In FGDs, women express dissatisfaction with the gender imbalance in household decision-making power, particularly how it restricts their mobility. Joint decision-making is reported most frequently by men who are older than 40, educated beyond middle level, employed, of moderate socio-economic status, have more gender equitable attitudes, and live in rural areas.

DIVISION OF DOMESTIC WORK: The reported division of domestic work reflects distinctly gendered and traditional patterns, with women cooking meals and performing most child care tasks and men doing work involving mobility, such as shopping. Nearly all men and women report being satisfied with the current division of housework, but qualitative findings suggest women are unhappy that their contribution does not translate into greater say in decision-making.

MEN AS FATHERS: A very encouraging finding is that most men (79%) report accompanying their wives to antenatal visits, being present at the time of childbirth (over 70%), and taking leave at the time of childbirth (over 70%), albeit only for a short duration. Men who are more educated, have more gender-equitable attitudes, or are of higher socio-economic status show greater participation in such practices.

Most married men with children (90%) say they considerably enjoy taking care of their children with their wives. However, parenting responsibilities are divided along clear gender lines with men performing external tasks, such as attending meetings in schools, and all other tasks are mostly considered women's domain.



Men's Perpetration and Women's Experience of Spousal Violence: In the Pak-IMAGES interviews, 59 percent of women reported ever experiencing any type of spousal violence (physical, emotional, or economic), while 50 percent of men reported perpetrating it. Physical violence is reported by 30 percent of men and 36 percent of women—most frequently slapping or throwing something at the woman; psychological violence is reported by 26 percent of men and 44 percent of women, most frequently as belittling or humiliation in front of others; while economic violence is reported by 18 percent of men and 30 percent of women, more commonly in the form of withholding needed money from wives. More than a third of women report experiencing any kind of spousal violence in the past 12 months.

Women's ever experience of violence is highest for psychological violence, followed by physical and economic violence, while men most commonly report perpetrating physical violence, followed by psychological and economic violence. This could be because physical violence, due to its overt nature, is more obvious to men than the subtler forms of psychological and economic abuse.

The pattern of reporting of spousal violence varies considerably across provinces and districts, with important implications for programming. Sindh ranks highest in physical and psychological violence as reported by both men and women, followed by KP, according to men's reports, and Balochistan, according to women's reports.

Risk factors for spousal violence: There is a statistically significant association between men's perpetration of any type of violence and their SES and educational attainment. As educational and socio-economic levels increase, perpetration level decreases. Spousal violence is highest among couples with no children, lowest among those with one to two children, and then rises as the number of children increases. In addition, more equitable gender attitudes are linked with lower perpetration and experience of spousal violence. Moreover, perpetration of spousal violence is reported by higher proportions of men whose wives are engaged in economic activity (compared to men whose wives are not working); men who are employed (compared to those who are unemployed); and with men feeling stress due to job uncertainty or inadequate income (compared to men who do not report such stress). The data also shows a clear pattern of inter-generational transmission of spousal violence. History of witnessing the mother being beaten by the father or by some other male relative in childhood is significantly associated with men's perpetration and women's experience of spousal violence.

Community Perspectives on GBV: Qualitative data indicate that most women do not report spousal violence for fear of stigma, husband's anger, separation from children, and because they do not trust the police. The most commonly



reported perpetrators of domestic violence, after husbands, are mothers- and sisters-in-law. Women also face risks of GBV from harmful customs upheld through traditional community arbitration forums (jirgas, panchayats, etc.), from men at their workplaces, and from police personnel. Communities typically avoid intervening in domestic violence but may approach a respected local elder or an NGO, if one is present, in extreme situations. In FGDs, men and women largely link GBV with poverty and lack of awareness and education. To reduce GBV prevalence, they suggest engaging men with behavior change communication; local women-friendly mediation services; collaboration between NGOs, the government and village bodies to protect women's rights; strict enforcement of strong laws; and increased education.

Recommendations

The deep-rooted and pervasive nature of patriarchal norms in Pakistani society demands that interventions to foster gender equality and reduce gender-based violence be directed at all levels—individual, community, and societal—undertaken by all relevant stakeholders, such as the government, civil society, health, education sectors, religious leaders, and media. Strategies will need to be sensitively crafted with as much local ownership as possible to minimize resistance to change. Regional variations in gender attitudes and practices, many of which are identified in this report, must be considered.

Based on the gaps and potentials identified in the Pak-IMAGES study, the following key areas are recommended for action:

- 1. Change stereotypes around the concept of masculinity** – Men, women, and communities should be educated about women's rights, how they are infringed upon by rigid gender norms and roles, and the harm done in the process to women, children, and family wellbeing. They should be sensitized to what constitutes gender-based violence and how it can and should be prevented. There is a need to distinguish harmful cultural norms and practices from religious teachings and to highlight how the various forms of GBV currently prevalent are antithetical to the teachings of Islam and other religions.
- 2. Engage men to become more responsible and gender-sensitive husbands and fathers** – With many men now participating in antenatal care visits and being present at childbirth, there is an opportunity for the health sector to educate them and encourage them to be more involved in maintaining the physical and emotional health of their wives and children. Posters, reading material and messages on TV screens can convey these messages at health facilities. Similarly, fathers' groups should be organized by community workers, such as Lady Health Workers (LHWs) to discuss matters such as the nurturing relationships with children, impact of childhood experiences on personality development and the negative implications of spousal violence for family wellbeing.

Innovative interventions are needed at grass roots level to support open and cordial discussions between husbands and wives concerning their own relationship. Counseling couples together, rather than men and women separately, is recommended to stimulate meaningful conversations.

Stress management programmes should be initiated by credible organizations at workplaces, such as government offices and factories, which can be adapted and replicated on a larger scale in future.

- 3. Promote equitable gender attitudes at all levels of society** – Gender transformative interventions need to be implemented to reach men, women, youth and children to promote gender equality. In this regard, the considerable potential of the education system, the media, and religious leaders should be harnessed to spread awareness about the rights of women and girls and to change inequitable attitudes at all levels of society. In schools, topics on gender and gender-based violence, masculinities and how to protect against harmful traditional practices should be introduced in curricula. Interesting and easy-to-understand messages highlighting respectful relations with women should be incorporated in lessons. Mass media campaigns and interpersonal behavioral change communication can be used to spread awareness about women’s rights and gender equality dimensions of all relationships. Such campaigns should involve men as key stakeholders for creating a gender-equitable milieu and preventing GBV. At the same time, the violence and harmful gender stereotypes shown in the media must be curbed. Religious leaders should be involved in spreading awareness about women’s rights in Islam, and to oppose prevailing harmful traditional practices which should be explicitly labelled as un-Islamic. Religious scholars can also be engaged to highlight the rights of both girls and boys to education in Islam.

Existing civil society expertise in these areas should be synergized at a common platform to effect change on a wider scale. At a broader level, public policy must facilitate an integrated response to prevent gender inequality and GBV that involves the health and education sectors, and the legal system specifically.

- 4. Make the health sector and local police more responsive to women facing GBV** – Women affected by physical and psychological violence require special support from law enforcement agencies, the legal system, health systems and staff, and from local community organizations. These important stakeholders must be sensitized, trained, and enabled to recognize and respond to the needs of GBV survivors. Inter-sectoral linkages should also be established to streamline survivors’ access to medical care, medico-legal services, psycho-social counseling, and rehabilitation services.

In view of women’s mobility constraints and other challenges, consideration



should be given to preparing LHWs as the first contact for women facing GBV. Health workers are generally respected in households and communities, well-placed to detect, respond to, and document GBV cases. They will need comprehensive training to play this additional role.

- 5. Enforce and spread awareness about laws that protect men and women from violence** – Many laws have been promulgated in the country to protect women, discourage discrimination and violence against them, and improve their status in society. These laws now need to be better implemented and enforced. At the same time, information about their existence should be widely disseminated to the public.

The government and civil society must also take note of suggestions from communities for establishment of more local women-friendly mediation services as an alternative to traditional forums like jirgas. With the support of the government, credible NGOs should work with communities to prevent GBV, protect women's rights, and provide legal and psychological support with confidentiality to GBV survivors.

- 6. Monitor prevalence of GBV and evaluate interventions** – Under reporting and the absence of any detailed tracking mechanism make it difficult to estimate the prevalence of other forms of GBV, including acts perpetrated against men. Measurement of GBV should be included as a regular feature of periodic national, provincial, and district surveys such as the Pakistan Demographic and Health Survey. Moreover, interventions to reduce GBV and foster gender equality should be evaluated so that successful practices can be identified for upscale.



1

Introduction and Methodology



This report presents the findings of the International Men and Gender Equality Survey (IMAGES) in Pakistan (Pak-IMAGES) study, which was conducted by the Population Council, Pakistan, with the support of Rutgers and Rozan, in 2017. IMAGES is a comprehensive, multi-country study on men's perception, practices, realities and attitudes with reference to gender norms, gender-equality, household dynamics, caregiving and fatherhood, gender-based violence, sexual diversity, health, and economic stress, among other topics. For comparison, women's opinions and reports of their own experiences in many of these areas is also explored. It is aimed at building the evidence base for informing efforts to foster gender equality and to raise awareness among policymakers and programme planners of the need to involve men in health, development, and gender equality issues. Thus far, IMAGES and IMAGES-inspired studies have been conducted in more than 30 countries, including Bosnia and Herzegovina, Brazil, Chile, Croatia, Democratic Republic of Congo, India, Malawi, Mali, Mexico, Rwanda, Nigeria, Afghanistan, Egypt, Lebanon, Palestine, and Morocco, among others.

Background to the IMAGES Study in Pakistan

Much of Pakistani society is deeply patriarchal, with men considered to be the rightful regulators of women's autonomy (Qaisarani et al. 2016). Various studies have examined how norms, traditions, and the interpretation of religion dictate men's dominance, not only within households and communities, but also at the macro social level, in the workings of the state apparatus (Parveen 2011). Fortunately, the situation is far from static. Recent years have brought substantial advancements in the status of women and girls that deserve to be celebrated. Enrollment of girls in school has increased dramatically and they are more likely to complete schooling (Sathar et al. 2016). Women's participation in the work force has also risen from 14 to 22 percent between 2002 and 2015 (Bureau of Statistics 2015). The median age at marriage for females has risen from about 17 to 19.5 between 1975 and 2013. More women than ever before are seeking antenatal care and opting for skilled attendance at the birth of their children (Sathar et al. 2015). In the political arena, women's visibility has risen considerably through increased representation in the national and provincial legislatures.

There is, nevertheless, a long way to go. Among a total of 144 countries, Pakistan ranked 143rd on the Global Gender Gap Index (GGGI) in 2016. By sub-indices, it ranks 143rd again on economic participation and opportunity; 135th on educational attainment; 124th on health and survival; and 90th on political participation (World Economic Forum 2016). Within the South Asian region—the second-lowest scoring on the 2016 GGGI, ahead of the Middle East and North Africa and behind the Sub-Saharan Africa region—Pakistan is the lowest-ranked country. The latest Gender Gap Index report recorded “progress on closing the secondary education enrolment gender gap, and on

women's estimated earned income, but this is partly offset by reversals in trends of wage equality and female-to-male literacy ratios (World Economic Forum 2016)".

Efforts to close the gender gap in citizens' wellbeing and opportunities have been undertaken at many levels and by many quarters of Pakistani society, including policymakers, civil society organizations, researchers, and the media, among others. These include, among other measures, the enactment of laws against various forms of gender-based violence, such as harassment of women, domestic violence, and traditional practices like honor killing. While much remains to be done for the effective enforcement of these laws, it is significant that the state has broken its silence on some of these issues and sent the clear signal that certain forms of violence against women and girls, which help perpetuate the gender gap, will no longer be overlooked as 'family' or 'tribal' matters. Meanwhile, numerous civil society organizations are playing an active role in advocating better policies; increasing female access to various opportunities through gender-transformative programming; and supporting survivors of gender-based violence.

Indispensable as they are, however, such state and non-governmental interventions are unlikely to suffice on their own for effecting change of the magnitude required in a population of more than 200 million. Globally, there is increasing recognition that men and boys must be part of efforts to achieve gender equality and empower all women and girls, as the Sustainable Development Goal 5 envisages. Changing men's gender-inequitable practices, as well as the structures that shape those practices, is therefore a key part of the global gender equality agenda (Peacock and Barker 2014). The strategies to achieve this at the grass roots need to be informed by a comprehensive and nuanced understanding of men, specifically how they experience, perceive, and behave with reference to gender norms, roles, and relations in different spheres of their life. It is also vital to understand how men's realities, attitudes and practices vary across and within societies and in response to what factors.

In Pakistan, the evidence required to build such a picture of male experiences, perceptions, and practices has thus far been limited. Research and programming related to "gender" has conventionally focused on women and girls, who bear the brunt of gender inequalities. Moreover, the studies available are largely qualitative and of limited scale, making it difficult to form a holistic perspective.

The current study utilizes the IMAGES framework to produce nationwide data and use it as a basis for analysis for filling the gaps in our understanding of men, masculinities, and gender equality in Pakistan. It examines men's and women's attitudes to gender equality. Gender dynamics among married



couples, specifically, how decision-making power, housework, and care-giving roles are divided amongst husbands and wives, are explored. Perceptions about men's traditional role as breadwinners and associated stresses for men are a special focus. We also look at how men and women perceive women's participation in economic activity and public life. In particular, the study looks at men's perpetration and women's experience of gender-based violence (GBV), and the attitudes and norms surrounding this issue. The associations of prevailing attitudes and practices with men's and women's childhood experiences and with socio-demographic features, such as age, education, residence, socio-economic status (SES) and region, are examined.

Notably, the IMAGE survey is complemented in the Pakistan study by a closer look at some of the themes through a qualitative study as well as a review of peer reviewed research and grey literature from Pakistan and other similar settings. Few large-scale studies are available on the prevalence of and perspectives surrounding gender-based violence in the country, and these complementary components of the study are aimed at providing additional data and insights for better targeted programming related to gender equality in general and GBV in particular.

It is expected that the findings of this study will contribute to a richer understanding of men's and women's perceptions, attitudes, and practices related to gender equality in Pakistan, which can be used to refine strategies for engaging men, addressing harmful concepts of masculinity, and undertaking interventions for gender equality that are responsive to ground realities and locally owned. It is also hoped that the study will provide a solid evidence base for further research on gender equality in the country.

The IMAGES Conceptual Framework and Themes

Created by Instituto Promundo and the International Center for Research on Women (ICRW) in 2008, IMAGES is one of the most comprehensive household studies to study men's practices and attitudes as they relate to gender norms; gender equality and household dynamics including caregiving; intimate partner violence; and associated aspects of health and economic stress. Some of the main questions inspiring the study are: What are men's attitudes and practices in relation to women, and how do these compare to women's attitudes and practices? How do women perceive men's response to gender equality and women's empowerment and rights? What are men's attitudes and practices related to their own health and interpersonal relationships? How much are men participating in the care of children and other domestic activities, and how do they compare with women in this regard? How common is men's resort to intimate partner violence and what factors are associated with it?

The conceptual or theoretical framework for IMAGES emerges from the social constructionist approach to gender and gender relations. IMAGES is also informed by a life-cycle approach—the idea that gender norms, in part, are internalized from childhood experiences and evolve over the course of a life through interactions with key social institutions and relationships. Accordingly, the IMAGES conceptual framework is constructed to assess the relationships between attitudes, childhood experiences, relationship factors, current relationship practices and life outcomes.

The IMAGES questionnaire explores major issues relevant to gender relations, with an emphasis on men and women in heterosexual-partnered relations as well as the gendered vulnerabilities of men and women. Its questions are derived from several standardized instruments on gender-based violence, gender attitudes, childhood experiences, the human immunodeficiency virus (HIV) and sexual and reproductive health (SRH) fields. Notable sources include the WHO multi-country study on violence against women; the Demographic and Health Surveys; the Norwegian Gender Equality and Quality of Life survey; and the Gender Equitable Men Scale (GEM Scale)—a validated instrument developed by Promundo and Population Council/Horizons to directly measure attitudes toward gender equitable norms. The GEM Scale provides information about the prevailing norms in a community as well as the effectiveness of any programme that hopes to influence them (Pulerwitz and Barker 2008). More details about the scale are provided in Annex A. The IMAGES questionnaire is adapted in each country or region to include key and emerging, context-specific issues in gender equality, gender relations, women’s empowerment, and gender-based violence. The Population Council has adapted it to the Pakistan setting based on prior research experience and pretesting of the instruments.

Objectives

The aims of the study are to carry out a comprehensive literature review and a baseline survey to learn about the perceptions, practices, and behaviors related to gender equality and GBV that currently prevail in communities. The study also seeks to capture variations in these perceptions and practices by geographic location as well as other socio-demographic characteristics.

The broad objectives of this baseline study are to:

- Provide a basis for adapting the design of globally tried interventions related to gender equality and GBV involving men and boys according to regional realities, leading to more tailored and effective interventions; and
- Provide a benchmark to evaluate changes after the interventions have been fully implemented.



Specific objectives of the study are to:

- Assess the perceptions, attitudes, and practices related to gender equality and GBV among men and women in the ten study districts.
- Assess the prevalence and identify the factors that are associated with GBV, such as urban/rural residence, education, wealth, and women's empowerment status;
- Examine factors associated with increased or decreased risk of inequitable gender attitudes and practices and GBV.
- Suggest strategies to promote gender equality and prevent GBV, specifically for changing attitudes towards such violence.

Methodology

The International Men and Gender Equality Survey – Pakistan (Pak-IMAGES) was conducted in ten districts selected from all four provinces of the country. As mentioned earlier, the survey was complemented by a qualitative study and a literature review. The following sections outline the methodology adopted for each of the three components.

IMAGES Pakistan

Sample Size and Selection

The population of interest for Pak-IMAGES includes married and unmarried men and married women aged 18-49 years. More men than women have been included in the sample since the study's primary focus is men and masculinities. As many of the questions to women respondents were about husbands' attitudes and practices, only married women are included.

The sample size for Pak-IMAGES- was calculated to be 1,250, based on the prevalence of physical violence as reported by women² in the Pakistan Demographic and Health Survey (PDHS) 2012-13, which is 32 percent. A total of 1,250 interviews were conducted, of which 13 were excluded during data cleaning and validation process leaving 1,237 interviews for the analysis. The IMAGES respondents thus include 640 married men, 297 unmarried men, and 300 married women, all between 18 and 49 years of age. In view of ethical considerations, it was ensured that none of the female respondents were married to any of the men interviewed.

To reflect regional perspectives, the sample for Pak-IMAGES has been drawn from ten districts from the major four provinces of Pakistan, i.e., Punjab, Sindh, Khyber Pakhtunkhwa (KP) and Balochistan. In view of the limited scope of the study and mirror the proportion of population size by province, three districts were selected from Punjab, three from Sindh, and two each

²Men were not asked equivalent questions in the PDHS.



from KP and Balochistan. From Punjab and Sindh, the two major provinces, the study includes 380 and 376 respondents, respectively, which provides estimates of GBV within a 5% margin of error and 95% confidence level. From KP and Balochistan, 250 and 231 respondents, respectively, are included, providing estimates of GBV derived from the PDHS national estimate within a 5% margin of error and 90% confidence level.

Another consideration in district selection was to reflect the variation in GBV prevalence across the country. Since DHS data are not representative at district level in terms of GBV prevalence, the Multidimensional Poverty Index (MPI) was used as a proxy. The rationale for doing so is that the DHS shows strong associations of GBV prevalence with low levels of education and poverty among Pakistani women³.

Accordingly, for each of the four provinces, districts were first listed in order of MPI ranking. Within each listing, three strata—corresponding to high, medium, and low ranking against the MPI—were identified. One district was randomly selected from each stratum for study from Punjab and Sindh. In the case of KP and Balochistan, one district each was selected from the stratum with high poverty incidence and medium poverty incidence. The final district selection also considered the prevailing high security risks for fieldwork in some parts of KP and Balochistan. The poverty ranking of the selected districts is shown in Table 1.1, while Figure 1.1 shows their location.

Table 1.1: Selected Study Districts and Their Multidimensional Poverty Ranking

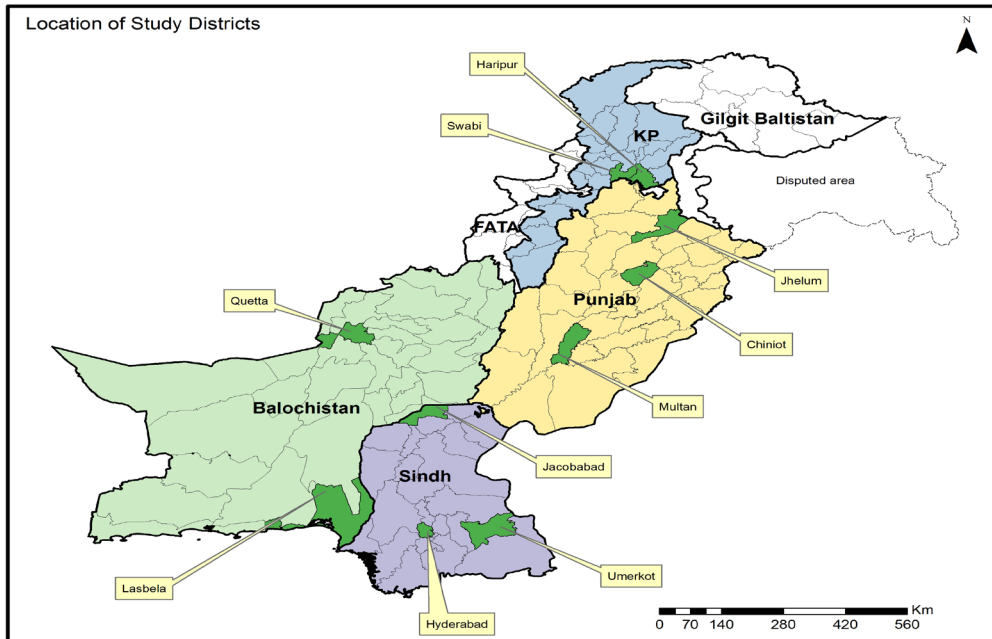
Province	Selected District	Poverty Index		
		High Poverty	Medium Poverty	Low Poverty
Punjab	Chiniot	✓		
	Multan		✓	
	Jhelum			✓
Sindh	Umerkot	✓		
	Jacobabad		✓	
	Hyderabad			✓
Khyber Pakhtunkhwa	Haripur		✓	
	Swabi			✓
Balochistan	Lasbela		✓	
	Quetta			✓

Source: Government of Pakistan 2016.

³The MPI was developed by Oxford Poverty & Human Development Initiative (OPHI) and the United Nations Development Programme's Human Development Report Office in collaboration with the Planning Commission of Pakistan in 2014-15, using the Pakistan Social and Living Standard Measurement Survey (PSLM) district level data series, which permits district level measurement of poverty (Government of Pakistan 2016).



Figure 1.1: Location of Study Districts



One tehsil (sub-district) was randomly selected from each district. Within each tehsil, union councils were selected randomly based on their urban rural categorization. With a consideration for representing both rural and urban areas, councils were selected at a ratio of 2:1, to reflect Pakistan’s rural urban distribution. We then randomly selected 3 communities comprised of 200-250 households from a list of union council settlements. Within each community, 42 households were randomly selected where interviews were conducted.

Table 1.2: List of union councils in which interviews were conducted

Province	District	Tehsil	Union Council
Khyber Pakhtunkhwa	Swabi	Swabi	Panj Pir, Shah Mansoor, Zaida
	Haripur	Haripur	Pandak (Talukar), Pind Jamal Khan, Bandi Sher Khan
Punjab	Jhelum	Dina	Madu Kalas , UC 23, UC 24
	Chiniot	Lalian	UC 43, Kalri, Langar Makhdoom
	Multan	Multan	UC 53 Sultan Nagar, Chah Kabhi wala, UC 76 Muzaffarabad
Sindh	Hyderabad	Latifabad	Tando Mir Noor Muhammad, Qasim Khan Ghanghro UC 16, UC 17
	Umerkot	Umerkot	Kaplore, UC 02, Wali Dad Pali
	Jacobabad	Garhi Khairo	Karim Bux, Sher Wah, Mubrak-pur,73-17, Dao Jahanpur
Balochistan	Quetta	Quetta, Pan-jpai	Saryab Kaci Baig, Killi , Sardar Nabi Bux
	Lasbela	Hub	Pathra, Beroot Hub, Allahabad

Within each community, households were selected through systematic sampling with a random start. The three types of respondents were interviewed in sequence at every fifth house, with a married man interviewed at the first selected household, a married woman at the second, an unmarried man at the third, and a married man again at the fourth selected household. This sequence was repeated until the required number of the interviews from the community were completed

This also ensured that none of the women interviewed were wives of any of the men included in the sample. Overall, about 3-4 percent replacements were made during data collection, by selecting the preceding household, mainly due to non-availability of men at home during the daytime. Only three respondents refused to be interviewed, citing other commitments.

A total of 1,237 interviews comprise the basis for the analysis in this report. The breakdown of this figure, by district and respondent type, is shown in Table 1.3. The profile of the IMAGE respondents is discussed in detail in Chapter 2.

Table 1.3: Number of respondents interviewed by category and district

		Married men	Unmarried men	Married women	n
Punjab	Chiniot	65	30	30	125
	Jhelum	64	30	30	124
	Multan	66	33	32	131
	Sub-total	195	93	92	380
Khyber Paktunkhwa	Haripur	65	30	30	125
	Swabi	65	30	30	125
	Sub-total	130	60	60	250
Sindh	Hyderabad	65	30	30	125
	Jacobabad	65	30	31	126
	Umerkot	65	30	30	125
	Sub-total	195	90	91	376
Balochistan	Lasbela	53	24	27	104
	Quetta	67	30	30	127
	Sub total	120	54	57	231
Overall	640	297	300	1,237	

Adaptation of IMAGES Questionnaire

Three structured questionnaires based on the IMAGES questionnaire were used in the survey, including one each for married men, unmarried men, and married women. The IMAGES questionnaire was adapted with some essential modifications to make it suitable to and to reflect Pakistan's context, taking care to retain as much international comparability as possible.



Adaptation of the IMAGES questionnaire was carried out by the Population Council in consultation with Rutgers and Rozan. The revised questionnaire was shared with Technical Advisory Group (TAG) comprised of senior professionals and experts from academia/research, NGOs, and government sectors, both at the national and provincial levels for their feedback.

The questionnaire for married women was mostly similar to the one for married men, but the questionnaire for unmarried men did not include sections on relationship experiences with spouse/intimate partner or on parenting.

The Pak-IMAGES questionnaire included the following main sections, comprising more than 150 questions and more than 390 variables in total:

- Identification
- Socio-demographic information
- Workplace
- Childhood experiences
- Relations between men and women (GEM Scale)
- Relationship experiences with spouse
- Parenting
- Health, sexuality and quality of life
- Traditional practices against women
- Women's participation in public life
- Laws and policies
- Opinion on Gender-based Violence and Recommendations

As mentioned earlier and indicated above, a part of the PAK-IMAGES questionnaire includes the GEM Scale, which measures gender attitudes across various domains, such as gender norms, violence, sexuality, masculinities, and reproductive health. The original GEM Scale consists of 24 statements, which are adapted in each country to reflect local cultural and social realities. The scale was similarly adapted for the PAK-IMAGES study. The following four statements were added to the scale to reflect certain cultural and social practices or norms prevailing at the country or regional level:

- A woman should not go out for work
- A woman alone is responsible for determining the sex of the child
- Only a woman is responsible for conceiving a child
- A man has a right to remarry if his wife is continuously giving birth to daughters



After obtaining approval on research protocols from the Population Council Institutional Review Board (IRB) in New York, the questionnaires were pretested twice. The first pretest was carried out by the Population Council core study team before the training of the field data collection team, and the second was performed after the training, prior to going to the field. The pretests facilitated further refinement of the questionnaires in terms of flow and phrasing of questions.

Management of Data Collection

A total of four study teams (one for each province) were hired to conduct the PAK-IMAGES interviews, as well as FGDs for the qualitative study. Each team comprised of six male members and two female members, including seven enumerators and one supervisor for sampling, managing the field, and checking interviews for quality. All candidates had experience of data collection for both qualitative and quantitative social research. They were university graduates, mostly residents of the sampled districts, who were well versed with the indigenous culture, customs, beliefs, and had prior experience of working on studies conducted by the Population Council. A total of twenty-four male and eight female staff were engaged for data collection. Women were interviewed by female interviewers, while men were interviewed by male interviewers.

Training of data collectors

Members of the data collection team underwent eight days' of intensive preparatory training. The training, provided by the Population Council, covered the study's objectives and key aspects of its design, use of data collection instruments, the meaning of informed consent and how it was to be obtained, concepts of privacy and confidentiality, and research ethics. In addition, specific sessions on gender sensitization, masculinity, and gender-related laws and policies were also carried out by a gender expert, and interviewers were especially trained on how to conduct interviews with a culturally sensitive approach.

During the training, interviewing skills were strengthened through role plays. As part of the training, the study tools and data collection strategy were pretested. Each of the study tools was discussed thoroughly in the debriefing sessions to address issues and challenges that came up during the pretest.



Fieldwork

Data collection started simultaneously in all provinces and was completed at the same time. Paper questionnaires were used. All team members were responsible for submitting their filled questionnaires to their respective supervisors for quality checks; hands-on training was also part of the data collection phase.

Monitoring

The field teams were monitored throughout by the Council's senior research staff. The staff joined the teams from the very first day of the fieldwork to ensure a smooth start. During the fieldwork, they frequently visited the study sites to ensure that all protocols were being properly followed till the end of the field activity. Field staff were provided regular feedback on their questionnaires to improve the quality of data collected.

Data Processing and Analysis

Data entry was done using the Census and Survey Processing System (CSpro). After data editing and cleaning, analysis was carried out using the Statistical Package for the Social Sciences (SPSS), version 20. Consistency and range checks were conducted to verify the quality of the data, and original data were recoded as needed to provide data for presentation in tables. The results are presented in this report in the form of means, proportions, descriptive statistics, two- and three-way cross-tabulations of relevant variables, and aggregate counts of events.

Other Study Components

Literature Review on Gender-based Violence

Existing studies and some grey literature were reviewed for evidence about the prevalence of GBV in Pakistan as well as interventions that have been undertaken to address this issue and their effectiveness. Findings of the Pakistan Demographic and Health Survey 2012-13 were analyzed. The review also drew on literature about interventions in similar settings in neighboring countries, especially India. In addition, current policies and strategies adopted in both the public and private sectors to address the GBV issue in Pakistan were reviewed.

Literature for review was identified using online search engines, such as Jstor, Google Scholar, Science Direct, Pop Line and PubMed. Specific terms used in these searches included 'Pakistan,' 'South Asia,' 'Gender-based Violence,' 'males,' 'women empowerment,' and 'gender inequality,' among others. The complete literature review has been compiled as a separate document titled "Literature Review: Gender-based Violence in Pakistan (See Annex B). Where relevant, its findings are incorporated to complement the analysis of primary data in this report.



Qualitative Study of Practices and Perceptions related to Gender Equity and Gender-based Violence

To complement the quantitative data collected through Pak-IMAGES and to triangulate findings about gender-based violence, qualitative data was collected through focus group discussions with communities. A total of 20 FGDs were conducted—two in each study district, including one with men and one with women. Eight to ten individuals participated in each discussion, up to 190 men and women included in the FGDs overall.

The guidelines for conducting the FGDs were developed by the Population Council in consultation with Rutgers and Rozan, reviewed and approved by the study's Technical Advisory Group and the Council's Institutional Review Board in the same manner as the IMAGES questionnaires. The FGDs were conducted by the same trained teams that collected the survey data.

The FGDs were conducted in tandem with the main survey. For facilitation in organizing the discussions, the data collection teams sought help from Union Councilors, teachers at local schools, other influential community members, NGOs working in the area, and workers of community-based organizations and public sector programmes. Care was taken to ensure that the FGD participants were homogeneous in terms of socio-economic and residential status.

The FGDs were aimed at gathering insights about local perceptions, practices, and trends regarding gender equality and GBV; the types of violence perpetrated against women and girls and contextual factors; and effects of GBV on women's health and other consequences. FGD participants were also asked who they felt were the most common perpetrators and who could be part of efforts to reduce or prevent such violence. Separate discussions with men and women enabled a focus on male and female perspectives. Suggestions were specifically solicited from both groups regarding how men could be involved in addressing and ending GBV in households and communities.

The discussions were transcribed verbatim in the field to preserve their essence. All transcriptions were translated into English so that all the data could be coded using NVIVO-10 software. The nodes in the software contained carefully developed thematic areas under which all information was organized for analysis. The thematic areas were based on the FGD guidelines, and incorporated new themes that had emerged during the discussions. The findings of the qualitative study have been triangulated with the quantitative data in the report where appropriate.



Ethical Considerations

Ethical approval for the Pak- IMAGES study was obtained from the Population Council's Institutional Review Board prior to start of fieldwork. During data collection, informed consent from the respondents was obtained after providing an in-depth briefing on the study, its objectives, procedures, and usage of information. The approximate time required for the interviews and group discussion and the possible risks (if any) respondents might face was also explained. Assurance was given to the respondents about the anonymity and confidentiality of their responses, which were strictly ensured. Focus group discussions were also conducted in settings where auditory privacy could be maintained. Participation was completely voluntary, and respondents were not compensated in any way.

Interviewers had been specially trained in how to ask sensitive questions and answer to respondents in distress. To address any potential emotional disturbance during interviews or in case any respondent reported violence and asked for or needed assistance or services, they were provided the number of the Rozan Helpline for survivors of GBV/sexual violence.

Limitations of the Study

At the time the study was conducted, there were security risks in some parts of Balochistan and Khyber Pakhtunkhwa provinces. Almost all districts which fell in the high poverty range in these two western provinces faced security threats and were considered unsafe for data collection, especially given the sensitive nature of some of the questions. Therefore, the work of primary data collection had to be restricted to medium- and low-poverty range districts in these two provinces.

Analysis of the data collected suggested that there was underreporting on certain sensitive questions related to physical violence, particularly from men. Likewise, on questions probing whether the respondent feels respected and appreciated by his or her spouse, the response appears to be too positive.

Structure of the Report

Chapter 2 presents the socio-demographic profile of the men and women who participated in the Pak- IMAGES. In addition, the chapter presents findings concerning men's work experiences and related stresses. The chapter also describes men's health seeking behaviors, and their sense of wellbeing.

Chapter 3, presents the findings of the study about gender attitudes among men and women. The GEM Scale scores of married men, unmarried men, and married women are presented, along with their attitudes toward the concept of gender equality, male and female children, women's economic and political leadership, and different forms of gender-based violence. The

effect of demographic, regional, and socio-economic variables and childhood experiences on these attitudes is also explored.

Chapter 4 focuses on men's practices as husbands and fathers. We explore the division of decision-making powers and household responsibilities between husbands and wives, comparing the reports of men and women, and current patterns with those evident from respondents' childhood observations. Factors associated with more or less equitable division of powers and responsibilities are identified. The discussion is contextualized by qualitative findings concerning these areas.

Chapter 5 reviews the data about men's reported perpetration of violence and women's reported experience of spousal violence, including physical, emotional, and economic violence. The sexual violence was passively explored in the quantitative component, but discussed more deeply in the qualitative component of the study.

It then examines the associations of spousal violence with socio-demographic characteristics, location, the work status of men and related stresses, childhood experiences of violence, and gender attitudes.

This discussion is greatly enriched by the addition of qualitative findings, based on which, the chapter also looks at violence women reportedly face from other perpetrators, as well as communities' observations regarding women's coping behaviors and what should be done to reduce GBV are also described.

Finally, Chapter 6 outlines the conclusions emerging from the report and proposes recommendations for engaging Pakistani men as partners in improving gender equality and reducing gender-based violence.



2

The PAK-IMAGES Respondents— Socio- Demographic Profile, Childhood Experiences, and Men's Work Stress and Health



Over

50% of men report stress due to not having enough work while worries about low income are voiced by more than 60% of men.

Key Findings

1. The Pak-IMAGES sample consists of 640 married men, 297 unmarried men, and 300 women ages 18-49.
2. 65% of respondents are from rural areas and 35% from urban areas.
3. 83% of married men and 77% of married women are 26–49 years old, while 78% of unmarried men are younger (18-25 years).
4. More than half of the women have no schooling and 60% of married men report their wives have never attended school, while 72% of married and 88% of unmarried men have some education; more unmarried men are educated to higher levels.
5. The majority of married men and women have 3-5 children.
6. Although 80% of respondents report sons had more leisure time than daughters in their childhood homes, 79% of men report they performed at least one household chore.
7. Over 75% of respondents report that men are working more than 40 hours per week.
8. Stress due to not having enough work is reported by 53% of married and 59% of unmarried men, while worries about low income are voiced by 64% of married and 61% of unmarried men.
9. Over 90% of men seek medical help for physical ailments, but only 14% of married men and 5% of unmarried men have ever been tested for sexually transmitted infections or HIV.
10. While about half of the men feel they have a lot to be proud of, around a fifth admit feeling inferior to friends at times, and 13% have felt worthless at some point. Suicidal thoughts in the past month are reported by less than 4% of men.
11. Only 7% of men have ever sought medical help for mental health issues, and of these, a mere 3% visited a mental health professional.
12. Most married men seek emotional support from their wives (64%), and most unmarried men from their friends (45%), but a fifth of married men and a quarter of unmarried men report they don't seek support from anyone.



This chapter begins with an outline of the socio-demographic profile of the Pak-IMAGES respondents, describing characteristics such as where they live, their educational attainment, and their socio-economic and employment status. With a view to exploring lifecycle influences, the second section of the chapter looks at some of the childhood experiences reported by men and women related to gender perceptions and roles in their households. Men are widely regarded as being the main breadwinners for their households, a view of manhood that can exert significant pressures. In the third part of the chapter, we examine the extent to which men in the sample report feeling work-related stress. Perceptions of masculinity also influence health and health seeking behavior, which are explored, along with men's perceptions about the quality of their lives, in the final section.

In later chapters, we will relate the study's findings about prevailing perceptions and practices related to gender equality, spousal relationships, caregiving, and spousal violence, with the characteristics, experiences, and practices of respondents that are outlined below.

Socio-demographic Features

In Pakistan's mainly agrarian society, about 64⁴ percent of the population resides in rural areas; this is reflected in the sample with 65 percent of respondents interviewed from rural areas and 35 from urban areas (Table 2.1). Over half of the married men and women in the sample are 34–41 years and 26–33 years of age, respectively, while unmarried men, as expected, are mainly young, i.e., 18–25 years old. The mean ages of married men, women, and unmarried men are 35, 32 and 23, respectively.

Educational attainment is quite low among women, with more than half of the respondents having no schooling, while men are generally educated, though more unmarried men are educated to higher grades. The majority of married men report that their spouses have never attended school (60%); those who are educated have mainly completed up to secondary education. On the contrary, women's spouses are generally educated, except for a third who have had no schooling. As implied by men's reports, women spouses are educated to higher grades than women.

The majority of both married men and women have 3-5 children, although about a quarter of women respondents have more than 6 children. Generally, current use of contraceptives including both modern and traditional methods is higher among respondents (45%) than the national contraceptive prevalence rate (35%), and a higher proportion of women (54%) report use than men (40%).

While the vast majority of married men are employed, only a quarter of married women are engaged in paid work; this reflects the general pattern in Pakistan.

⁴Pakistan Bureau of Statistics (PBS). 2017. 6th Population and Housing Census, 2017. Islamabad: Government of Pakistan, Statistics Division, Pakistan Bureau of Statistics.

Unemployment is high among unmarried men (30%) as compared to married men, possibly because they are young and new to the job market. About nine percent of unmarried men are still studying.

Since family structures also influence risk of GBV, respondents were asked whether they are living in joint or nuclear family arrangements. Nearly equal proportions of women are living in nuclear and joint family arrangements, while the latter are more frequently reported by both married and unmarried men.

Table 2.1: Socio-demographic Features of Respondents

Socio-demographic characteristics		Married men	Unmarried men	Married women	n
		%	%	%	
Location	Urban	34	32	34	414
	Rural	66	68	66	823
Current age	18-25 years	16	78	23	405
	26-33 years	26	18	35	327
	34-41 years	32	3	30	303
	42-49 years	25	1	12	202
Educational attainment	No schooling	28	12	51	368
	Primary	20	18	12	214
	Middle	14	17	10	171
	Secondary	23	24	12	252
	Higher	16	30	14	232
Educational attainment of spouse	No schooling	59	NA	30	764
	Primary	13	NA	16	130
	Middle	9	NA	14	97
	Secondary	12	NA	21	138
	Higher	8	NA	20	108
Number of children	None	1	NA		6
	1-2	32	NA	29	259
	3-5	50	NA	48	411
	6+ children	17	NA	23	159
Contraceptive use status	Current users	40	NA	54	376
	Non-users	60	NA	46	460
Employment status	Employed	92	61	25	844
	Unemployed/ Housewives*	8	30	75*	366
	Student	0	9	0	27
Type of family	Nuclear	40	31	51	503
	Joint	60	69	49	734
Overall(n)		640	297	300	1237

The profile of respondents varies across provinces, as discussed in Annex C.



Childhood Experiences

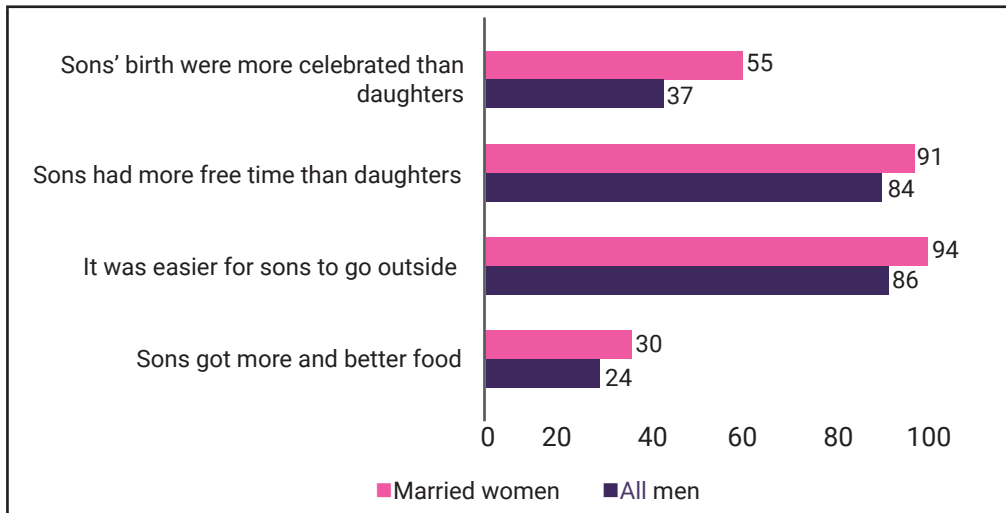
Childhood experiences play an important role in shaping an individual's future attitudes and behaviors. From the experiences they undergo at home and outside, how they and other family members are treated, and what they observe about gender roles and relationships, children receive a lasting impression that molds their own behavior as adults.

In the PAK-IMAGES interviews, respondents were asked questions about several aspects of their childhood, including decision making patterns in their family, how household work was shared, whether there was any discriminatory treatment of girls, and whether the respondents had been subjected to emotional or physical violence or seen violence inflicted within their homes. Childhood was defined as the period of ages 0 to 18 years in the UN Convention on the Right of the Child, as ratified by the Government of Pakistan. Some of the findings about the childhood experiences of PAK-IMAGES respondents are outlined below, while others, particularly those related to family dynamics and violence, are discussed in chapters 3, 4 and 5.

Gender Discrimination among Siblings

The responses about practices indicating gender discrimination among children in their childhood home are summarized in Figure 2.1. Most of men and women agreed that sons had more free time than daughters in their home as the former were not expected to perform as many household chores. A large percentage of both men and women reported that it was easier for sons to go outside than daughters, mirroring more restrictions on female mobility. Over half of the women and more than one third of the men also reported that the birth of a boy was more celebrated in their households than that of a girl. Relatively lower, but nevertheless notable proportions of men and women also reported that sons were given more and better food than daughters in their households. Overall, these responses reflect a distinct pattern of gender discrimination and son preference. A consistently higher proportion of women than men reported discriminatory practices, perhaps because they bore the brunt of the inequitable practices.

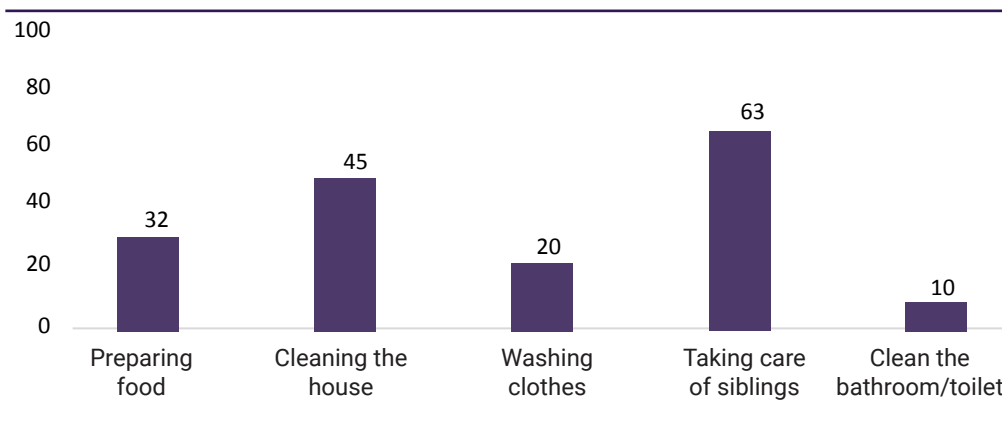
Figure 2.1: Respondents' childhood experiences of gender discrimination among siblings within the household (n= All men-937, Married women-300)



Men's Participation in Household Chores in Childhood

Male respondents were asked about their participation in household chores when they were 10 to 18 years of age. Overall 79 percent of men reported that they had participated in at least one of the household chores. As shown in Figure 2.2, the chores that men most commonly reported participating in as children included taking care of younger siblings (63%), followed by cleaning the house (45%), and preparing food (32%). The task in which men participated least in their childhood is cleaning the toilet (10%). The interesting links between these early experiences and men's current contribution in household chores as husbands and fathers are explored in detail in a later chapter on household dynamics.

Figure 2.2: Men's participation in household chores in childhood (n= All men -937)



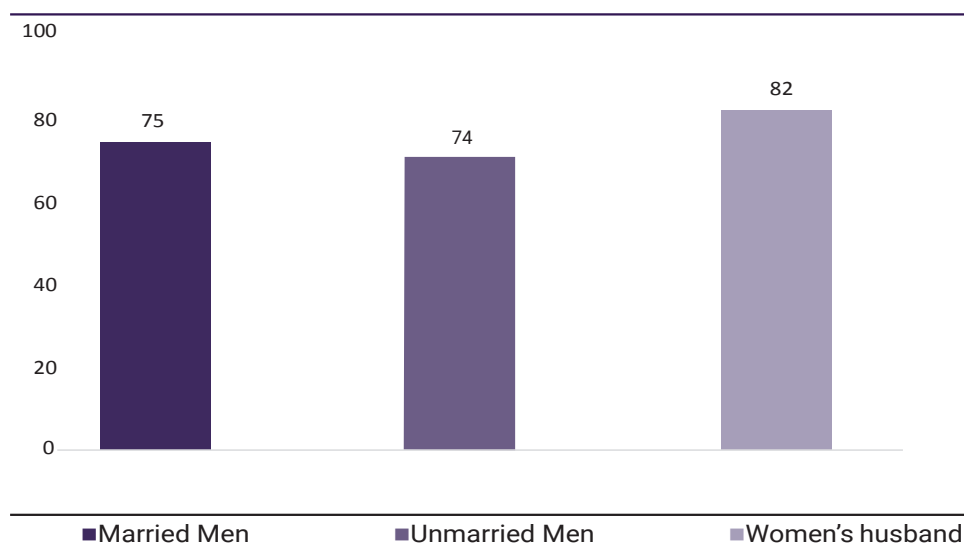
Work and Related Stresses on Men

In Pakistan, men are generally considered breadwinners who are expected to meet all financial needs of the household. Available qualitative literature suggests that being employed and able to earn a living is an important part of men's perception of masculinity and affects the level of respect they are accorded (Rozan 2010 and Rutgers 2013). Absence of employment or any source of income therefore entails heavy stress, including pressures from the family, as well as feelings of inferiority and embarrassment at not being productively engaged. The result can be increased inner turbulence and violence.

Work and related stresses are thus important factors in shaping their behaviors and relationships, not only at the workplace but also in households. Some of the major triggers of work-related stress include being overworked, i.e., working more than 40 hours a week; job insecurity; being underemployed (i.e., not having enough work); not earning enough income to meet household needs; and being unemployed. Therefore, all men, married and unmarried, were asked about their work status, work hours, and related stresses; women respondents were asked the same questions regarding their husbands.

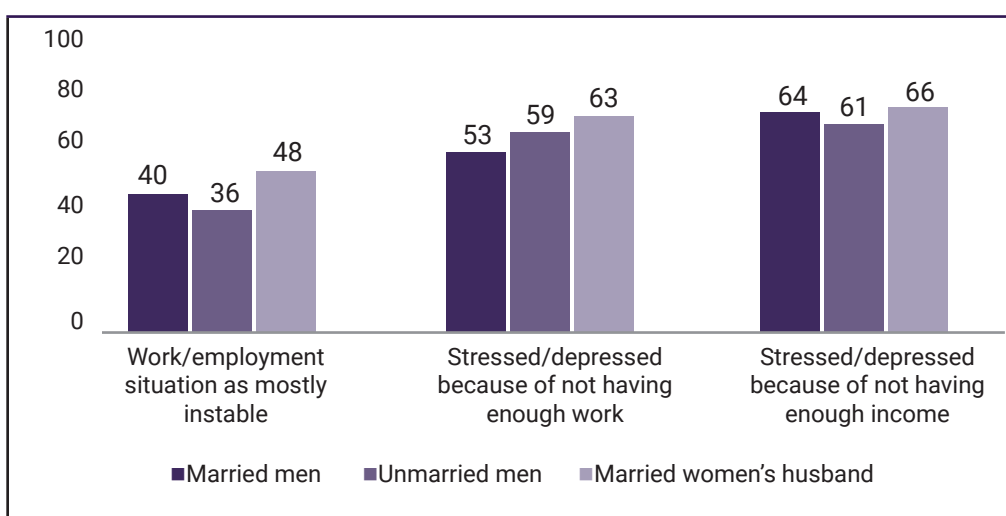
Across the provinces, the majority of respondents reported that men were working more than 40 hours per week, with work time ranging from slightly above 40 to as many as 90 hours, indicating constant stress from overburdened. The proportion of respondents reporting that men are overworked is highest among married women (Figure 2.3). Women also report more work hours per week (mean: 58) than married men (mean: 53).

Figure 2.3: Proportion of respondents reporting that men work more than 40 hours per week (n= Married men-590, Unmarried men-180, Married women-287)



Factors such as job instability, underemployment, and not earning enough were also examined. As Figure 2.4 shows, instability or job uncertainty was reported by less than half of all three types of respondents, with higher percentages of men reporting these issues. While the majority of respondents reported their work situation to be stable, a high proportion reported stress or depression due to not having enough work or income, suggesting that, even within a stable work situation, men may feel pressured by not having enough work or income. Notably, women report higher levels of stress for their husbands due to work and income than men themselves.

Figure 2.4: Proportion of respondents reporting job instability, stress from underemployment, or lack of income (n= Married men-590, Unmarried men-180, Married women-287)



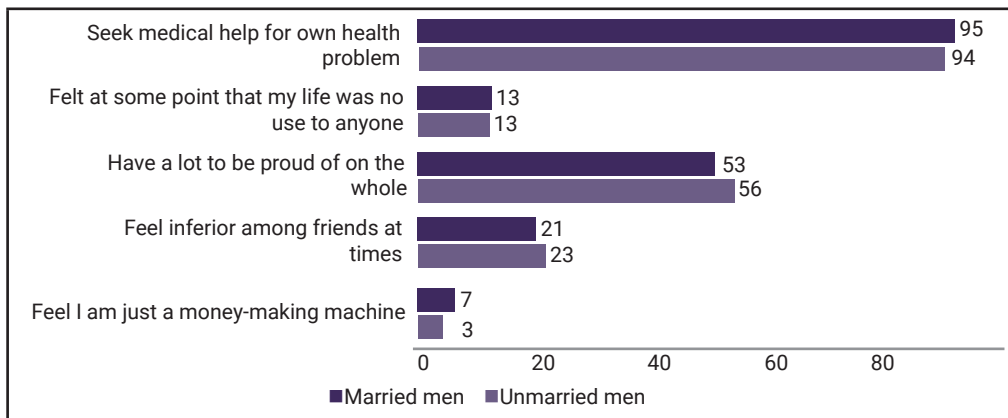
Men's Health and Quality of Life

The PAK-IMAGES questionnaire includes several items concerning men's physical and mental health; health related behaviors, both positive—such as seeking healthcare—and negative, such as addictions; and questions to gauge their emotional health and sense of wellbeing. These questions reflect the growing recognition that the confluence of income inequalities and certain gender norms, such as the pressure to be 'tough' can create specific gendered vulnerabilities for men (ICRW and Promundo 2011). Men may, for example, not seek adequate care for their physical or mental health needs; face special risks as migrants; or succumb to substance abuse and addiction. Apart from the obvious implications for men's own quality of life, these patterns also have high costs for women and children, including a greater risk of violence from husbands and fathers. Fortunately, the majority of men in our survey had sought health services when faced with a physical health issue and this was the purpose stated by the majority for their last visit to any health facility. Comparison of responses to health and



wellbeing-related questions from married and unmarried men suggests that they have similar perspectives on their lives; marital status does not make any major difference (Figure 2.5). In terms of psychological health, however, low self-esteem appears to be widely prevalent among men. Only about half of the men felt they had much to be proud of overall; the rest did not feel positive about their lives. About a quarter said they sometimes felt inferior compared to their friends and about a tenth had also felt at some point that their lives were of no use to anyone.

Figure 2.5: Responses of men regarding health-seeking behavior and sense of wellbeing (n= Married men- 640, Unmarried men-297)



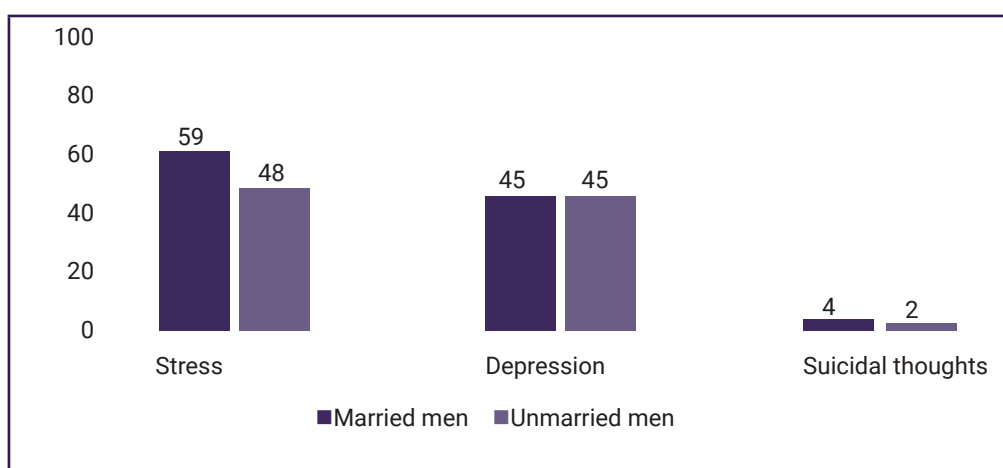
One of the sensitive questions asked in this context was whether the male respondents and the husbands of the women respondents had ever been tested for HIV or sexually transmitted infections (STIs). Since these tests are commonly associated with social stigma, respondents were only asked whether they had undergone tests and not questioned about the results. Only 14 percent of married and 5 percent of unmarried men said they had been tested for HIV or STIs (Table 2.2). The majority of these men had been tested within the last 12 months, indicating increasing health awareness among men. It is interesting to note that hardly any women mentioned their husbands had been tested for HIV/STIs; this could be because men do not share these matters with their wives.

Table 2.2: Proportion of men (all male respondents and female respondents' husbands) reporting testing for HIV/STIs

	Married men		Unmarried men		Married women	
	%	n	%	n	%	n
Never tested	88	566	95	281	99	296
Within last 12 months	5	32	3	10	1	2
2-5 years ago	4	25	2	6	1	2
More than 5 years ago	3	17	0	0	0	0
Total	100	640	100	297	100	300

Male respondents were asked whether they had felt stressed or depressed, or had suicidal thoughts in the month preceding the survey. A higher proportion of married men (59%) had experienced stress than unmarried men (48%), but the same proportions reported being depressed (Figure 2.6). While stress and depression were reported by relatively high proportions of men, suicidal thoughts were reported by only a small fraction.

Figure 2.6: Proportion of male respondents who experienced feelings of stress and depression in the preceding month (n= Married men- 640, Unmarried men-297)



It is informative to examine variations in reported levels of stress and depression by socio-demographic characteristics. As shown in Table 2.3, generally more men reported feeling stressed than depressed in the past month. While men of all ages reported experiencing these issues, the proportions increased with age.

Living in a rural or urban area did not make a substantial difference to the experience of stress and depression among men. However, contrary to expectations, a higher proportion of employed than unemployed men reported experiencing stress and depression. This could be due, on the one hand, to work-related stresses on employed men (described above), and because unemployed men were mainly unmarried, implying a lighter burden of household responsibilities.

Stress and depression were more commonly reported by men of low and medium SES compared to men of high SES, which is expected as the former face more immediate pressures to meet household needs. Similarly, more married men than unmarried men reported feeling stress or depression, which reflects the responsibilities associated with supporting their wives and children.

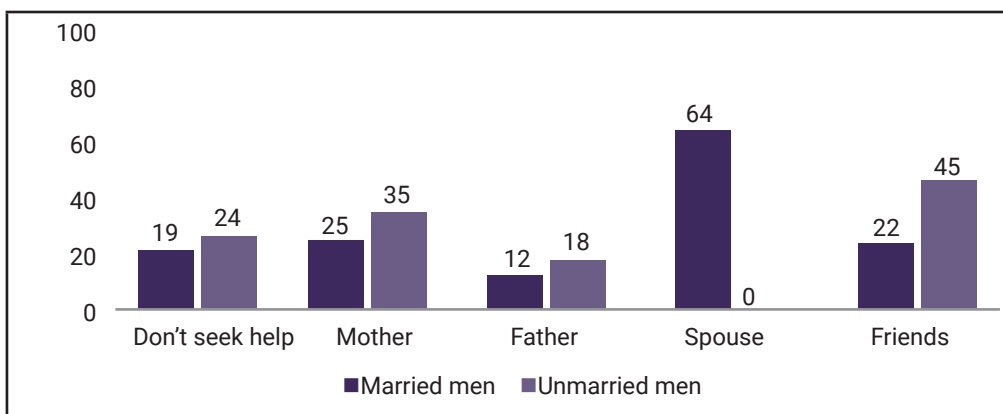


Table 2.3: Proportion of male respondents who felt stressed or depressed in the preceding month by their socio-demographic characteristics

Socio-demographic characteristics		Stress	Depression	Total
		%	%	n
Current age	18-25 years	50	42	337
	26-33 years	54	45	222
	34-41 years	59	46	213
	42-49 years	65	50	165
Location	Urban	55	47	312
	Rural	56	45	625
Employment status	Employed	57	46	770
	Unemployed	48	44	140
	Students	44	37	27
Socio-economic status	Low	58	47	290
	Medium	58	47	335
	High	50	42	312
Marital status	Married men	59	45	640
	Unmarried men	48	45	297
Total		55	45	937

Both married and unmarried men were asked whether they sought support from anybody when feeling sad, disappointed or frustrated. Although about one-fourth of the respondents reported that they do not seek help from anyone, most of married men mentioned that they seek help from their spouse followed by their mothers and fathers (Figure 2.7). The data points to an encouraging fact, most men do have a support mechanism to alleviate emotional distress—and that the most frequent source of support is their wife, or mother and friend, in case of unmarried men.

Figure 2.7: Proportion of men reporting various sources of support when feeling sad, disappointed, or frustrated (n= Married men- 640, Unmarried men-297)



Men were also asked whether they sought medical care for mental health issues such as stress, depression, anxiety, and sleeping disorders. Table 2.4 shows that men rarely seek services for mental health problems, and even then, most visit regular health clinics or doctors instead of seeking specialized services. This pattern of care seeking behavior, which is contrary to the positive behavior men show in dealing with physical health issues, suggests that they may not be as cognizant of the need for proper medical care for mental issues, to the detriment not only of their own wellbeing but potentially also that of their families.

Table 2.4: Reported health-seeking behavior of men for mental health issues

	Married men		Unmarried men		Total	
	%	n	%	n	%	n
Services sought for treatment for mental health						
Yes	8	54	5	15	7	69
No	92	586	95	282	93	868
Total	100	640	100	297	100	937
Type of services, care, or treatment sought						
Regular health clinic/doctor	54	29	60	9	55	38
Mental health counselor/therapist	2	1	7	1	3	2
Medication with prescription	15	8	13	2	14	10
Medication without prescription	11	6	0	0	9	6
Hakim/Homeopath	13	7	13	2	13	9
Other	6	3	7	1	6	4
Total	100	54	100	15	100	69

In the context of health, all men were asked whether they had any addiction, and married women were asked the same question about their husbands. About half of the married men and a quarter of the unmarried men reported that they did have an addiction. In most cases, the addiction was to tobacco in the form of cigarettes or naswar (snuff), which unlike alcohol is not associated with perpetration of GBV. Addiction to heroin and to alcohol was mentioned by only one and two respondents, respectively. In Pakistan's predominantly Muslim society, use of alcohol is generally not common or socially accepted, which may have led to underreporting on this issue.



3

GENDER ATTITUDES

Overall

28% of married men and
23% of unmarried men have most equitable
attitudes.



Key Findings

1. Overall, 55% of women have most equitable attitudes according to GEM Scale scores compared to only 28% of married men and 23% unmarried men
2. 14% of women, 37% of married men, and 44% of unmarried men—who are mainly young—have the least equitable gender attitudes on the GEM Scale
3. Men who are educated and of higher socio-economic status show more gender equitable attitudes
4. Although men and women largely support stereotypical, conventional gender roles, including women's traditional role as caregivers, 71% of women—compared to only 33% of married men—also agree a woman should have the same right to work outside the home as their husband
5. More women than men believe sons and daughters should be provided equal opportunities
6. Nearly two thirds of married men and women, and 71% of unmarried men believe a woman may not refuse sex to her husband
7. A third of women and more than half the men agree that a woman needs to be beaten at times
8. More than three quarters of married men and women agree that a woman should tolerate violence to keep the family together
9. High proportions of both men and women recognize that traditional practices, such as forced, child and exchange marriages are harmful to women and girls
10. Awareness among men and women of policies and laws against GBV is low; more women (60%) than men (42%) feel the need for more laws on women rights
11. The data indicates a readiness on the part of women to play a greater role in both household decision-making and work outside the home, while men predominantly favor the status quo.



Gender-related attitudes were measured in the Pak-IMAGES survey through several components of the questionnaire administered to married men, unmarried men, and married women. As explained in Chapter 1, one of these components was the Gender-Equitable Men (GEM) Scale, which was adapted, as in other countries, for Pakistan’s cultural context. The adapted scale contained 20 statements covering four conceptual domains including gender roles, reproductive health, masculinities and violence. In addition to the GEM Scale statements, respondents were asked questions concerning their perceptions of gender equality and women’s rights, how they view traditional practices that are harmful to women and girls, such as forced marriages and exchange marriages (watta satta), and their views on honor killing and other forms of gender-based violence in their communities.

The first part of this chapter presents the GEM scale results from Pak-IMAGES, discussing responses to individual domains and statements and the GEM Scale scores of the three categories of respondents. Subsequent sections elaborate related themes covered in other sections of the Pak-IMAGES questionnaire. The discussion is complemented throughout with relevant findings of the qualitative component of this study.

GEM Scale Results

Table 3.1 shows the proportion of married men, unmarried men, and married women who “agreed” or “strongly agreed” with each statement on the GEM Scale.

Table 3.1: Percentage of Respondents who ‘Agree’ or ‘Strongly Agree’ with GEM Scale Statements, (%)

GEM Scale Statements	Married men	Unmarried men	Married women
Gender Roles			
A woman’s most important role is to take care of the home and cook for the family	86	88	81
Changing diapers, giving baths to children, and feeding children are the mother’s responsibility, not the father’s	81	90	81
A man should have the final word about decisions in the home	78	82	51
Women should not go out for work	54	52	21
Women who work outside the home cannot also be good wives or mothers	29	28	14
A married woman should have the same rights to work outside the home as her husband	33	32	71
The participation of the father is important in raising children	98	96	98

GEM Scale Statements	Married men	Unmarried men	Married women
Reproductive Health			
A woman alone is responsible for determining the sex of the child	6	8	4
Only a woman is responsible for conceiving a child	7	10	5
Couples should decide together if they want to have children	97	96	98
A man would be outraged if his wife asked him to use condom	37	48	53
A man and woman should decide together what type of contraceptive to use	95	95	98
Masculinities			
To be a man, you need to be emotionally and physically tough	88	85	84
A man should not marry a woman who is older than he is	52	54	49
A man has a right to remarry if his wife is continuously bearing daughters	30	30	18
If a man does not marry, he is not a real man	33	31	19
Violence			
If resources are scarce, it is more important to educate sons than daughters	40	49	24
There are times when a woman deserves to be beaten	56	59	30
A woman cannot refuse sex to her husband	64	71	63
A woman should tolerate violence to keep the family together	76	77	77
Overall (n)	640	297	300

Gender roles: In the domain of gender roles, the data shows that both men and women follow stereotypical, conventional views and strongly endorse statements that define women’s conventional role as caregivers at the household level. Respondents of both sexes agree, for example, that a woman’s primary role is to take care of the home and cook for the family; while men’s involvement in raising children is important, tasks like “changing diapers, giving baths and feeding the children” remain the woman’s responsibility. This mirrors IMAGES findings from other parts of the world, such as India (Barker et al. 2011; Dušanić 2012), and the four countries included in the IMAGES Middle East and North Africa (MENA) study, where the majority of men endorse the same notions (El Feki, Heilman, and Barker 2017).

On statements concerning women’s capacity and right to work outside the home, the disparity between male and female responses in Pak-IMAGES is wide, with 71% of women, compared to 33% of married men, agreeing that a married woman should have the same rights to work outside the home as



her husband. These women are mostly urban, with any level of education (primary to high) and have more than 3 children.

Women's aspirations to work outside their homes were also strongly reflected in focus group discussions, in which they expressed frustration at not being allowed to work despite being capable.

"Our society is male dominated, so they don't give proper rights to their women. Most women have the capacity to work outside the house, but their male relatives don't allow them." Female, focus group discussion, rural community, Chiniot

"They don't let us work. Even if we do get a job, they say they don't like us going door to door and tell us they will earn and bring what we need for us." Female, focus group discussion, rural community, Lasbela

Some men also advocate for women's empowerment, holding not only that women should have the same rights to work, but also that they should be educated for this role and supported through suitable laws:

"Women should have freedom for education, and job as men do. Women should get their right. Men and women are equal. Both can get education and work the same. There must be equality so there must be some laws." Male, focus group discussion, Urban community, Jhelum

A low proportion of respondents, including a considerably lower proportion of women (14%) than married men (29%), are of the view that women who work outside the home cannot also be good wives or mothers. The responses of unmarried men generally follow the same pattern as married men, with some differences. Reflecting new generational trends, unmarried men appear to be marginally less averse to women working outside the home; however, they are more rigid in the perception that care of the family and home, especially the more menial chores associated with childcare, are a woman's domain. This pattern of more unmarried men—who are mainly younger than married men—showing inequitable attitudes is, in fact, seen across the four domains. One explanation could be that actual experience of marriage, spousal relations, and raising children serves to temper the more rigid perceptions of men about gender roles. While the finding of young men holding more rigid views is different from IMAGES studies in several other countries, it is supported by similar results in Morocco, Palestine, and Egypt (El Feki, Heilman, and Barker 2017).

A positive and encouraging finding is that three quarters of women are open to greater participation of women in paid work.

The above data indicate a readiness on the part of women to play a greater role in both household decision-making and work outside the home, while men predominantly still favor the status quo.

In the domain of reproductive health, while almost all men and women endorse the idea that the husband and wife should mutually decide whether they want to have children and what type of contraceptive to use, there is an interesting contradiction in the response to the statement “A man would be outraged if his wife asked him to use a condom.” Slightly over half of married women agree with the statement, as do over a third of married men. This clearly reflects that it is for the husband, not the wife, to initiate a conversation about family planning or specifically a male method of contraception. This pattern has also been seen in some other studies done by the Population Council in Pakistan and could be an indicator of gaps in spousal communication on the use of family planning (Ashfaq and Sadiq 2015).

The proportion of respondents who agree with factually incorrect statements that a woman alone is responsible for determining the sex of the child or she alone is responsible for not conceiving the child is smaller than anecdotal evidence would suggest. This point is strengthened by the largely negative response in the masculinity domain to the statement that a man is justified in leaving his wife if she is continuously bearing daughters.

Masculinity: Responses to statements related to masculinity show a consensus among most men and women that men must be physically and emotionally tough. Qualitative findings depict a similar picture, with some respondents deeming men’s perpetration of violence against women to be a means of demonstrating their manhood:

“Men have priority in all spheres of life as they are bold and stronger. That’s why they are respected more as compared to women.” Female, focus group discussion, rural community Chiniot

“A man beats a woman just to show his manhood and superiority.” Female, focus group discussion, rural community, Multan

“Manhood is nothing but beating a woman with a stick or scolding her. This is what manhood is all about!” Female, focus group discussion, urban community, Jacobabad

About half of all respondents also believe men should not marry older women, possibly reflecting the perception that men must be dominant partners at all levels of the spousal relationship even in sexual relationships. Relatively smaller proportions of respondents—about a third of men and a fifth of women—think a man has a right to remarry if his wife is bearing daughters.



As mentioned earlier, this supports a related finding in the reproductive health domain, where less than one tenth of men and women agreed that a woman alone is responsible for determining the sex of the child. Relatively lower proportions of men and women believe that men must be married to be considered real men.

Violence: A quarter of women, two fifths of married men, and nearly half of unmarried men agree that if family's resources are too scarce to educate both sons and daughters, it is daughters who should be deprived of schooling. Women's stronger support of their daughters' education is also reflected in qualitative findings. One of the most common complaints raised during FGDs was regarding girls' limited access to educational opportunities, mainly due to restricted mobility and the perception that investing in girls would not result in any economic gain for their natal families (as they would leave the household after marriage, unlike sons). The need for girls to be chaperoned after they reach the age of puberty and the lack of schools in the vicinity, particularly in rural and remote communities, were cited as impediments to girls' access to education beyond secondary level, forcing even good students to stay home until marriage.

"Mostly, people don't send their young girls to school. The main reason is male resistance. It's a trend in our society that women can get an education up to the middle or Matric level. Although girls have a lot of talent compared to young boys, their elders don't allow them to get further education. Young boys, though they have less talent, have no restriction." Female, focus group discussion, rural community, Chiniot

"The girls of our village do go to school but as soon they reach the age of puberty, their parents stop sending them." Female, focus group discussion, rural community, Jacobabad

"People don't pay attention to their daughters' education as they don't see any benefit in it because she has to go to another house after her marriage." Female, focus group discussion, rural community, Swabi

A third of women and more than half of the men agree that a woman needs to be beaten sometimes. During FGDs, men from both rural and urban areas explained that, in some situations, use of force against women cannot be categorized as violence; rather, it is a justified use of force for women's correction when they are disobedient to their husbands or in-laws, or engaged in any moral misdeeds.

"A man perpetrates violence against his wife or other family members when the situation doesn't seem right to him. That would be temporary violence but for their betterment. Although it is not good to beat a woman, sometimes you have to do it or if she goes against our social norms.." Male focus group discussion, urban community Quetta



The proportion of women supporting the above GEM Scale statement is considerably lower than that of men. On the other two statements concerning violence, men and women show about the same degree of inequity in their gender attitudes. Nearly two thirds of married men and women, and a higher percentage (71%) of unmarried men are of the view that a woman may not refuse sex to her husband, indicating a high level of acceptance of forced sex within marriage. In FGDs, however, women commented strongly on the unfairness of forced sex within marriage.

“Even if a woman is unwilling to be intimate with her husband because she is not well or tired, the man forces it. In such situations, a man might say, ‘You don’t like me,’ or ‘You have relations with someone else, that’s why you are avoiding me.’” Female, focus group discussion, urban community, Hyderabad

“My brother-in-law didn’t like my sister as his wife, nor would he fulfill her needs, but he used to force her for his sexual desires. She didn’t like that. It isn’t fair that you beat her the whole day and at night you want this. This is violence too.” Female, focus group discussion, rural community, Swabi

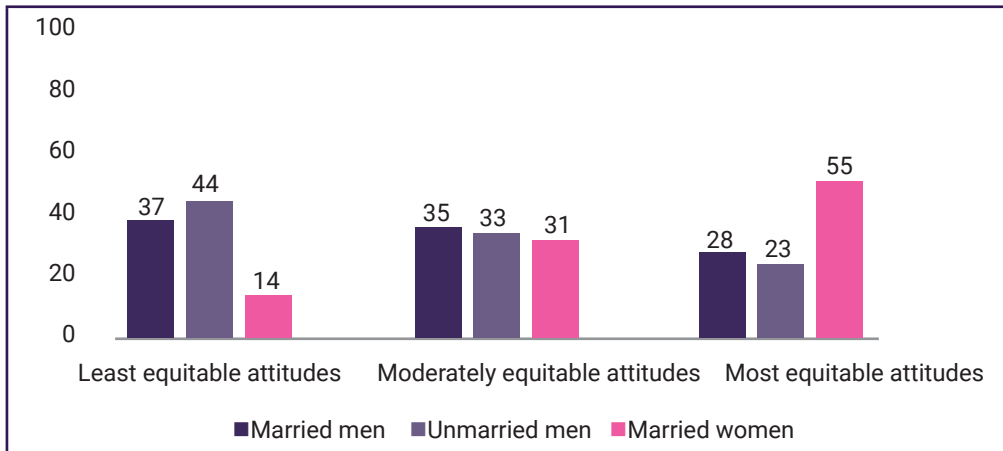
More than three quarters of married men and women agreed that “a woman should tolerate violence to keep the family together.” Overall, the data reveals fairly high acceptance of wife beating. This is supported by the PDHS 2012-13, which found that 43 percent of ever-married women aged 15-49 agree and 32 percent of men believe such violence is justified under certain circumstances. Similar findings are forthcoming from other countries: for example, 65 percent of men in India (Barker et al. 2011), 43 percent of men and 28 percent of women in Nigeria agree with the statement that there are times when a woman deserves to be beaten (NiMAGES 2015), as do a third of men and a quarter of women in Palestine (El Feki, Heilman, and Barker 2017).

GEM Scale Scores of Married Men, Unmarried Men, and Women

Respondents were scored on their responses to the statements on the GEM scale, assigning one point each for either agreeing with an equitable statement regarding men and women or disagreeing with an inequitable statement. The range of possible scores was measured on a scale representing least, moderate, and most equitable attitudes. Each category of respondents was then grouped based on scores. The results are shown in Figure 3.1.



**Figure 3.1: Distribution of Respondents by GEM Scale Results, %
(n= Married men- 640, Unmarried men-297, Married women-300)**



The above results indicate that a far greater proportion of unmarried men (44%) reflect the least equitable gender attitudes, compared to married men (36%) and married women (14%). Only about a quarter of men—23 percent of unmarried and 28 percent of married men—score on the highest end of the scale in terms of equitable gender attitudes, whereas the majority of married women (55%) are in this category.

Influence of Regional and Socio-demographic Variables on GEM Scale Scores

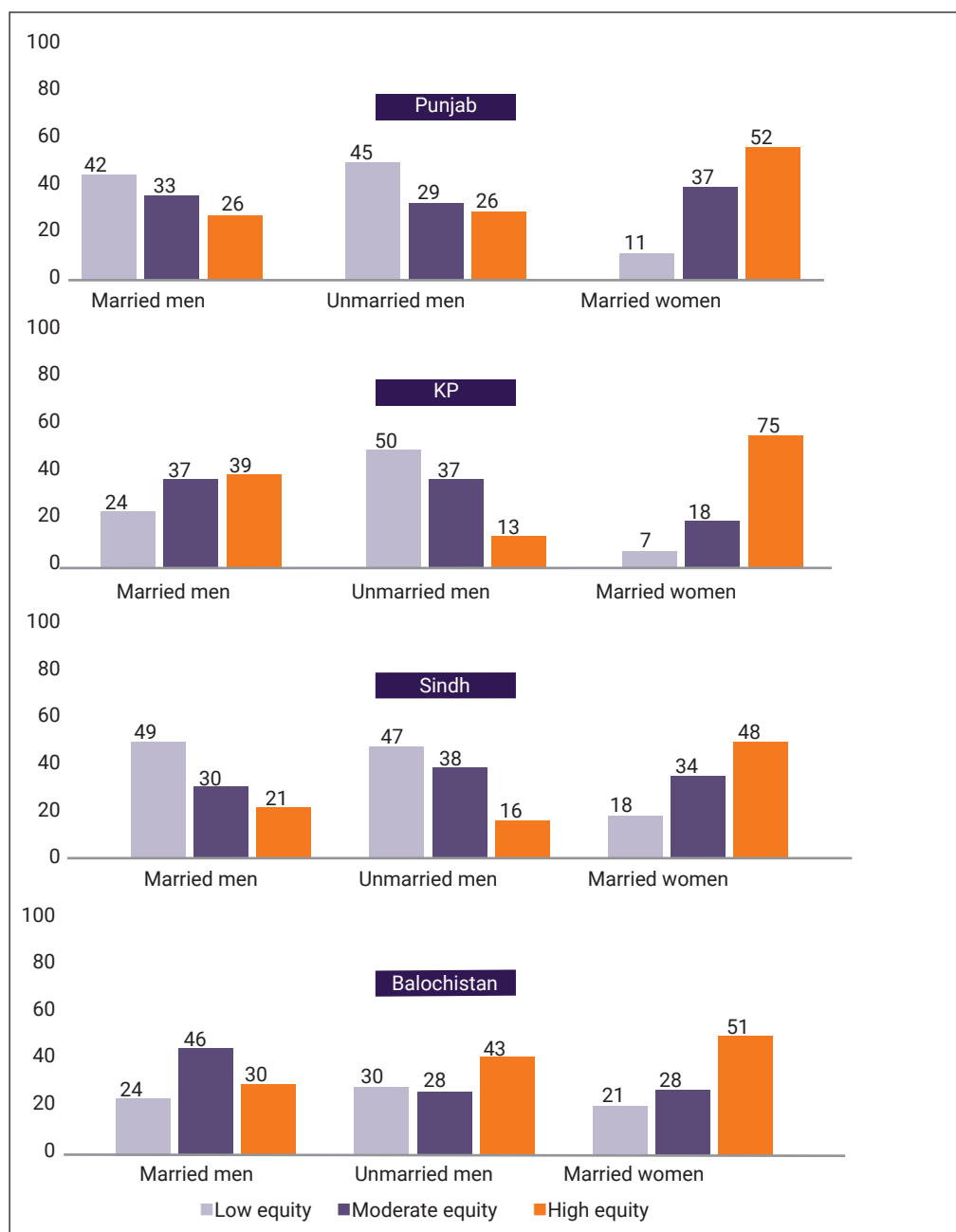
Figure 3.2 shows that there are distinct regional differences in the gender attitudes of men and women. Among respondents from Sindh, nearly half of both married and unmarried men score at the lowest end of the scale in terms of equitable attitudes. The situation in Punjab is only slightly better in this respect. KP has the highest proportion of unmarried men with least equitable attitudes (50%). In comparison, high proportions of both married and unmarried men in Balochistan and married men in KP espouse moderately and highly equitable attitudes. This could be related to the cultural norms and values practiced in these western provinces, where men treat womenfolk with more respect and courtesy. This possibility is also borne out in the qualitative component of the study.

“Men give respect to women because a woman is a mother, a sister, a daughter, and a wife. All of these relationships are nice and respectable. One should give respect to women in all these relationships.” Male, focus group discussion, urban community, Quetta.

Among the women, the proportion with highly equitable attitudes is considerably larger than those with moderate or less equitable attitudes, hovering around 50 percent for all provinces except KP, which is considered

the more conservative province but where a remarkable 75 percent of women have highly equitable attitudes. District level data, presented in Annex D, shows two districts to have conspicuously higher proportions of women espousing highly equitable attitudes, including Haripur in KP (87%) and Jhelum in Punjab (83%).

Figure 3.2: Distribution of married men, unmarried men, and women in each province by GEM Scale results, % (n= Married men- 640, Unmarried men-297, Married women-300)



Bivariate analysis was performed to explore the correlation between the gender scores of male respondents and factors such as age, education of the respondents and their spouse, SES, and residence. The results presented in Table 3.2, show that the influence of all of these factors other than residence is statistically significant. A higher proportion of young men (18-25 years) have the least equitable attitudes compared to the other three age groups. As mentioned earlier, this could be indicative of unmarried men's lack of experience of relationships with women as intimate partners, given that Pakistani society is conservative in this respect. IMAGES MENA also has similar results (El Feki, Heilman, and Barker 2017).

High levels of educational attainment are positively associated with having highly equitable attitudes and negatively associated with having less or moderately equitable attitudes. The proportion of men with highly equitable attitudes ranges from only 12 percent for those with no schooling to 42 percent for those with higher education. This is consistent with IMAGES findings in other regions (El Feki, Heilman, and Barker 2017; Dušanić 2012).

It is also interesting to note the positive association between the educational attainment of wives and more equitable gender attitudes of husbands. PDHS 2012-13 data validate this finding: Less than a third of men with spouses having no education or primary or middle education have more equitable attitudes as compared to more than half of the men whose spouses have secondary or higher education.

Qualitative data indicates that women are cognizant of these positive influences of education:

“There is a big difference between educated and uneducated men which affects their behavior and dealings with women. Similarly, educated women are stronger than uneducated women as they are aware of their rights. If a woman has a good education, then her husband cannot say anything to her. An uneducated man resorts to violence while an educated man will try to handle the situation using his brain. The uneducated man handles problems in an irrational way: he gets himself worked up and makes others upset too. The educated person would handle things wisely.” Female, focus group discussion, rural community, Multan

A higher proportion of men of high socio-economic status (38%) have highly equitable gender attitudes compared to men of low SES (16%).

In focus group discussions, men and women opined that poverty is a risk factor for experience of violence, for both men and women.

“Violence happens against the poor mostly because they are considered weak. Violence against men takes place due to poverty. If he has a good income, then nobody would perpetrate violence against him and he would

not tolerate it either.” Male, focus group discussion, rural community, Jacobabad.

“Rights would be equal in the houses where the income and resources are sufficient. There will be violence in homes where resources are limited. A person who has no resources usually gets irritated. Hence, there will be no equality and there will definitely be violence.” Female, focus group discussion, urban community, Swabi.

Not much difference is observed in the gender attitudes of urban and rural men. The proportion of men who have most equitable attitudes is only slightly higher among urban men (29%) compared to rural men (25%).

Table 3.2: GEM Scale Results by Socio-demographic Characteristics of Men (All men)

Socio-demographic Characteristics		Least Equitable Attitudes	Moderately Equitable Attitudes	Most Equitable Attitudes		
		%	%	%	p-value	n
Age	18-25 years	46	35	20	0.00	337
	26-33 years	40	31	29		222
	34-41 years	31	38	31		213
	42-49 years	35	35	30		165
Educational attainment	No schooling	50	38	12	0.00	
	214					
	Primary	47	35	18		177
	Middle	43	34	23		140
	Secondary	31	33	36		215
	Higher	26	32	42	191	
Educational attainment of respondent's spouse	No schooling	43	36	20	0.00	
	674					
	Primary	34	40	27		83
	Middle	39	23	38		56
	Secondary	20	24	56		75
	Higher	16	35	49	49	
Socio-economic status	Low	50	34	16	0.00	290
	Medium	39	37	24		335
	High	30	32	38		312
Location	Urban	38	33	29	0.30	312
	Rural	40	35	25		625
Overall		39	35	26		937



Below, we discuss further findings about the gender attitudes of respondents based on IMAGES questions other than the GEM Scale statements.

Views on Women's Rights

The Pak-IMAGES respondents were asked about their views on women's rights and the gender equality situation in Pakistan. The data presented in Table 3.3 indicates that men are skeptical about the idea of gender equality and perceive it to be a threat to their current position; more than one third believe that men will lose their rights if women get more rights. This is similar to IMAGES findings in Egypt, where a third of men surveyed also agreed with this notion (El Feki, Heilman, and Barker 2017). However, only a fifth of the women interviewed in Pak-IMAGES shared this perspective. According to Daud (2013), "a complex combination of factors ranging from deteriorating security environment, poor governance, biased cultural norms, growing radicalization and arming of society, corruption, weak enabling environment for implementation of laws to unstable political structures have all contributed towards creating formidable challenges for securing women's rights in Pakistan."

While women are vocal about their rights in FGDs, there are men who advocate for women's rights too.

"Allah has made the man the ruler of the woman and she is dependent on him. This doesn't mean that she is just to be oppressed and not given her rights. Both the man and the woman should understand their rights and both should enjoy them." Male, focus group discussion, urban, Hyderabad

Slightly less than half of men (46%) think that gender equality has already received too much attention in the country. This may suggest that patriarchal thinking endures in a large part of the population, and further implies that efforts to change the norms that relegate women to an inferior position will meet considerable resistance.

Some statements indicate that the gender equality agenda is perceived as foreign, with some women suggesting that "English" laws will not work, instead the rights enshrined in Islam should be enforced.

"The government should ensure laws that enforce the rights Islam has given to women. Men should know the rights of women, brothers should know the rights of sisters, husbands should know the rights of wives, and fathers should know the rights of daughters. There is no use for 'English' laws; only Islamic laws can correct our society." Female, focus group discussion, rural community, Swabi.

Table 3.3: Views of Men and Women on Women's Rights, %

Views on Gender Equality	All Men	Women	Overall
	%	%	%
More rights for women mean that men lose out	36	18	31
Gender equality, meaning that men and women are equal, has come far enough already in Pakistan	46	18	39
Overall (n)	937	300	1,237

An examination of the influence of socio-demographic variables reveals that men's educational attainment and SES are positively related with receptivity to gender equality. Fewer men with high education think that men lose out if women get more rights (29%) compared to men with no schooling (47%), or that gender equality has already come far enough in Pakistan—a view held by 53% of men with no schooling compared to 37% of men with high education. Similarly, fewer men of high SES think that men lose out if women get more rights (29%) or agree that gender equality has already come far enough in Pakistan (42%) compared to men of low SES (46% and 58%, respectively). Living in an urban or rural area does not have much impact on these perceptions. However, there is variation across the provinces—slightly less than half (47%) of the men in Sindh think that men lose out if women get more rights, followed by men in Balochistan (34%), Punjab (31%) and finally KP (26%). The perception that gender equality has already come far enough in Pakistan is most common among men in Sindh (66%), followed by men in Punjab (50%), KP (44%), and Balochistan (12%).

Regarding the notion that gender equality has come far enough in Pakistan, some men point to the courtesies afforded to women in public spaces as evidence that women are actually accorded preferential treatment in the country. In a focus group discussion, one man said:

"Women are treated equally and given priority everywhere like on public transport, at shops and hospitals, etc. If a woman enters a shop, the men make way for her and move aside so she can make her purchase first. They give her a seat on public transport. I think there no such issue of inequality of women in our country." Male, focus group discussion, urban community, Haripur

Attitudes to Women's Political Participation and Leadership

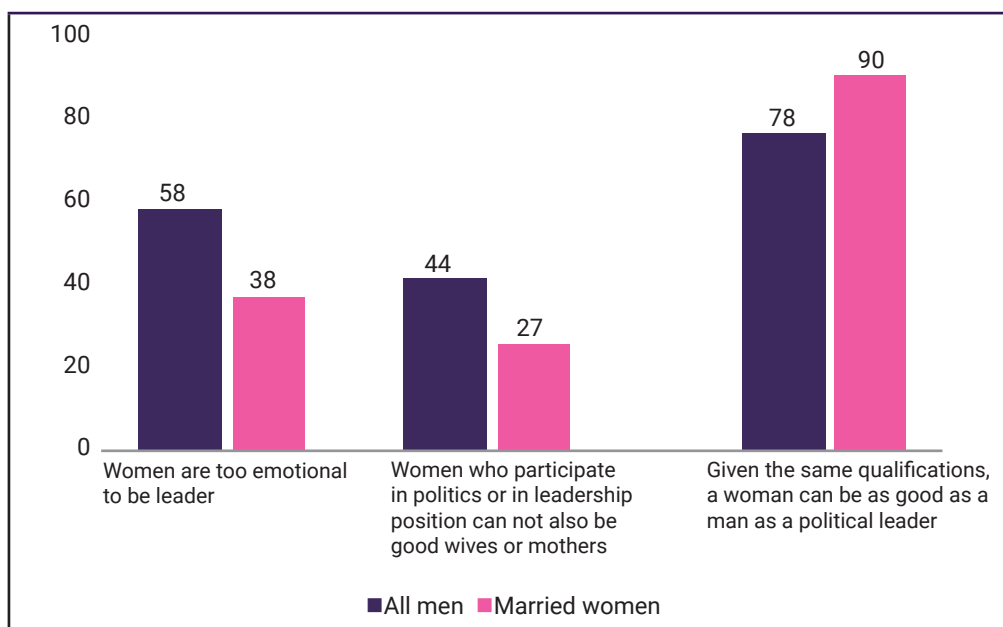
A report by the National Commission on the Status of Women in Pakistan (2010), noted that a large number of women in the country are unable to vote because patriarchal values and customary practices still prohibit or ignore their registration as voters, moreover, women politicians are patronized



by male peers within political parties and assemblies and excluded from important decision-making; latent and at times overt threats of harm inhibit women's political participation. These findings indicate some of the complex ways by which gender norms hinder women's participation in public life.

The PAK-IMAGE survey included a special section investigating the views of men and women about women as leaders in Pakistan. Figure 3.3 shows that more than half of the men agree that women are too emotional to be leaders, while more than two thirds of them believe that if women are as qualified as men, they can be equally good political leaders. A relatively high proportion of women also agree with men that women are too emotional to be good leaders.

Figure 3.3: Attitudes of Men and Women to Women in Leadership Positions, % of Respondents who Agree (n= All men- 937, Married women-300)



Bivariate analysis of the responses against socio-demographic characteristics finds associations between age and educational attainment and men's and women's perspectives on women as leaders. The results indicate that the view that women are too emotional to be leaders is primarily held by rural men and older women (ages 42-49), with no or lower levels of schooling,

The perception that women in leadership positions cannot be good wives or mothers is held by older men and women (42-49 years) from both rural and urban areas, and men of medium SES.

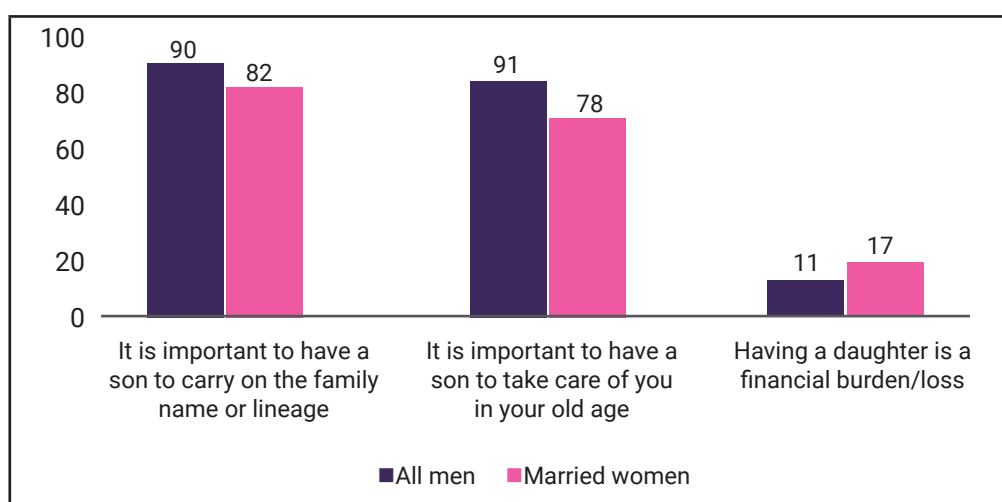
Attitudes to Women as Superiors or Colleagues at the Workplace

Hardly any (4%) of married and unmarried men were currently working under a female supervisor, whereas 9 percent of married men and 18 percent of unmarried men had done so in the past. When asked how they would feel about working with female supervisors or colleagues, about the same proportion of married (68%) and unmarried men (71%) said they would not have any objection to working under the supervision of or with women.

Attitudes to Sons and Daughters

Several studies in Pakistan have documented the existence of a preference for sons over daughters, leading to discrimination against the later right from infancy (Sathar et al. 2015). In this context, respondents were asked whether they agreed with three statements concerning the importance of sons and daughters. The responses, shown in Figure 3.4, indicate that a large majority of both men and women consider it important to have sons to carry on the family lineage and to take care of parents in their old age. A larger proportion of men have this attitude compared to women.

Figure 3.4: Attitudes of Men and Women towards Sons and Daughters, % of Respondents who Agree with the Statement (n= All men- 937, Married women-300)



In focus group discussions, participants underscored that preference for sons is exhibited from the very birth of a baby. The arrival of sons, who are considered a source of strength for parents, is greeted with celebration, while the birth of daughters evokes less happiness.



“On the birth of a daughter, family members get upset. On the birth of sons, they celebrate and say God has blessed them. They get very excited if a boy is born.” Female, focus group discussion, rural community, Chiniot

Surprisingly, the statement that daughters are a financial burden was strongly rejected by the majority of respondents, with only 9 percent men and 17 percent women agreeing with this perspective. The response may have been influenced by religious teachings that prohibit considering girls as a burden.

“Islam has given the woman great respect, whether she is a daughter or a wife.” Male, focus group discussion, rural community, Swabi.”

At the same time, however, in FGDs, some men suggested that the status of girls is undergoing change as they are more involved in supporting their families economically.

“Now girls have moved forward. They are well educated and supporting their parents. The old perceptions have gone now.” Male, focus group discussion, urban community, Jhelum.

Attitudes to Gender-Based Violence

In the Pak-IMAGES interviews, respondents’ attitudes to gender-based violence were examined in detail with a special focus on harassment and on violence rooted in traditional practices, especially honor killing.

Views on Harassment

In Pakistan, the respect accorded to women is often based on their conformance with norms related to mobility and appearance in public places. Exploring respondents’ opinion on this topic, we found that slightly more than half the men believe that a woman is “asking to be harassed” if she goes outside her house alone, a sentiment echoed by only 15 percent of women (Figure 3.5). In FGDs, women agreed that women who work outdoors face higher risks of being harassed.

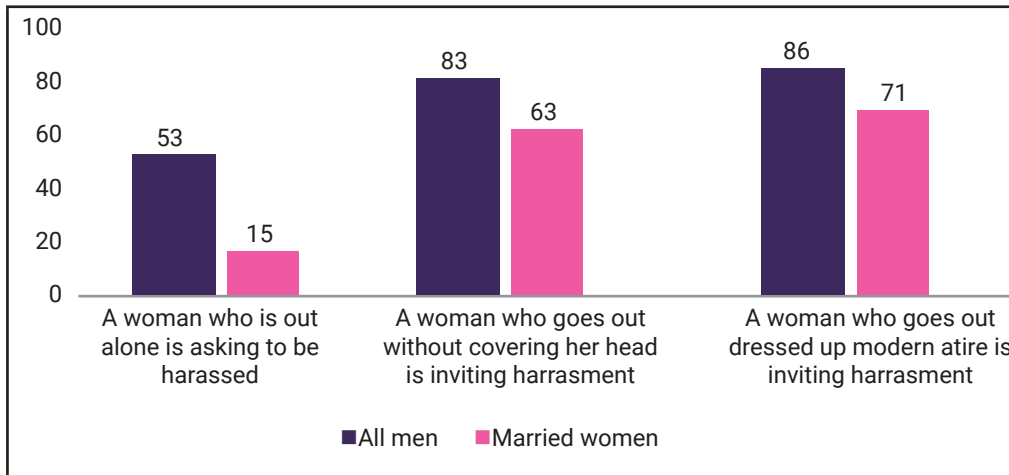
“If a woman goes out for work, people start talking about her, that she goes out alone. Then she stops going and stays at home to protect her honor. How can she manage her family and look after the children?” Female, focus group discussion, rural community, Multan.

“Violence is happening at the workplace among laborers. Employers harass women at work and this is mental torture as well because they threaten to fire them.” Male, focus group discussion, urban community, Hyderabad.

However, more concordance is observed between the responses of men and women on the issue of how women should dress in public: a large percentage of respondents of both sexes agree that women who do not dress conservatively when they go out in public are inviting harassment.



Figure 3.5: Attitudes of Men and Women to Women’s Harassment, % who Agree (n= All men- 937, Married women-300)



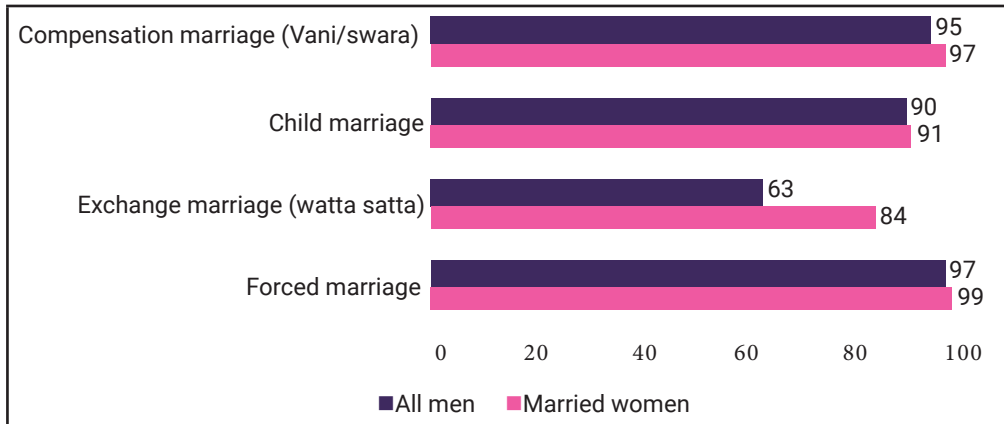
Views on Traditional Forms of Violence

Many of the traditions that hold in communities across Pakistan have implications for power dynamics in gender relations. In general, women are expected to be submissive to the male members in their families—especially fathers, brothers, and husbands—who are viewed as their protectors and whose use of force as a means of maintaining control is widely accepted. Women’s sexuality, in particular, is controlled as a part of the “honor” of their ‘protectors.’ These norms manifest in the various traditional forms of discrimination and violence, such as child marriage; exchange marriages (*watta satta*); compensation marriages (*vani*); and honor killing (*karo-kari*), among others (Qaisarani et al. 2016).

Pak-IMAGES probed respondents’ perspectives on such traditional forms of GBV for a deeper assessment of their gender attitudes. Respondents were asked whether specific traditional practices constitute violence against women and girls. As Figure 3.6 shows, the majority of both men and women affirmed that each of the listed acts including compensation marriages (*vani/swara*), forced marriage, child marriage and exchange marriages (*watta satta*), did constitute violence against women. This awareness was largely consistent across socio-demographic characteristics.



Figure 3.6: Proportion of Men and Women who Agree that Specific Traditional Practices Constitute Violence against Women, % (n= All men-937, Married women-300)



Views about Honor Killing

Respondents were asked specifically about the perception in their community of the traditional violent practice of honor killing, in which women who have purportedly tarnished the family name are murdered by a male member of their own family. Table 3.4 shows that alarming proportions of respondents, ranging from 22 percent in Jhelum to 84 percent in Quetta, believe that people in their community generally approve of honor killing.

Table 3.4: Approval of Honor Killing by Communities as reported by Respondents

Respondents reporting that people in their community approve of honor killing			
Province	Districts	%	n
Punjab	Chiniot	48	119
	Jhelum	22	116
	Multan	44	127
KP	Haripur	46	124
	Swabi	43	116
Sindh	Jacobabad	66	124
	Hyderabad	28	122
	Umerkot	26	123
Balochistan	Quetta	84	126
	Lasbela	54	98
Overall		46	1,195

Qualitative data also suggests that, while the majority do not concur, in some communities, perceived infringement of 'honor' is a commonly accepted reason for violence against women, ranging from beatings to murder.

"Honor killing is common here and they don't consider it a big deal." Female, focus group discussion, rural community, Multan

"There are so many stories in Sindh about murders for little things. Killing in the name of honor is also a type of torture. In our society, it is very common to beat or kill someone in the name of honor." Male, focus group discussion, urban community, Hyderabad

Awareness and Views on Pro-Women Legislation

The rights of women in Pakistan are protected in the Constitution of Pakistan (National Assembly of Pakistan 1973) and various laws to curb gender-based violence have been passed by the national and provincial assemblies of Pakistan. While the laws mark an important step in ending the tolerance of many anti-women practices, they are frequently criticized for having loopholes and being poorly implemented due to reasons such as biased attitudes in the judiciary, inadequate access of women to courts, and deliberate or inadvertent lack of support from the police (Zaman and Zia 2013).

Pak-IMAGES found awareness regarding policies and laws for women's rights in general and against GBV in particular to be quite minimal among both men and women. Most respondents were either unaware of any law, or referred vaguely to the laws against acid throwing or harassment at the workplace.



Federal Laws

- Protection of Women (Criminal Laws Amendments) Act, 2006
- Protection Against Harassment at the Workplace Act, 2010
- Criminal Law (Amendment) Act, 2010
- Criminal Law (Second Amendment) Act, 2011
- Criminal Law (Third Amendment) Act, 2011
- The Acid Control and Acid Crime Prevention Act, 2011
- The Women in Distress and Detention Fund (Amendment) Act, 2011
- Prevention of Anti-women Practices (Criminal Law Amendment) Act, 2011
- Prevention and Control of Human Trafficking Ordinance, 2002

Provincial Laws

Balochistan

- Balochistan Domestic Violence (Prevention and Protection) Act, 2014
- Balochistan Protection against Harassment of Women at Workplace Act, 2016

Khyber Pakhtunkhwa

- Enforcement of Women Ownership Rights Act, 2012
- Elimination of Custom of Ghag Act, 2013

Punjab

- Punjab Marriage Restraint (Amendment) Act, 2015
- Punjab Protection of Violence Against Women Act, 2016

Sindh

- Sindh Prevention and Protection from Domestic Violence Act, 2013
- Sindh Child Marriage Restraint Act, 2013
- Sindh Hindu Marriage Act, 2016

Qualitative data depicts a similar picture. Only a few women mentioned the Sindh Child Marriage Restraint Act, 2013 and the Acid Control and Acid Crime Act. Otherwise, women had no knowledge of laws for the protection of their rights.

More men were aware that there are laws to protect the rights of women, such as women's rights of inheritance, right of divorce, honor killing, acid throwing, sexual harassment, etc., although, they have limited knowledge about details. Men also pointed out that existence of laws was of no value without proper implementation.

"There is no law for women like us. We are uneducated people and we don't know anything about laws. We cannot read newspapers—maybe we could have read them if we had an education. There is no facility to go outside, so where would we go for information?" Female, focus group discussion, rural community, Lasbela.

"We heard about the law concerning marriage at a young age. She [a bride] must be mature. She must be at least 18 years old. Otherwise, the police can arrest her family." Female, focus group discussion, rural community, Jacobabad.

"Another law has been passed against honor killing. Before, they [heirs of the deceased woman] used to forgive these killings but now there is no option of forgiveness and perpetrators will get charged with murder and get the punishment for murder." Male, focus group discussion, urban community, Hyderabad.

"There are some laws that have been passed but have not been implemented so far. They are just written in papers. They made the law of inheritance but women are not given their rights. Women should be given their inheritance rights." Male, focus group discussion, rural community, Chiniot.

A large majority of respondents had very low awareness of existing laws and policies. Furthermore, 42 percent of men and around two thirds of women thought there was a need for further laws to protect women's rights (Table 3.5). An important finding is that women, while less aware of legislation, do feel that it is important for them. The two major areas of legislation suggested by these respondents were inheritance and GBV, with about equal proportions of men suggesting legislation in both areas, and a higher proportion of women (56%) suggesting laws to curb violence against women (as against 35% of men). The same areas for legislation were generally brought up in the qualitative discussions.



Table 3.5: Attitudes of Men and Women about New Laws to Protect Women's Rights

		All men	Married women	Total	
		%	%	%	n
Should there be any other/new law for women rights?	Yes	42	60	46	451
	No	58	40	54	530
Overall		100	100	100	981
If yes, what kind of law?	Inheritance	36	17	30	136
	Child custody	7	3	6	25
	Divorce rights	3	6	4	17
	Violence against women	35	56	41	185
	Others	20	19	19	87
Overall		937	300	100	450

Exposure to Campaigns against GBV

The exposure of men and women to campaigns or activities aimed at preventing violence against women in their community or at their workplace was explored. Table 3.6 reveals that although more than one third of men and women have been exposed to TV advertisements or public service announcements questioning men's use of violence against women, a much lower proportion (10% of men and 8% of women) knew of any campaign or other local initiative. Only a negligible proportion (4%) of both men and women have ever participated in any activity, such as a seminar, group discussion, rally or walk challenging men's use of violence against women.

Table 3.6: Percentage of Men and Women Ever Exposed to Campaigns against GBV

Exposure/Participation in GBV Campaigns	Men (937)	Women (300)
	%	%
Ever seen an advertisement or public service announcement on television questioning men's use of violence against women	38	35
Ever heard of any campaigns or activities in community or workplace that talked about preventing violence against women	10	8
Ever participated in an activity (group session, rally, etc.) in community or workplace to question men's use of violence against women	4	4

4

GENDER DYNAMICS WITHIN HOUSEHOLDS

Husbands are playing a supportive role in reproductive health:

79% men participating in the survey reported accompanying their wives during antenatal visits.



Key Findings

1. Most household decisions are reported to be made either jointly by husbands and wives, or by men unilaterally.
2. Comparison of decision making patterns in respondents' current and childhood homes shows that sole decision-making by both men and women has declined in favor of more joint decision-making.
3. Men mostly exercise sole authority in decisions about their wives' going out alone.
4. Joint decision-making is reported most frequently by men who are older than 42, educated beyond middle level, employed, of moderate socio-economic status, have more gender equitable attitudes, and live in rural areas.
5. The reported division of domestic work reflects distinctly gendered and traditional patterns, with women cooking meals and performing most child care tasks and men performing outdoor chores.
6. More than 80% of respondents report that their fathers participated in child care, but much lower proportions report their fathers performing other household chores.
7. The vast majority of men and women report being satisfied with the current division of housework, almost all married men (99%) and a majority of women (80%) report they have a good relationship with their spouse and frequently discuss problems.
8. However, qualitative findings suggest many women keenly perceive inequality in the spousal relationship and are frustrated at having little say in decisions affecting their lives, not being acknowledged for the hard work they contribute, and being barred from accessing health, education and social opportunities due to restrictions on mobility and reliance on men's permission and support.
9. Husbands are playing a supportive role in reproductive health: 79% of men report accompanying their wives and 64% of women reported being accompanied by their husbands to antenatal visits; the majority of men and women report that the father was present at the last childbirth and took paternity leave.



This chapter reports the study's findings about gender dynamics that prevail within the respondents' households, with a focus on men's behavior as husbands and fathers. We explore the division of decision-making powers and domestic responsibilities between men and their wives; spousal communication and the satisfaction of men and women with their marital relationship; men's practices around the time of the birth of their children and involvement in subsequent caregiving. Since childhood experiences play an important role in shaping attitudes and behaviors, the influence of men's childhood observations and experiences related to these spheres is also examined. In view of the subject matter, the analysis is based on responses from currently married men and women only. However as mentioned earlier, none of the men interviewed in the survey were husbands of any of the women respondents.

Household Decision-Making

Men and women were asked about the roles of various family members in different household decisions. The responses from both male and female respondents, shown in Figure 4.1, indicate clearly that men have more sole decision-making authority compared to women, which may be because men are heads of the family and breadwinners in most cases (77%). At the same time, however, for almost all decisions, a greater number of respondents—more men than women—report that the decision is made jointly in their household.

Nearly half the women and 60 percent of men report living in a joint family. The data highlights involvement of other family members in decision-making as well, who are parents of the husband in the majority of cases.

The issue on which men are most frequently reported to exercise sole authority, by both men (46%) and women (44%), is wives' mobility. Specifically, whether their wives can go outside the house alone (Figure 4.1). More men report having the final say in this matter (46%) than on decision-making pertaining to large investments (36%). The importance of this issue is reinforced by responses to another question, in which more than two thirds of men report being aware of their wives' daily activities. The IMAGES MENA has similar findings, with men expected to control many of their wives' personal freedoms, from what they wear to where they go (El Feki, Heilman, and Barker 2017).

The qualitative component of this study offers further insights into how these restrictions play out in Pakistan:

"If women need to go out or attend some ceremony, they have to get permission from their husband. Until then, they may just get ready, but they stay at home. For everything, their husband's consent is a must. Without it, they cannot do anything." Female, focus group discussion, rural community, Umerkot



“When we go to someone’s house, we are ordered to come back immediately. We get stressed while sitting there because if we get late, maybe our husbands will beat us.” Female, focus group discussion, urban community, Haripur

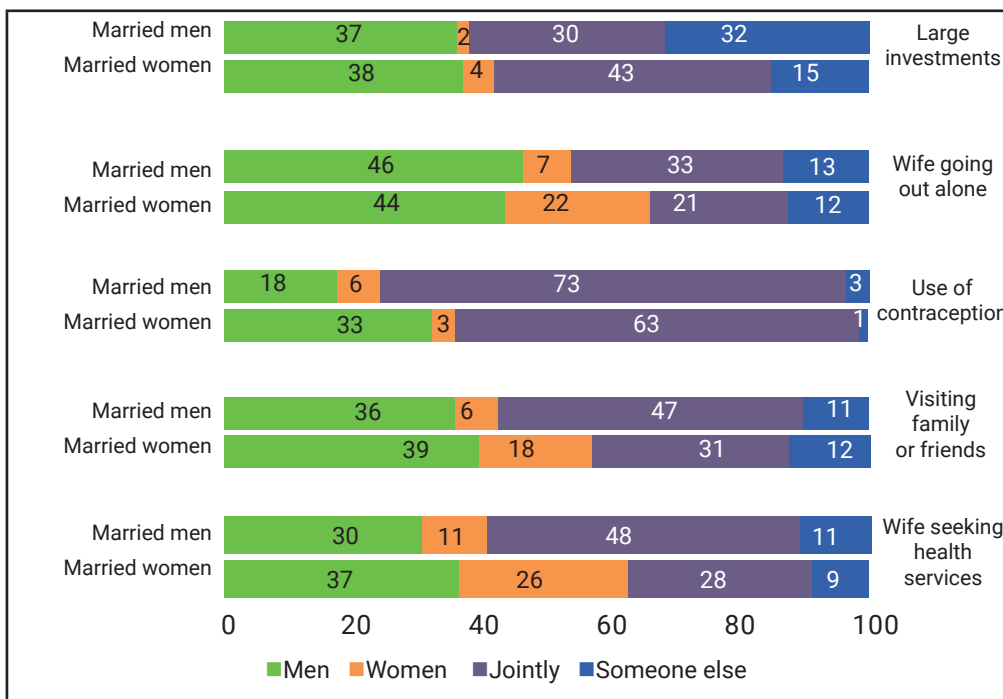
Men admit this restriction on women’s mobility:

“A woman cannot go to the market, she cannot go out alone, and it is considered bad if she goes outside without any family member. The reason for this is that the husband is dominant in our society and he doesn’t like it.” Male, focus group discussion, urban community, Jacobabad

These findings echo those of a study by Rozan (2010), in which most male respondents reported they consider it important to “keep an eye” on the movements of their sisters and wives.

Encouragingly, decisions regarding use of contraceptives are made mutually by more than two thirds of couples. However, there is not much concordance in the responses of men and women regarding decisions related to availing health services or visiting family or friends. Around half of men think that decisions are made jointly, whereas less than one third of women share this view. Compared to men, more women report that men have the final say in matters related to their wives’ use of health services.

Figure 4.1: Percentage of Respondents Reporting who has the Final Say in Family Decisions (n=Married men- 640, Married women- 300)



Qualitative findings generally support the quantitative data from all study districts. Rural women report that a woman who is sick cannot go to a doctor for a checkup or treatment until her husband comes home and explicitly permits her to go.

“Men can go for treatment if they get ill but if women get ill, they cannot go unless men take them. If there is no one to take them, the women have to stay at home and wait.” Female, focus group discussion, rural community, Chiniot

“We have to obey the orders of our husbands about where to go and where not to go.” Female, focus group discussion, rural community, Jacobabad

This rift was palpable in qualitative discussions. Women eloquently voiced their grievances over not being involved in important decisions. They claimed that a woman may have some say in minor issues within the household but there is no or limited space for participation in larger decisions concerning the household or community, even if they are related to women’s issues.

“If men and women are sitting together at any place and both are discussing something, the women’s point of view is considered wrong while the same words uttered by men may be considered right. In our society, men think that women are not that sensible and they don’t have a right to participate in any decision-making. Even if they are right, their inputs are considered to be wrong.” Female, focus group discussion, urban community, Jhelum



A man is a man; he considers himself ‘everything,’ (Female-Multan)

Women from almost all study locations were not satisfied and complained about the dependence that women are forced to have on men in the country’s male-dominated society. Particularly the mobility restrictions that render them helpless in many situations. They pointed out that a man can go out whenever he wants while women must get permission from their brothers or fathers before marriage and from their husbands after marriage. Women’s mobility depends not only on men’s permission but also the financial support they are willing to provide to enable a woman to go out.

“A man is a man; he considers himself everything. Men don’t respect women. It’s their prerogative whether they want to take us anywhere; otherwise, a woman cannot go anywhere by her own will. There is no difference between our animals and us.” Female, focus group discussion, rural community, Multan-

Men admitted that women have little involvement in decision making, even in matters related to their own lives. For example, parents make marriage decisions in all cases—they do not ask girls if they are willing, while boys do have choice as well as a say, and can force their parents to accept their choice.

“We don’t ask women about their willingness before their marriage or engagements and women have to suffer from this decision for the rest of their lives.” Male, focus group discussion, urban community, Quetta

“Not a single woman has a right to a single thing here. A man decides whether a young girl will go to school and get an education. Here, people say that a woman would be spoilt if she went out.” Male, focus group discussion, urban community, Quetta

Influence of Childhood Experiences on Decision Making Patterns

To compare current patterns of household decision-making in respondents’ homes with the patterns they witnessed as children, they were asked how decisions were made in their childhood homes about specific matters such as expenditure on food and clothing, schooling of sisters and brothers, and investment in more valuable items. Both men and women reported that these decisions were usually made either jointly by their parents or by their fathers alone. Mothers’ role in household decision-making was reported to be very limited. Interestingly, while there were no major differences between reporting from men and women in this respect, women assigned a slightly higher weightage to their mothers’ role in all matters (Figure 4.2).



Figure 4.2: Proportion of Respondents Reporting Who had the Final Word in Household Decisions in their Childhood Homes (n= Married men- 640, Married women- 300)

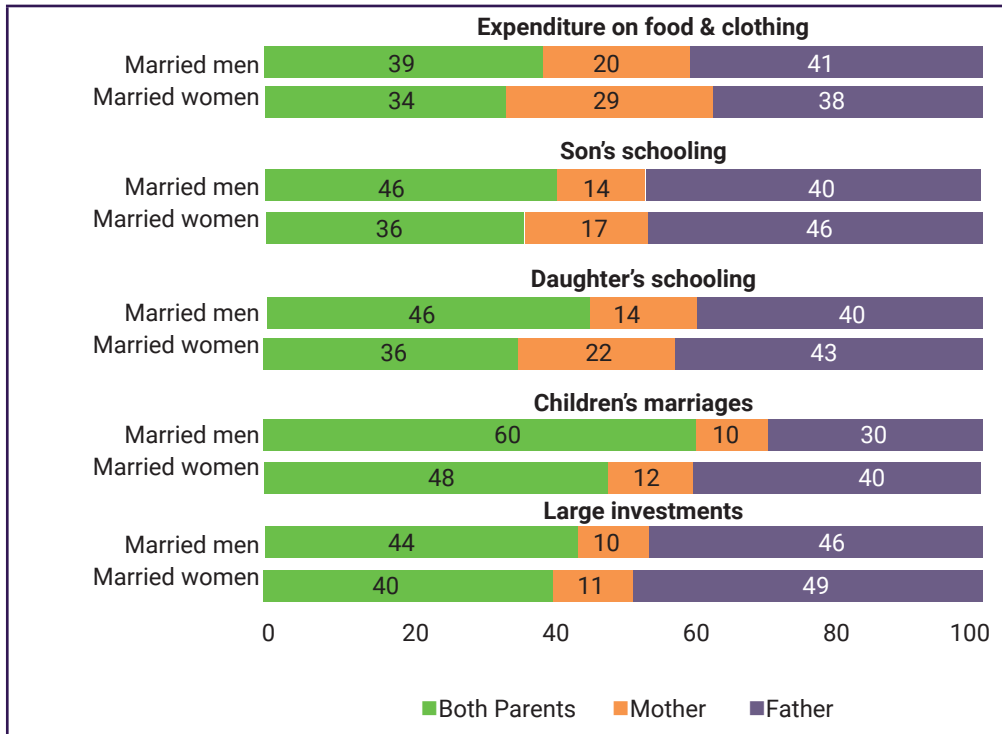
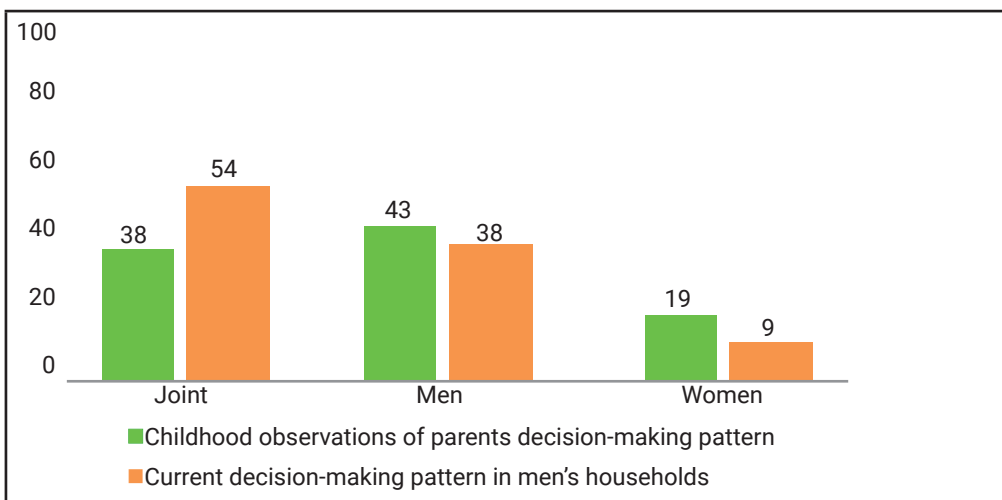


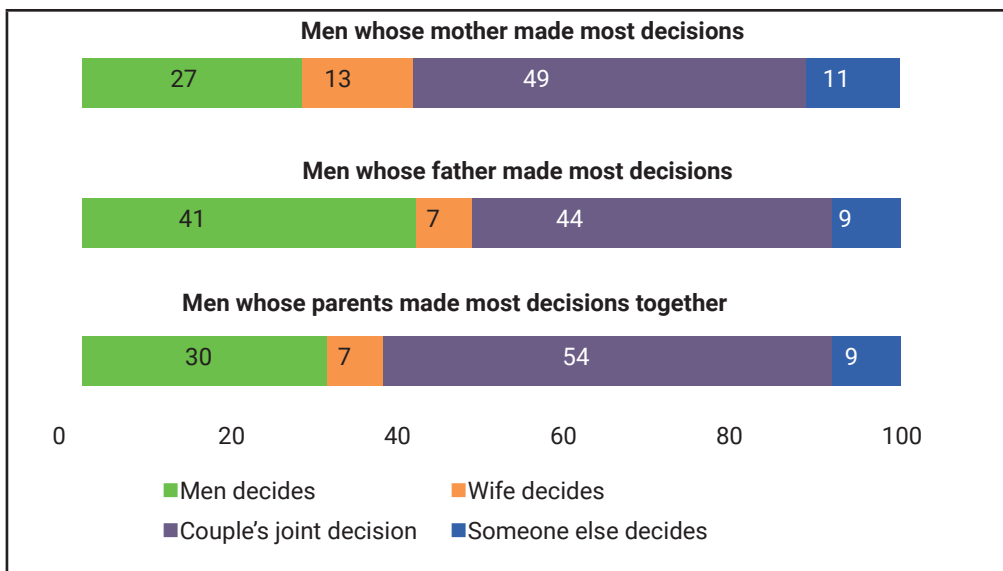
Figure 4.3 compares decision-making patterns in the current households of married men with the patterns they report observing between their parents in their childhood homes. The data indicates **a shift from sole decision-making by both men and by women in favor of more joint decision-making.** Sole decision-making has declined more for women than for men across the generation.

Figure 4.3: Comparison of Decision-Making Patterns of Two Generations, as Reported by Married Men (n=640)



Although there is some increase in the involvement of women in decision-making, the evidence indicates that men still retain more decision-making power than women. This mirrors what they have seen in their own childhood. Figure 4.4 shows that among men who saw their parents mainly making joint decisions, most (54%) are currently following the same pattern. Among those who saw their fathers have the final word in most decisions, 41 percent are emulating the same behavior. Among men whose mothers used to make most decisions independently, 13 percent report that their wife makes most decisions independently.

Figure 4.4: Married men’s Current Decision-Making Dynamics, by Childhood Experiences, % (n=640)



How women become voiceless: Perspectives of men and women

Children learn what they observe or experience in their childhood. When boys and girls see gender inequalities in their childhood, they tend to repeat the script in their own practical lives.

Interestingly, men and women respondents expressed quite different perspectives on the forces underlying gender discrimination and the distribution of decision-making power. Men, particularly from urban settings (especially districts Quetta and Jhelum), perceive women to be mainly responsible for promoting gender discrimination by giving importance to sons over daughters in terms of food distribution, education, decision-making, and by deferring to their husbands' choices and decisions over their own. These patterns, witnessed first-hand by sons as they grow up, lead men to consider women as inferior and to not give weight to their voices.

In one discussion, men drew a surprisingly insightful picture of how their own disparaging treatment of women leads to self-doubt among women, making them more amenable to leaving decision-making to the men in their lives.

"We don't seek the opinion of the woman, and even if she gives us some good advice, we ignore her, considering her less intelligent. After that, she feels she has no value in the household. This is the biggest issue of our society: that we don't involve women in decision-making, which creates inferiority amongst women. They accept the decisions of their men." Male focus group discussion urban community, Quetta

On the other hand, women perceive that being part of a patriarchal society, men feel superior to women and domination becomes part of their gender role.

"Only men run this society and women are kept behind. No woman can do a job outside or go to someone's house or another city. She can only be behind the man and follow him." Female, focus group discussion, rural community, Umerkot

Influence of Socio-demographic Characteristics and Gender Attitudes

Bivariate analysis was carried out to see how decision-making patterns are affected by men's age, education, socio-economic status, residence, and GEM Scale score. The data in Table 4.1 shows that joint decision-making is reported most frequently by men who are rural, older than 42 years, educated beyond eighth grade (middle), employed, and of moderate socio-economic



status, and who have more equitable gender attitudes. Age is a important factor: on the one hand, involvement of others in decision-making declines from 23 percent at younger ages to 2 percent at older ages; on the other, joint decision-making among husbands and wives increases, perhaps portraying a rise in mutual trust and confidence with the passage of time. The majority of both employed and unemployed husbands report making decisions jointly with their wives, while around one fifth of unemployed men also report that wives or other individuals make decisions in the households. Among employed men, a comparatively higher proportion are sole decision-makers. Similarly, a higher proportion of men with moderate or highly equitable attitudes report making decisions jointly with their wives compared to men with lower GEM Scale scores.

Table 4.1: Decision-making Patterns by Men’s Socio-demographic Background Characteristics and Gender Attitudes (Married Men Only)

Socio-demographic Characteristics (men)	How most decisions are made				n=640
	By self	By wife	Jointly	By someone else	
Current age	%	%	%	%	
18-25 years	42	5	30	23	105
26-33 years	36	9	45	9	169
34-41 years	31	8	52	8	204
42-49 years	31	7	59	2	162
Educational attainment					
No schooling	42	8	44	7	178
Primary	36	11	42	10	125
Middle	32	7	54	7	90
Secondary	25	6	57	12	145
Higher	34	7	48	11	102
Socio-economic status					
Low	40	10	40	9	210
Medium	32	5	54	9	246
High	30	8	51	11	184
Location					
Urban	39	6	44	10	217
Rural	32	9	51	9	423
Employment status					
Employed	35	7	49	9	590
Unemployed	22	16	44	18	50
GEM Scale score					
Least equitable attitudes	42	3	42	12	236
Moderately equitable attitudes	35	8	50	7	226
Most equitable attitudes	22	13	56	9	178

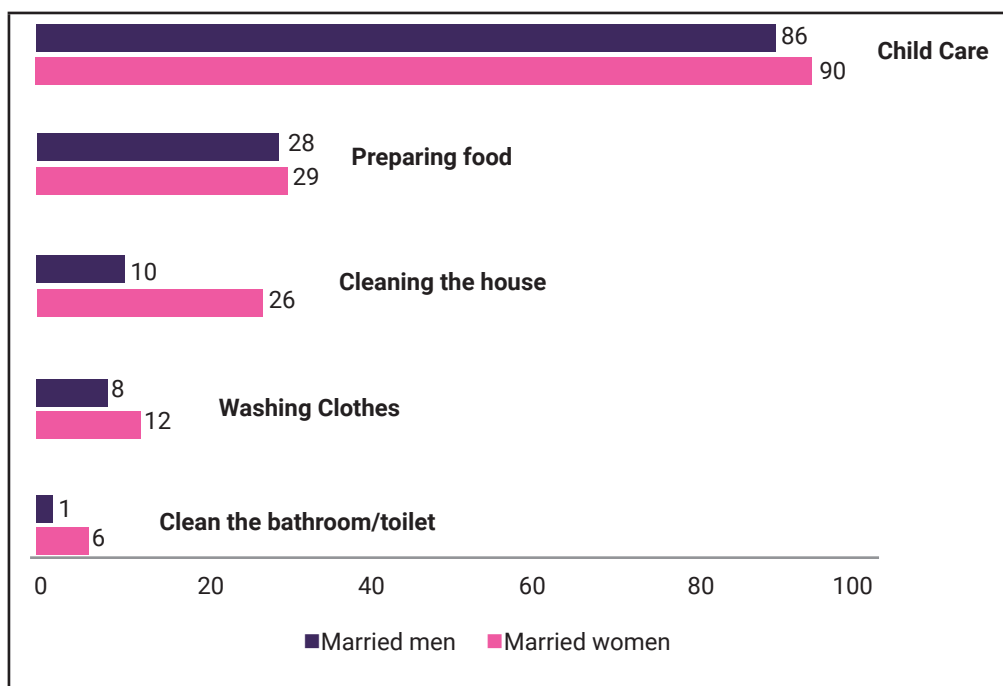


Men's Participation in Household Work

Childhood Observations

Patterns of work sharing and division in the household greatly influence and determine children's attitudes to gender equality and the dynamics of their future households. Men and women who have seen their fathers or any other male member sharing household responsibilities may be expected to perceive such involvement more positively. In this regard, all respondents were asked about the patterns of work sharing they witnessed in their homes as children. Their responses, summarized in Figure 4.5, suggest that it was primarily unexpected of their fathers to contribute in most household chores, especially washing clothes or cleaning the house; it was quite rare for a man to clean the toilet. Although a clear majority of respondents reported their fathers did take care of them and their siblings, this care took the form of playing with the children or taking them out; it did not involve tasks like changing diapers or clothes. We may infer that most respondents grew up in an environment where gender norms dictated a skewed division of household work between male and female members.

Figure 4.5: Proportion of men and women who saw their fathers or any other male figure at home contributing in household chores in childhood, % (n= Married men- 640, Married women-300)



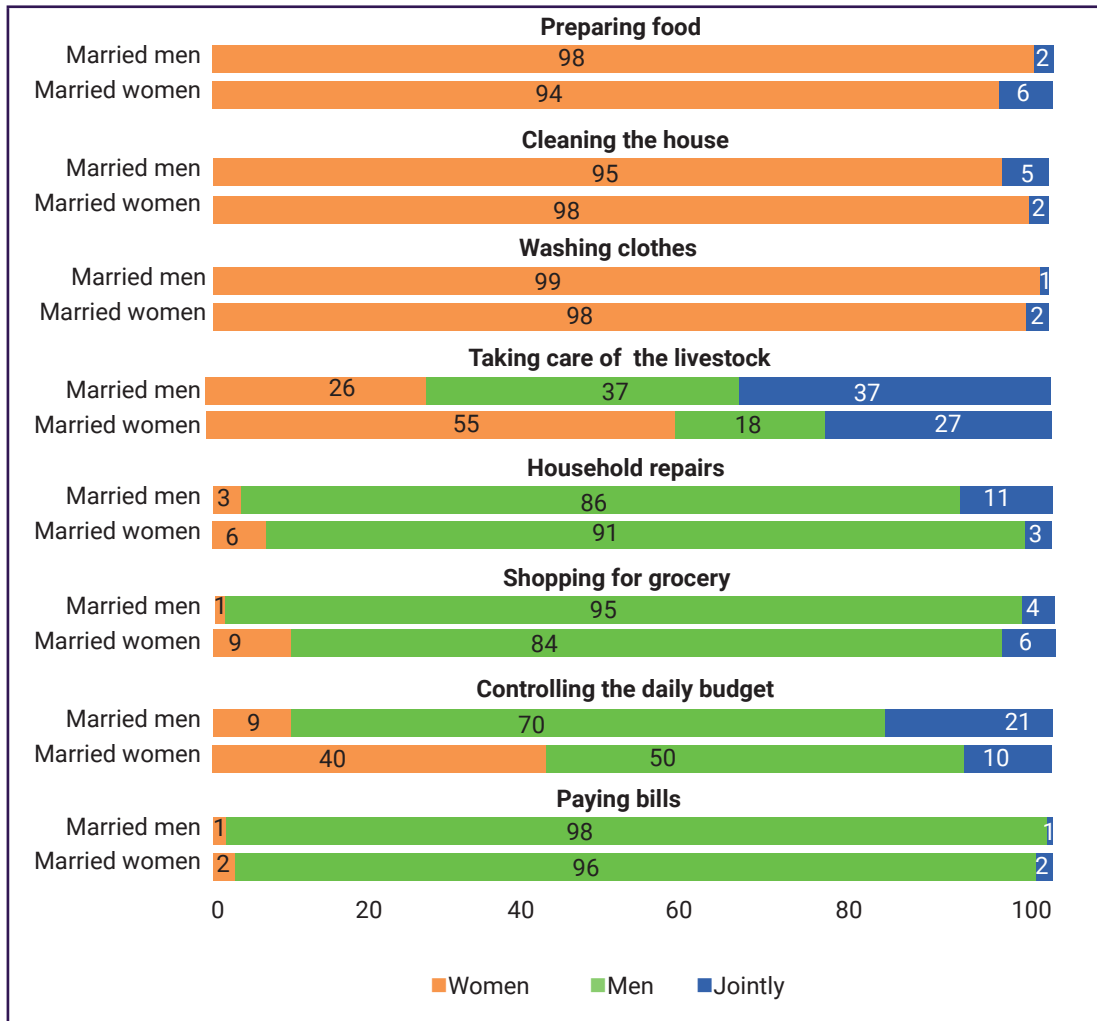
Current Practices

Men and women were also asked how they and their spouses shared household chores in their current household. Their responses, presented in Figure 4.6, generally show a clear demarcation of roles by gender, with certain responsibilities defined as masculine or feminine domains. Mostly, men perform tasks that require mobility or involve some element of physical strength such as grocery shopping, paying bills, household repairs, while lighter or internal tasks such as cooking, doing the laundry, or cleaning the house are typically women's responsibility. The data reveals a high level of concordance between men's and women's responses on most statements, although a higher proportion of men than women perceive there to be joint participation in some of the household chores. Exceptions are responses to who controls the daily budget and who takes care of the livestock. The gap between men's and women's reports here could be due to a difference of interpretation; for example, women may have understood the term budget management to mean day-to-day expenditure, while men may have deduced the broader meaning of financial control.

Overall, the reported division of domestic work reflects distinctly gendered and traditional patterns. A similar division has been reported in many other countries where IMAGES has been conducted.



Figure 4.6: Percentage of Respondents Reporting Who Performs Various Household Chores (n= Married men- 640, Married women-300)



Discussions conducted in the qualitative part of the study support these findings. Women and men, especially from rural areas, report that housework is divided along clear gender lines.

Men usually do not take part in household activities such as cleaning or washing even if they are unemployed, and women do not shop for groceries, pay the bills, or run any other external errands. Interestingly however, apart from the heavy burden of household chores, which they primarily manage alone, women do also contribute in economic activities outside the home. This is common in rural Sindh and Punjab, where women are usually involved in agriculture related activities, paid or unpaid.



“Women do more work than men. Women perform household chores, look after the animals, and labor in the field for 120 rupees a day. Men do labor once or twice in a month and keep saying that they have done the labor but women labor the whole month and they don’t get acknowledgment for that. When the wife earns, they become happy and forget about their honor and dignity because she has brought one or two thousand rupees home.”
Female, focus group discussion, rural community, Multan

Notably, the Pak-IMAGES study does not find men’s current participation in household chores to be linked with their fathers’ practices, which is contrary to the finding of a positive association in IMAGES studies in some other countries Nigeria (NIMAGES, 2015), Rwanda, Chili, Mexico, Croatia (Barker et al. 2011).

Views on Division of Housework

The respondents were asked whether they and their spouses were satisfied with the current division of housework. All men (100%) are quite certain that they and their wives are both very satisfied with the current division of domestic responsibilities. This view was corroborated by nearly all women (98%). The apparent satisfaction is consistent with the view of a majority of men and women that a woman’s primary role is to take care of her home, as shown in Table 3.1 in Chapter 3.

“It’s fine as men go and work outside and women stay home and manage the household. Both work till evening, the man outside and woman inside the house. We, the men, should consider her contribution as well and if a woman is educated more than a man, then it would be good if she guides him in his work as well.” Male, focus group discussion, urban community, Jhelum

However, when probed further during the qualitative study, women expressed some discontent. Although both men and women accept the gendered division of the domestic work burden, women also realize—and resent—the fact that while they shoulder a large share of responsibilities, they are not accorded a commensurate degree of power and importance. Moreover, women acknowledge their own role in perpetuating this imbalance of power.

“Life isn’t possible without a woman, and yet all the violence is directed at women. Woman gets every punishment. She carries the child in her womb, gives birth, and looks after the children. She looks after her husband, and the animals of the house. And still she is subjugated and the man has precedence. This is all her own fault—that she has given him precedence.”
Female, focus group discussion, rural community, Umerkot

Spousal Relationship and Couple Communication

Pak-IMAGES also explored the spousal relationship between husbands and wives. Respondents were asked questions about several aspects, such as their overall satisfaction with the relationship; how frequently spouses communicate with each other about any issues or problems they may be facing; what types of activities they enjoy doing together.

As shown in Table 4.2, almost all men (99%) and a majority of women (80%) report having a good relationship with their spouse. Notably, respondents' characterization of the overall relationship as good, neither good nor bad, or bad was subjective.

There is consistency between men's and women's responses regarding when they last talked to their spouse about any issue or problem they were facing. The majority of respondents reported that they and their spouse had discussed an issue that either of them was facing in the past few days. This indicates that most men and women rely on one another for emotional support in dealing with problems, strengthening the finding, mentioned in Chapter 2, that more than two thirds of men seek support from their wives when they are depressed, sad or disappointed. Similarly, in the IMAGES MENA study, more than 70 percent of Egyptian and Moroccan married men reported relying heavily on their wives in times of stress and trouble (El Feki, Heilman, and Barker 2017).

Table 4.2: Reports of Married Men and Women about Spousal Relationship and Communication

Spousal Relationship and Communication		Married men (n=640)	Married women (n=300)
		%	%
How would you characterize your relationship with your spouse on the whole?	Good	99	80
	Neither good nor bad	1	19
	Bad	0	1
When was the last time you talked to your spouse about problems/issues you are facing in your life?	Never	12	8
	Few days ago	60	75
	Few months ago	28	18
When was the last time your spouse talked to you about problems/issues she/he is facing in her/his life?	Never	7	14
	Few days ago	64	69
	Few months ago	29	18
Overall		100	100

Men and women were presented a list of activities and asked if they engaged in these with their spouse. They were also asked to rate how much they enjoyed doing those activities on a scale of 1 to 5, with 1 representing least enjoyment and 5 meaning they greatly enjoyed the activity. The responses,



shown in Table 4.3, indicate that men and women enjoy talking to their spouses, having meals and traveling together, and jointly spending time with their children, with men markedly enjoying the last activity. Relatively fewer men and women attend cultural or sports events together.

Table 4.3: Activities Couples Enjoy Together, Number Who Engage in Activities and Mean Rating of Enjoyment

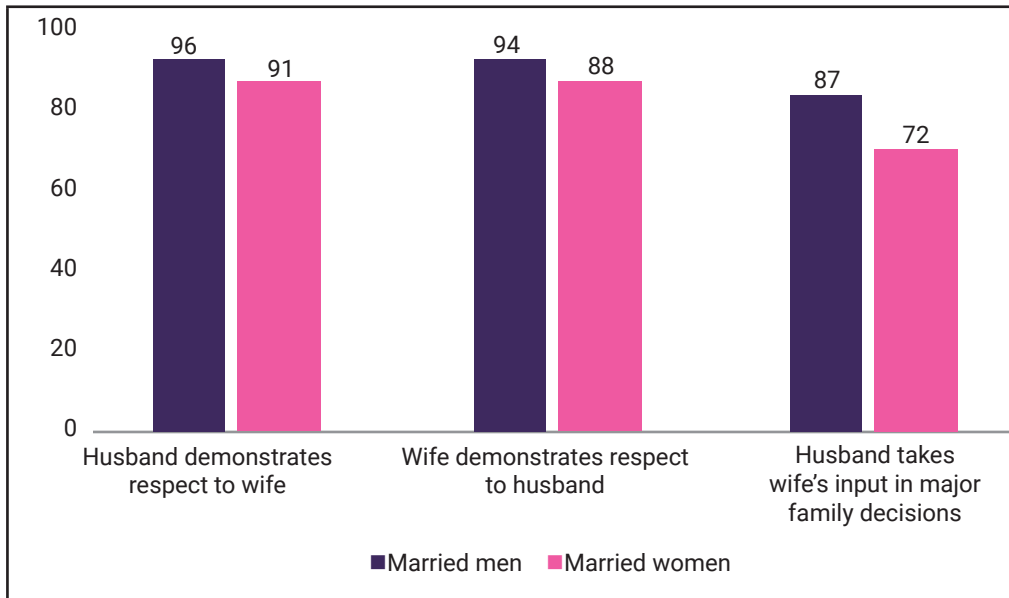
Activities		Married men	Married women
Caring for or spending time with children	Mean score	5	4
	n	576	250
Traveling	Mean score	4	4
	n	621	279
Going to cultural events (theatre, movies, music)	Mean score	4	4
	n	277	108
Participating in sports/recreation	Mean score	3	3
	n	227	93
Talking	Mean score	4	4
	n	636	293
Having meals together	Mean score	4	4
	n	618	254
Watching TV together	Mean score	4	3
	n	407	183

In addition to the questions in the standard IMAGES questionnaire, the Pakistan study also looked for positive aspects in the husband-wife relationship, including respect for the spouse's judgment, views, and opinions; appreciation of each other's contributions; and remembering special days. Five statements were accordingly added in the Pak-IMAGES questionnaire to assess such positive aspects of the spousal relationship.

The responses of men and women, shown in Figure 4.7, indicate that men and women do demonstrate positive attitudes towards their spouses. The majority of men stated that they respect their wives, their wives give them respect, and that they take inputs from their wives in major decisions about the family. All these statements were endorsed by women, albeit in slightly lower proportions, especially concerning their participation in major decisions which, as the preceding discussion indicates, is clearly a point on which men and women have very different views.

The results indicate that, overall, men and women do perceive positive attitudes from their spouse.

Figure 4.7: Percentage of Men and Women Reporting Positivity in Spousal Relationship (n= Married men- 640, Married women-300)



However, the encouraging findings above on spousal relations need to be balanced with findings from other parts of the Pak-IMAGES questionnaire, as well as the qualitative data where women, perhaps drawing strength from the presence of other women sharing their experiences, were more vocal and seemed to speak freely and from the heart. Earlier discussion in this report has described women's frustration at having little say in decisions affecting their lives, at not being acknowledged for the hard work they contribute, and at being barred from accessing health, education, and social opportunities due to restrictions on mobility and reliance on men's permission and support. During focus group discussions, the majority of women complained bitterly of inequality in the relationship and gender-based discrimination. They also shared personal accounts of psychological, physical, economic and sexual violence they had experienced at the hands of their husbands, which are discussed in more detail in Chapter 5. They strongly felt themselves to be victims of gender-based violence within their households, particularly in the spousal relationship. This discrepancy in the findings from different parts of the study underscores the complexity of the issue of gender relations and GBV in Pakistan and suggests the need to provide men and women more opportunities to engage in deeper reflection and communication on the realities of their spousal relationship as well as their beliefs and hopes.



Men as Fathers

To assess men's role as fathers, respondents who had biological children, including 557 men and 287 women, were asked about the participation of husbands in antenatal visits, their presence during childbirth, whether they took paternity leave, and whether they were involved in various child care activities. Women respondents who have sought abortion services were also asked about the support they received from their husbands and the same question was also asked from men whose wives have sought abortion services.

Participation in Antenatal Visits

As in many other countries, public and private hospital policies in Pakistan do not require husbands to participate in antenatal care visits with their wives; nor are husbands permitted or encouraged to be in the labor room during deliveries.

It is uplifting, however, that a large proportion of married men are participating in antenatal visits. Table 4.4 shows that 79 percent of men reported accompanying their wives and 63 percent of women reported being accompanied by their husbands during some or all antenatal visits. IMAGE studies in several other countries had very similar findings of more than two thirds of men accompanying their wives to one or more antenatal visits (Barker et al. 2011 and El Feki, Heilman, and Barker 2017).

Table 4.4: Percentage of Respondents who Reported Men Accompanying their Wives for Antenatal Visits

Frequency of Visits		Married men (n=547)	Married women (n=287)
		%	%
How often men accompanied their wives for antenatal care visits	Never	21	37
	To one visit	3	7
	To some or all visits	76	56
Total		100	100

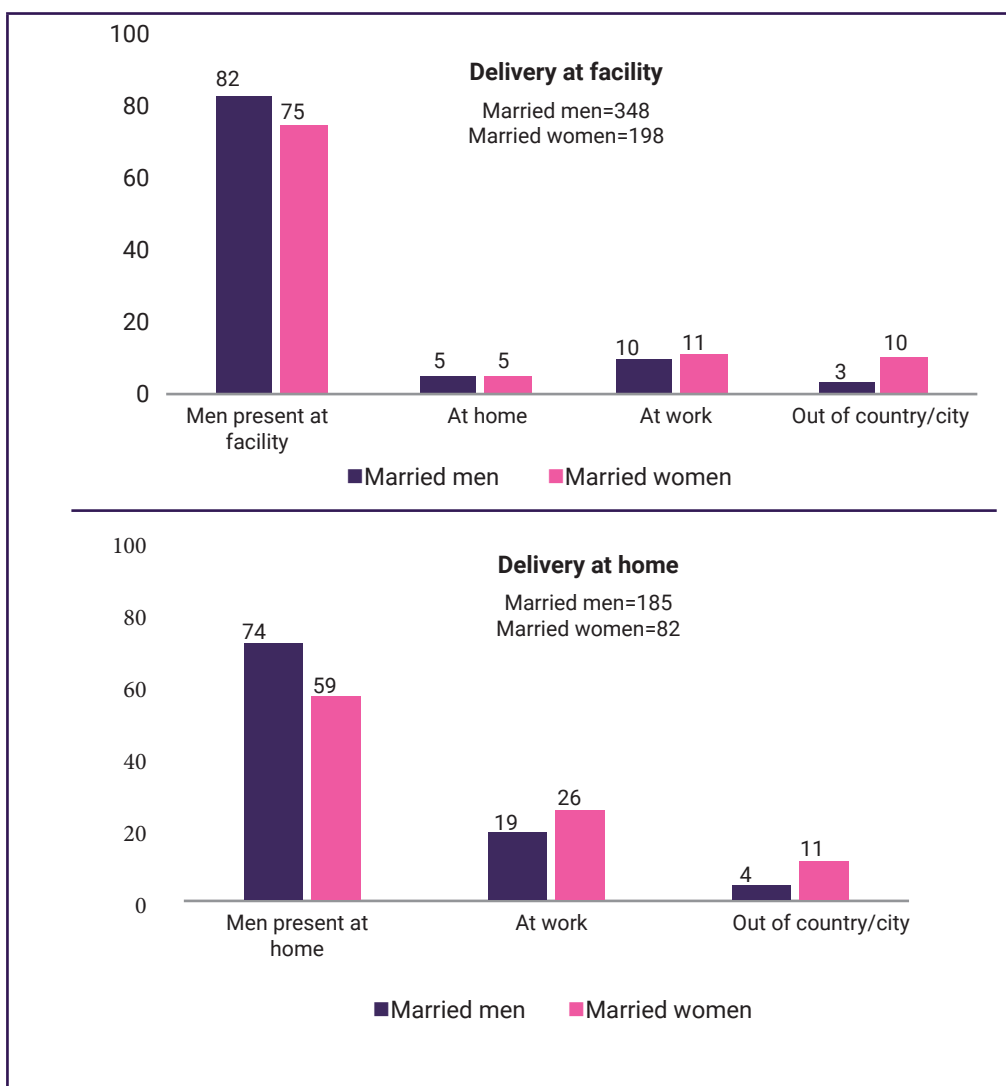
Presence at Childbirth

Around one third of Pak-IMAGES respondents (34% of men and 29% of women) reported that their last child had been delivered at home. More than two thirds of men and women reported that their last child had been delivered at a public or private hospital or a private clinic (Figure 4.8), which is an indicator of improving health-seeking behavior. Equal proportions of men and women (54%) reported that the husband was present somewhere in the hospital or clinic at the time of the birth of the last child. Since the presence of the husband in the delivery room is usually not permitted, husbands who accompany their wives typically wait outside the delivery room. A majority of



men whose children were delivered at home were also present at home at the time.

Figure 4.8: Percentage of Men and Women Reporting where Men were at Last Childbirth



Paternity Leave

In common with many other countries, Pakistan still does not have a law on paid paternity leave. Despite this, more than two thirds of men reported taking at least two days' leave when their last child was born. Although limited leave was taken, it shows that men do feel responsible for facilitating their wives in the early period after childbirth. This may also be related to the fact that, mostly, wives are dependent on their husbands for transportation and other logistical help.



Influence of Socio-demographic Factors

Table 4.5 summarizes the association of various socio-demographic factors with men's participation in antenatal care visits, their presence with the wife at childbirth, and their taking of paternity leave. Although the majority of men in all age groups reported accompanying wives for antenatal visits and being present during childbirth, a higher proportion of young men than older men participated. The findings also suggest that higher educational attainment, more gender-equitable attitudes, and relatively higher SES are associated with men's greater involvement in childbirth activities.

Table 4.5: Men's Participation in Childbirth Activities by Socio-demographic Characteristics and GEM Scores

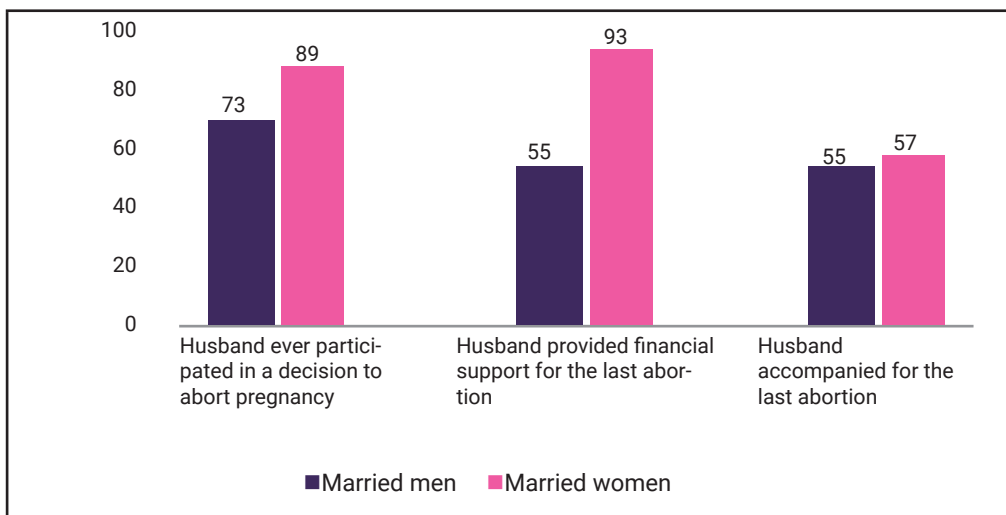
Profile	Men accompanied wives for antenatal visit		Men present at last child birth		Men took leave at birth of last child		Total
	%	n	%	n	%	n	n
Location							
Urban	75	185	59	182	70	181	217
Rural	78	369	52	365	75	364	423
Province							
Punjab	80	167	61	165	81	164	195
KP	69	115	59	115	77	115	130
Sindh	78	173	52	170	66	169	195
Balochistan	81	99	42	97	70	97	120
Current age							
18-25 years	86	69	67	66	69	65	105
26-33 years	80	139	53	139	78	138	169
34-41 years	80	192	55	191	73	190	204
42-49 years	68	154	49	151	71	152	162
Educational attainment							
No schooling	73	162	48	161	68	161	178
Primary	75	109	54	106	80	106	125
Middle	75	74	54	74	76	72	90
Secondary	81	124	60	122	77	122	145
Higher	84	85	60	84	67	84	102
Standard of living index							
Low	73	189	49	188	72	186	210
Medium	79	216	54	211	72	212	246
High	79	149	63	148	76	147	184
GEM Score							
Least equitable attitudes	73	205	49	200	69	198	236
Moderately equitable attitudes	79	201	55	201	76	201	226
Most equitable attitudes	80	148	62	146	76	146	178
Overall	79	554	54	547	73	545	640



Participation in Seeking Abortion Services

Only a small number of men (11) and women (28) reported that they have sought abortion services at some stage. Both the men and the women were asked about the husband's role with reference to the last abortion. As shown in Figure 4.9, the majority of men (8 out of 11) and women (25 out of 28) reported that husbands had participated in the decision to abort the pregnancy. Most women and about half of the men also mentioned that husbands provided financial support for abortion services. Slightly over half of both the men and the women reported that the husband had accompanied the woman for the abortion procedure.

Figure 4.9: Men's Participation and Support during Abortion (n= Married men-11, Married women-28)

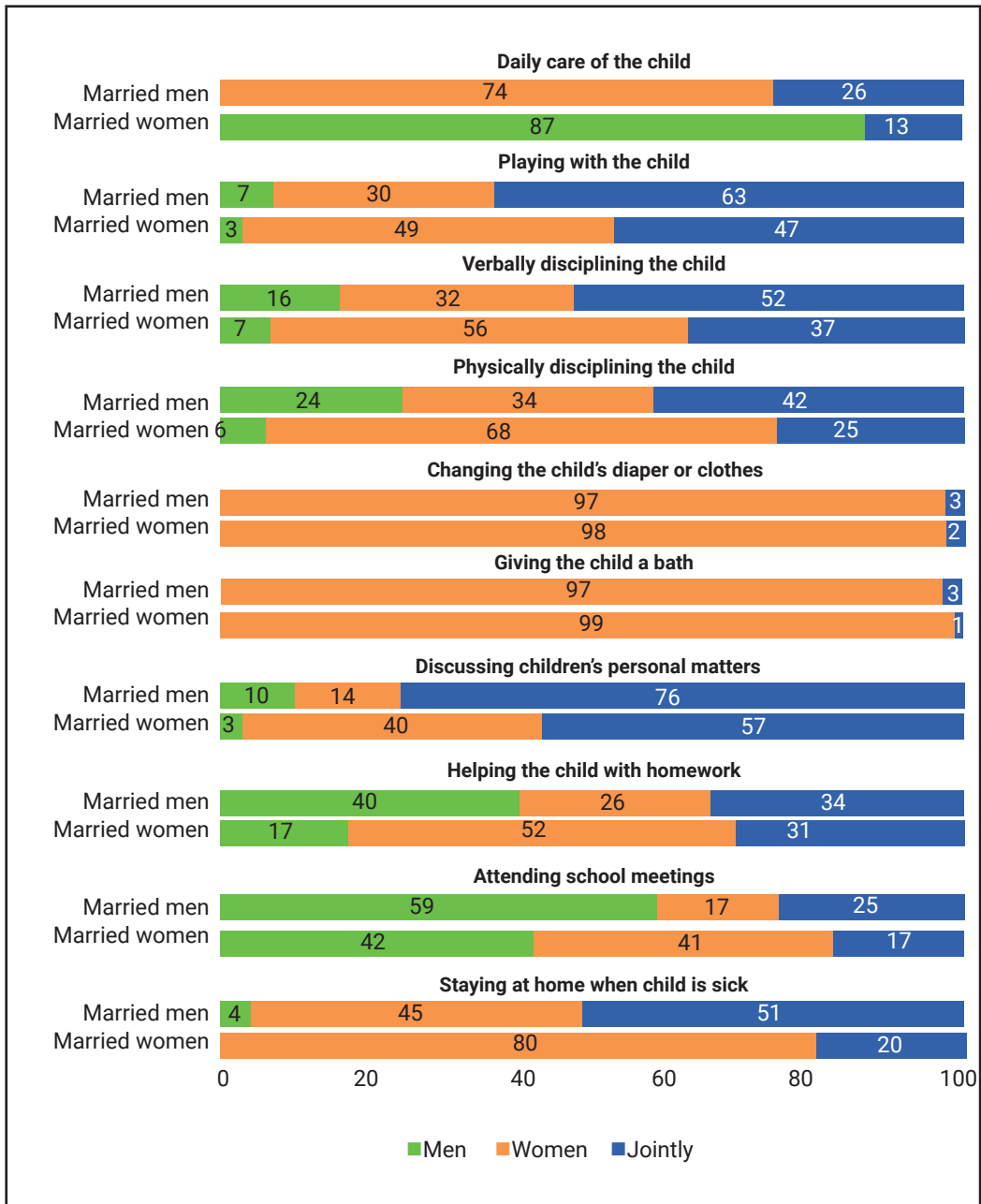


Men's Caregiving Role as Fathers

The role of fathers as caregivers to their children, and their involvement in their children's upbringing was also assessed. We found that men and women had different views with regards to parenting. The Pak-IMAGES findings shown in Figure 4.10 reveal that childcare, like domestic work, is considered mostly a mother's responsibility. While more men than women reported their participation in various tasks, the responses of both indicate that parenting responsibilities are largely demarcated by gender, with men's participation high in external tasks requiring mobility, such as attending meetings in schools, whereas all other tasks, such as feeding, bathing, helping with homework, and staying at home with a sick child are mostly considered women's domain.



Figure 4.10: Percentage of Men and Women Reporting who Performs Various Childcare Tasks (n= Married men- 547, Married women-287)



5

Perpetration and Experience of Gender-Based Violence

50% of men report
ever perpetrating any type of spousal
violence



Key Findings

1. Overall, the majority of women (59%) report experiencing any type of spousal violence and half of men report perpetrating it ever.
2. There is a statistically significant association between men's perpetration of any type of violence and SES and educational attainment. As educational and socio-economic levels increase, perpetration levels decrease; and there is a U-shaped association between perpetration and the number of children.
3. More employed men report perpetrating physical violence than unemployed men. Both, men's and women's reports also indicate that employed wives face a higher risk of spousal violence.
4. Over three-fourths of both men and women report being physically punished in school and being spanked or slapped by parents during childhood.
5. More than a tenth of both women and men report that they were sexually abused as children.
6. Childhood experience of physical violence is associated with men's perpetration and women's experience of physical spousal violence as adults.
7. Witnessing the mother being beaten by the father or by some other male relative in childhood is significantly associated with men's perpetration (47% who witnessed compared to 23% of those who did not) and women's experience (61% of those who witnessed compared to 22% of those who did not) of spousal violence.
8. Most women do not report violence for fear of stigma, husband's anger, and separation from children, and because they do not trust the police.
9. Communities avoid intervening in household violence but may contact an NGO, if one is present, in extreme situations.



Gender-based violence or violence against women is a phenomenon around the world. The World Health Organization (WHO) estimates that, globally, up to 70 percent of women experience physical and/or sexual violence from an intimate partner in their lifetime and 35 percent of women—that is more than 1 in 3—have experienced either sexual or physical violence by a non-partner at some point in their lives (WHO 2013). GBV can happen to women of all ages and across all social classes, though its degree and nature may vary. It may be experienced by them at home, in public spaces, and at the workplace (UNSN 2013, Barkindo et al. 2013). As in other countries, women and girls in Pakistan face gender-based violence from many perpetrators, ranging from members of their own households, such as parents, siblings, husbands, and in-laws, to people they interact with or encounter in their wider community, such as teachers or employers, and strangers.

Intimate partners are the most commonly reported perpetrators globally and the situation in Pakistan is no different, with husbands reported to be the perpetrators by 79 percent of women who have ever experienced GBV (PDHS 2012-13). Reflecting this, spousal violence is the focus of this chapter. Married men were asked if they had used violence against their wives and women were asked whether they had experienced violence from their husbands at any point in their life and also specifically during the past 12 months. Pak-IMAGES respondents were asked about three types of violence, physical, psychological, and economic; sexual violence was passively explored in the quantitative component, but discussed in-depth in the qualitative component of the study. The forms of violence discussed in the survey correspond with the relevant standardized indicators on violence against women in Pakistan suggested by the National Commission on the Status of Women (2015).

In addition to these findings, this chapter discusses GBV committed by perpetrators other than husbands based on qualitative findings from the focus group discussions during which men and women spoke at length about violence that women in their community faced from other perpetrators in different situations. Community perspectives on how women and families cope with GBV and what should be done to alleviate the issue are also discussed.

Spousal Violence

The responses of men and women to GBV-related questions in the Pak-IMAGES survey are summarized in Table 5.1 and discussed below, along with relevant qualitative findings.



Table 5.1: Percentage of Men Perpetrating and Women Experiencing Spousal Violence Ever and in Last 12 Months, by Type of Violence (n= Married men- 640, Married women-300)

Type of Violence	Married men		Married women	
	Ever (%)	In last 12-Months (%)	Ever (%)	In last 12-Months (%)
Physical Violence				
Slapped wife or threw something at her that could hurt	27	14	33	15
Pushed or cornered her, or pulled her hair	7	3	26	13
Choked/burned her on purpose	0	0	7	4
Prevented her from seeking health services she needed	2	2	5	3
Any physical violence	30	16	36	17
Psychological Violence				
Belittled or humiliated her in front of others	23	14	39	25
Told her to get out of the house	7	2	20	11
Threatened to divorce her	3	1	11	5
Any psychological violence	26	15	44	27
Economic Violence				
Prohibited her from getting a job, going to work, trading, or earning money	8	4	21	12
Withheld money she needed for household expenses	11	9	14	11
Any economic violence	18	13	30	20

Physical Violence

More women reported experiencing violence than men reported perpetrating. As shown in Table 5.1, 30 percent of men reported perpetrating any type of physical violence while 36 percent of women reported experiencing it. The most frequently reported forms of physical violence against wives were slapping or throwing something at them according to both men (27%) and women (33%). Extreme forms of violence, such as choking and burning, were reported by 7 percent of women, but none of the men. In addition, small proportions of women (5%) and men (2%) reported that husbands sometimes prevent wives from obtaining health services that they need. Overall, 16 percent of men reported they had perpetrated, and 17 percent of women reported they had experienced, some form of physical violence in the last 12 months (Figure 5.1).

The gap between men's and women's reports of violence was narrowest for physical spousal violence, possibly because of its overt nature.

Studies show that in other patriarchal societies, spousal violence is frequently used as a mechanism to control women (Bhuiya et al. 2003, Khan et al. 2006, Koenig et al. 2006, Nair et al. 2003, ICRW 2002, IGWG/CHANGE 2002, and WHO 2005). A Rutgers (2013) survey of six less developed districts of Pakistan gives similar evidence, with over half of the women (58%) reporting they believe a man is justified in acting violently if a woman does not do her housework properly. Likewise, the PDHS 2012-13 found 43 percent of women to agree that the husband is justified in beating his wife for certain reasons.

Violence is sometimes justified

In both rural and urban settings, some men expressed the view that in certain situations, violence against a wife was justified and should be seen not as violence but as a disciplinary measure.

“The husband uses violence against his wife when she doesn’t listen to him, because of her disobedience. If she fights with his mother and father too then, definitely, a beating will occur. But this wouldn’t be considered violence because this would be for her correction.” Male, focus group discussion, rural community, Quetta

Although the majority of female respondents complained about the violence, a few implied that it was understandable in view of the stresses men face when they are unemployed.

“It’s not men’s fault because they work in far-off areas to earn a livelihood and when they come back from work and they have nothing at home, they commit violence. If they could be provided with jobs, then they won’t perpetrate violence. The government should provide resources to men in the country.” Female, focus group discussion, urban community, Haripur

During focus group discussions, women reported that men failed to appreciate the enormous burden of domestic and other work they carried and beat them even for small lapses. This is similar to the situation observed in Bangladesh by Khan and colleagues (2006), who found women to be criticized mainly for lapses in household work, such as cooking and taking care of the children. Since women have many responsibilities, it becomes difficult for them to do all the work expected of them efficiently. This provokes husbands and mothers-in-law to criticize them and physically hurt them.

“A woman has to look after the house and children; she has to earn a livelihood as well. After all this, if something involving her husband gets delayed, he insults her. He demands to know where she was the whole day that she could not find the time to complete that task, and he starts to beat her in front of everybody. Wife beating is common.” Female, focus group discussion, rural community, Multan



Women also talked openly about sexual violence during focus group discussions.

“Whether men work or not they still do violence on women and this is common in society. If you say no to a man, he doesn’t like this and considers it an insult to his manhood. He considers it his right to have a sexual relationship, even if he has to force his wife for it. It doesn’t matter if he fulfills her basic needs or not. He doesn’t think about his duty [to provide], and just considers his right to sexual relations.” Female, focus group discussion, rural community, Swabi

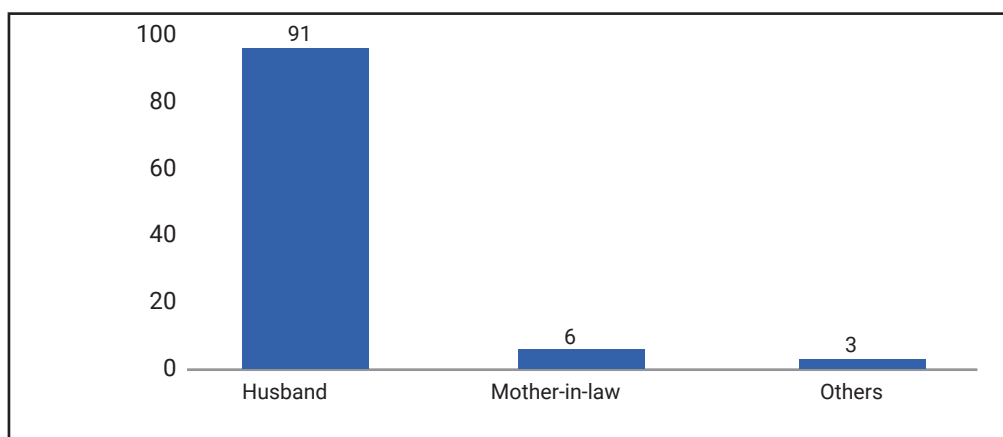
Some men even hold that domestic violence or gender-based violence is mostly provoked by women against women:

“If we look at the situation, the woman is responsible for the violence. There are cases where the perpetrator is a man but the underlying reason [for the violence against his wife] is her mother-in-law or sister-in-law or some other woman. If we look at the root cause of the gender-based violence, we find a woman responsible.” Male, focus group discussion, urban community, Quetta

Perpetrators of Physical Violence during Pregnancy

Women respondents who had been pregnant at any point in their lives were asked if they had ever experienced any physical violence, such as slapping or kicking during pregnancy, and if so, at whose hands. In all, 11 percent women reported experiencing physical violence during any of their pregnancies, mainly from their husbands (91%) as shown in Figure 5.1.

Figure 5.1: Proportion of Women Who Ever Experienced Physical Violence during Pregnancy, by Identity of Perpetrator (n=34)



Psychological Violence

As in PDHS 2012-13, the Pak-IMAGES survey shows that among the different types of spousal violence surveyed, the most common is psychological, specifically belittling or humiliation in front of other people, which 23 percent of men report perpetrating, and 39 percent of women report they have experienced.

In FGDs, women explained in detail and more openly the many ways in which their husbands abuse them emotionally, for example, by demeaning their contribution and position in the home, resisting any signs of emancipation on their part, and flaunting their own indiscretions.

“This is also a torture that all through the day we work at home, we look after the children, but still we don’t have any worth in that home. We don’t have any value. I am a woman, I work all day, but with no recognition.” Female, focus group discussion, urban community, Hyderabad

“I would say that the behavior of men is not good with women. He cannot bear even a small mistake. When he comes home after work, if the food gets a bit late, he insults her; in the children’s matters, he insults her; and in other household matters, he insults her. I cannot even ask for money for medicines when the children get ill.” Female, focus group discussion, urban community, Haripur

“Men don’t care about their wife, their children, or their happiness. They just give stress. In our community, a woman went to get her national identity card and she used her signature instead of a thumb impression. Her husband scolded her when she came back home and tore up her document, and told her to apply again using just a thumb impression. Men are so oppressive here that if their wife is educated, they don’t show this to others and try to hide it.” Female, focus group discussion, rural community, Multan

“My husband makes videos with his girlfriend and shows them to me. You tell me, isn’t this disgusting? This is the biggest mental torture for me and there are so many stories like this.” Female, focus group discussion, rural community, Quetta

A fifth of the women reported that they had been threatened or ordered by their husbands to leave the house. In addition, 11 percent of women also reported being threatened with divorce, while a lower proportion of men (5%) admitted to making such threats. As shown in Table 5.1, overall, 26 percent men reported ever perpetrating any type of emotional/psychological violence compared to 44 percent women who reported ever experiencing it. Similarly, 15 percent of men reported perpetrating while 27 percent of women reported experiencing a type of psychological violence in the last 12 months. The gap between men’s and women’s reports of violence was widest in this category.



Economic Violence

Slightly more than a fifth of women reported that their husband had at some point stopped them from efforts to engage in work for money. While the proportion reporting this form of economic violence in the past 12 months was considerably lower (12%), a prohibition of this nature may only need to be declared by a husband once for it to apply throughout his wife's lifetime. Considerably lower proportions of men reported that they had prohibited their wives from earning activities ever (8%) or in the past 12 months (4%).

However, there was greater concurrence in the reports of men and women regarding the second form of economic violence, i.e., men's withholding of money they had earned from their wives even when the wives expressed a strong need for household expenses; 11 percent of men and 14 percent of women reported this had happened in their home.

Overall, 13 percent of men and 20 percent of women reported perpetrating or experiencing a type of economic violence in the past 12 months (Figure 5.2).

Differences in the Reports of Men and Women

The overall proportions of men and women reporting various types of spousal violence, in the past 12 months and ever in their lifetimes, are shown in Figures 5.2 and 5.3, respectively. While 38 percent of women reported they had experienced a kind of spousal violence in the past 12 months, 33 percent of men reported they had perpetrated any violence against their wives during this period. There is a similar gap in reports of ever experiencing and perpetrating spousal violence: 59 percent of women reported they had faced a form of spousal violence during their marital life, while 50 percent of men admitted they had perpetrated any violence against their wives.

During data collection, interviewers observed some reluctance on the part of male respondents to disclose their violent behavior, although women were more open about their experiences, possibly because they were victims rather than perpetrators. Similarly, about GBV in focus group discussions, it was observed that men talked mostly about violence at the workplace and community or societal level rather than the violence taking place within homes. On the other hand, women shared their personal experiences of all types of violence experienced from their husbands and their observations of spousal violence being faced by other women in their communities.



Figure 5.2: Reports of Men Perpetrating and Women Experiencing Spousal Violence in Past 12 Months, % of Respondents (n= Married men- 640, Married women-300)

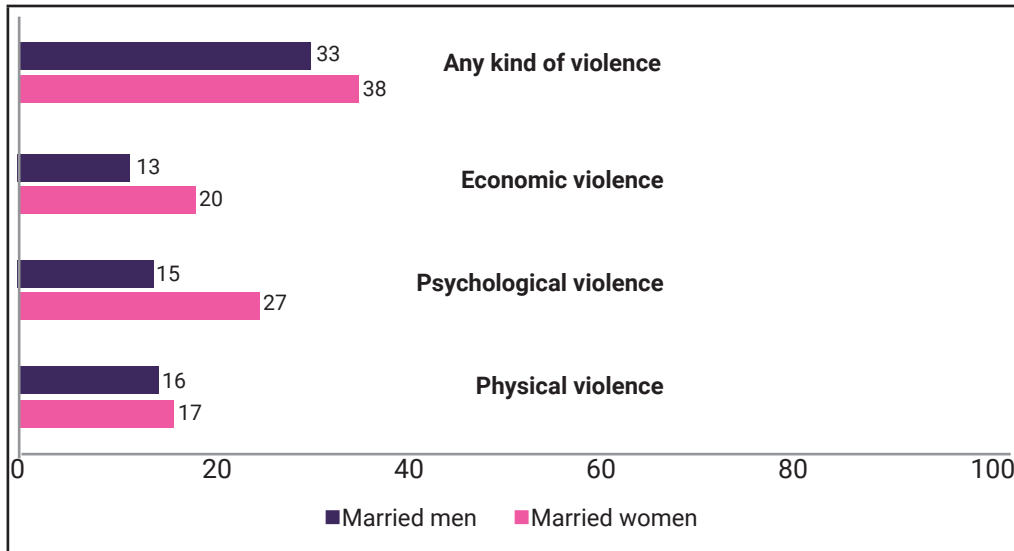
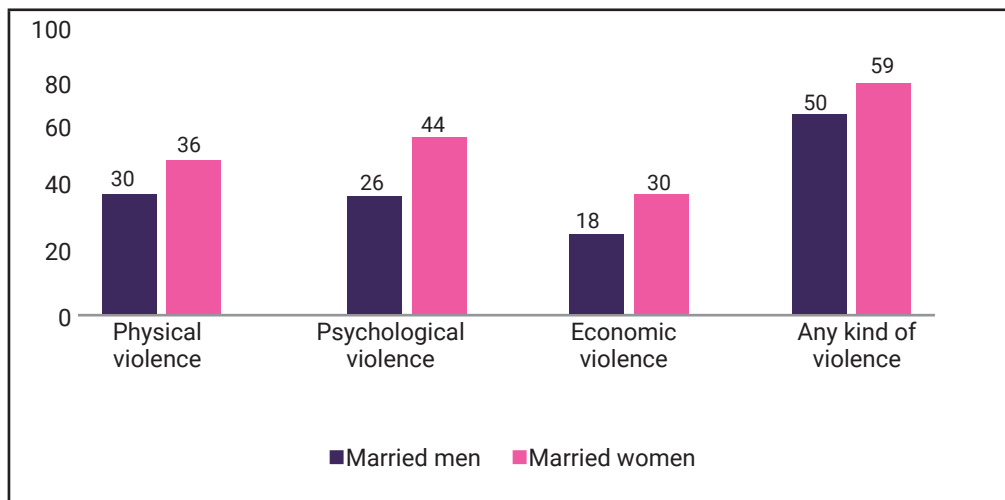


Figure 5.3: Reports of Men Ever Perpetrating and Women Ever Experiencing Spousal Violence, % of Respondents (n= Married men- 640, Married women-300)



A closer look at Figures 5.2 and 5.3 shows that though men are almost as conscious as women of physical violence, there is a prominent difference between their reports of perpetrating psychological and economic violence and women’s reports of experiencing such violence from their husbands. It is possible that, apart from the risk of underreporting, men’s lower levels of reporting of psychological and economic violence could be due to the subtler



nature of these forms of violence and their less perceptible impact on their wives' wellbeing.

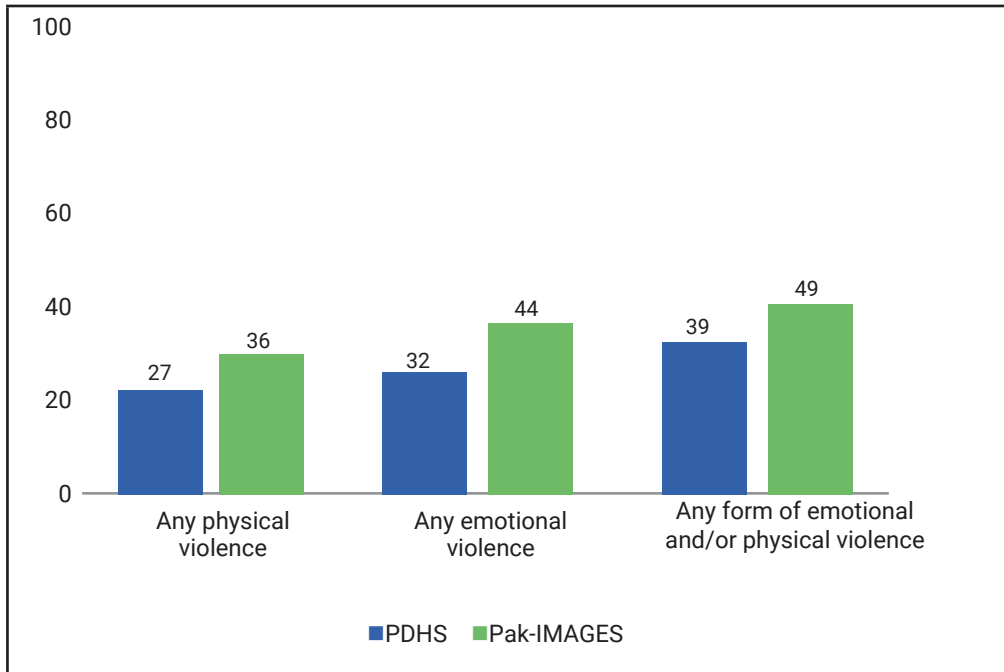
Strikingly, in the Rutgers (2013) survey of six districts, women reported experiencing much higher levels of physical violence (74%), sexual violence (58%), and psychological violence (72%) from their husbands in the past 12 months, possibly reflecting higher risks in less developed settings. A recent study suggests that all forms of spousal violence are prevalent and increasing in severity in the country (Karmaliani et al. 2017).

Comparison of Findings with PDHS 2012-13

Figure 5.4 presents a comparison of the PDHS 2012-13 findings of spousal physical and emotional violence, based on responses by a subsample of women (3687), and the Pak-IMAGES findings of spousal violence reported by 300 women in 2017. Similar definitions of physical and emotional/psychological violence are used in the two surveys. Compared to the PDHS data, the Pak-IMAGES findings indicate higher levels of both physical violence (PDHS: 27%, Pak-IMAGES: 36%) and emotional/psychological violence (PDHS: 32%, Pak-IMAGES: 44%). One reason for this could be that Pak-IMAGES is focused on gender relations and the prevalence of gender-based violence, therefore respondents were prepared from the beginning of the questionnaire, to respond to such questions; in comparison, the PDHS questions on spousal violence were part of an overall large set of demographic and health related questions. Moreover, owing to the rapid increase in mass media coverage and programming in Pakistan as well as mobile penetration and social media in recent years, it is possible that women are generally more sensitized and aware of GBV issues in 2017 than they were at the time of the last PDHS.



Figure 5.4: Proportion of Women Reporting ever Experience of Spousal Violence in PDHS 2012-13 (n=3687) and Pak-IMAGES 2017 (n=300), by Type of Violence



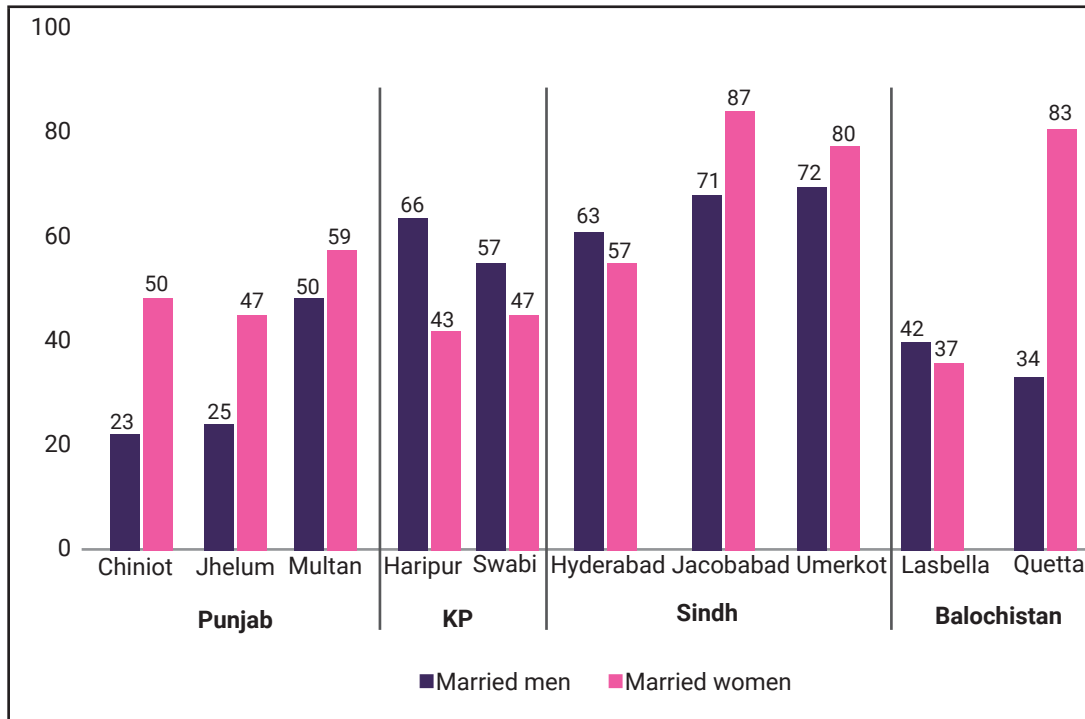
In the IMAGES MENA of four countries, around 10 percent to 43 percent of ever-married women reported ever experiencing physical violence from their husband, while the proportion of women who had experienced some form of emotional violence from their husbands ranged from 27 to 66 percent (El Feki, Heilman, and Barker 2017).

District Variations in Reported Spousal Violence

Figure 5.5 presents the reports of men and women about spousal violence at district level. Overall, the picture is alarming with every second woman reporting some form of spousal violence in most districts. There is a considerable difference between men’s reports of perpetrating any type of violence and women’s reports of experiencing violence. The largest difference can be seen in Quetta district, where 83 percent of women reported experience of any kind of spousal violence as against only 34 percent of men reporting perpetration. In four districts—Haripur and Swabi in KP, Hyderabad in Sindh, and Lasbela in Balochistan—men report higher proportions of perpetration of some form of spousal violence than women report experiencing it.



Figure 5.5: Proportion of Men Reporting Ever Perpetration and Women Reporting Ever Experience of any Spousal Violence, by District



Patterns of reporting spousal violence vary across districts, possibly reflecting differences in poverty levels, ethnic composition of the local population, and socio-cultural norms related to gender and use of violence. A study by Sathar and Kazi (2000) found that community and region have an overriding influence on local gender systems and women’s autonomy in rural areas; for example, Northern Punjabi women have lower economic autonomy but greater mobility and decision-making authority than women in Southern Punjab. The Pak-IMAGES data from Punjab suggests similar variation within the province. In the northern district of Jhelum, 70 percent of women have highly equitable gender attitudes and lower proportions of women report violence compared to Multan in the center of the province and Chiniot in the south. Among men too, a much lower proportion report perpetrating violence against women in Jhelum in Upper Punjab (25%) compared to men in Multan in Southern Punjab (50%). These differences could be expressive of the influence of regional and ethnic factors as well as variations in socio-economic development.

In KP, the responses of women indicate that their experience of violence is higher in Swabi, a low-poverty district and Pushtoon area, than in Haripur, a Hazara region with medium ranking on the Multidimensional Poverty Index. However, a higher proportion of men report violence in Haripur (66%) than in Swabi (57%).

The same trend of high abuse of violence against women in Swabi was observed during FGDs.

“My husband’s parents feel proud when he hits me. They consider it manly to beat the wife—that’s how our people think. The husband says that it is his right to beat his wife and if he orders his wife to stand outside the whole night, then it’s her duty to obey that order because what the husband says is justified.” Female, focus group discussion, rural community, Swabi

The apparent social acceptance of spousal violence may be the reason why, in both districts, men more openly admit perpetration of violence against their wives.

Results from the two districts in Balochistan are somewhat paradoxical. A much higher proportion of women report experiencing spousal violence in Quetta (83%) compared to Lasbela (37%). On the other hand, a far lower proportion of men report perpetrating violence in Quetta (34%), while in Lasbela, men’s reports of perpetrating spousal violence exceed those of women (42%). A possible explanation could be greater awareness of GBV issues and their ramifications among men and women in Quetta, a metropolitan city.

Women’s responses from districts in Sindh show that their experience of spousal violence is lower in Hyderabad (57%), a rich district, compared to the medium- and high-poverty districts of Jacobabad (87%) and Umerkot (80%), respectively. More than two thirds of men report perpetrating spousal violence in all three districts, suggesting that men are not embarrassed to admit their violent practices.

Spousal Violence and Demographic and Socio-economic Characteristics

The data presented in Table 5.2 shows that perpetration of all types of violence is reported by higher proportions of men who are urban, have no or less education, are of low socio-economic status, employed, and have no children or more than 3 children. There is a statistically significant association between perpetration of any type of violence by men and their educational attainment ($p \leq .031$) and socio-economic status ($p \leq .000$). As educational and socio-economic levels increase, the perpetration level decreases. There is a U-shaped association with number of children ($p \leq .096$)—reporting violence is highest among couples with no children, lowest among those with one to two children, and then rises as the number of children increases. Lack of education has been found to be a root cause underlying intimate partner violence in many other studies in Pakistan (Karmaliani et al. 2017 and Fikree et al. 2005). The association of age with perpetration of violence by men is not clear.



However, women's experience of each type of spousal violence decreases with age and educational attainment. Women are more vulnerable to all types of spousal violence, especially psychological violence, if they live in urban areas, are of low SES, have no schooling, and have more than six children.

Table 5.2: Proportion of Men Ever Exerting and Women Ever Experiencing Spousal Violence, by Demographic and Socio-economic Characteristics (n= Married men- 640, Married women-300)

Respondents Profile		Physical violence		Psychological violence		Economic violence		Any type of violence	
		Men	Women	Men	Women	Men	Women	Men	Women
		%	%	%	%	%	%	%	%
Residence	Urban	28	45	27	47	21	35	54	63
	Rural	30	31	25	42	16	28	48	58
Current age	18-25 years	30	35	29	51	13	31	49	66
	26-33 years	29	38	30	42	17	32	53	58
	34-41 years	32	34	23	46	16	26	48	57
	42-49 years	27	32	23	32	22	35	53	57
Educational attainment	No schooling	37	44	35	51	17	29	60	66
	Primary	35	35	30	43	15	30	55	54
	Middle	33	29	22	45	18	45	51	61
	Secondary	21	22	18	35	19	35	43	57
	Higher	20	22	19	27	20	20	39	41
Standard of living index	Low	44	46	41	55	14	27	64	70
	Medium	23	40	20	49	19	39	47	67
	High	21	23	16	30	20	27	40	44
Number of children	None	40	-	80	-	0	-	80	-
	1-2	26	30	19	41	19	29	45	57
	3-5	32	31	27	42	19	30	55	57
	6+ children	37	53	34	53	16	32	55	70
Overall (%)		30	36	26	44	18	30	50	59



Men's Employment Status, Work Stress, and Perpetration of Physical Violence

Men being employed and suffering from work stress seems to be linked with greater perpetration of spousal violence. Figures 5.6 a and b present comparison between perpetration of physical violence by employed and unemployed men and by men with and without work stress, respectively. It is evident that more employed men perpetrate physical violence than unemployed men as reported by both men and women. Similarly, higher proportions of men who have work stress perpetrate violence than men without any such stress.

Figure 5.6a: Proportion of Men Reporting Ever Perpetration of Physical Violence, by their Own and Women Reporting their husband's Employment Status

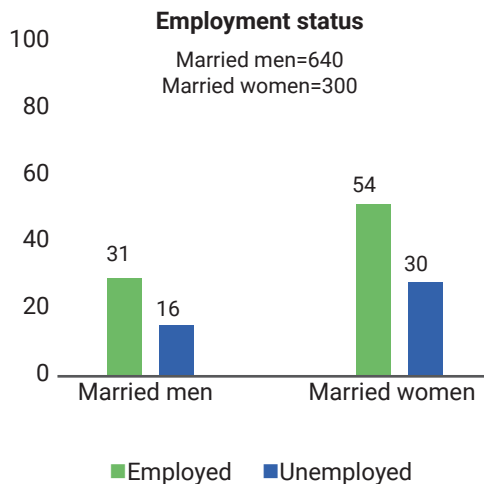
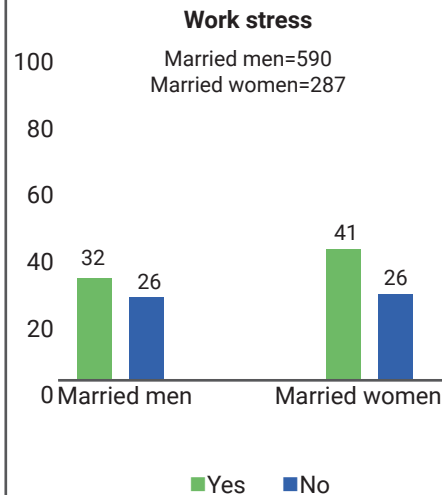


Figure 5.6b: Proportion of Men Reporting Ever Perpetration of Physical Violence, by their Own and Women Reporting their husband's Work Stress Status

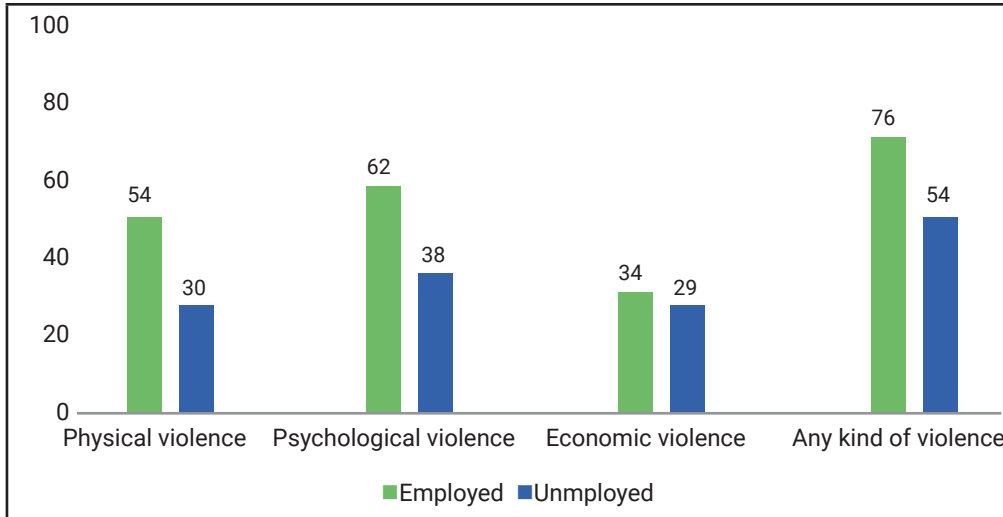


Women Employment Status and Experience of Violence

The link between women's employment status and their experience of spousal violence was explored in detail. Figure 5.7 shows that proportionately more women who are employed and are engaged in any type of economic activity experience violence from their husbands than those who are not employed. This applies to all three types of violence: physical, psychological, and economic. Of 74 employed women, 76 percent reported experiencing any type of spousal violence as compared to 54 percent of 226 non-working women. This finding is consistent with evidence from PDHS 2012-13, which shows working women to be 1.5 times more likely to face violence than women who are not working.

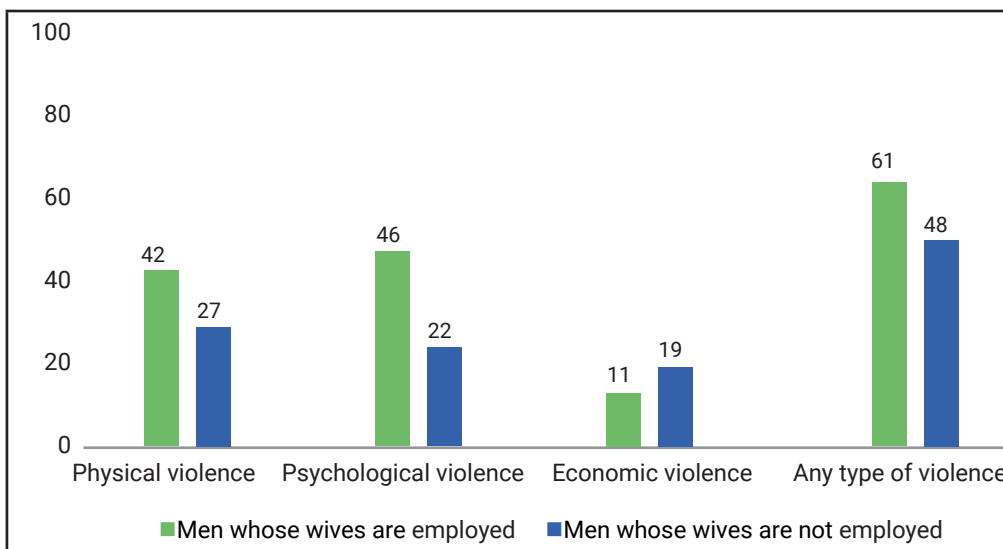


Figure 5.7: Proportion of Women Reporting Ever Experience of Spousal Violence, by their Own Employment Status (Employed n= 74, Unemployed n=226)



Men’s reporting of perpetration of spousal violence aligns with the above findings. Of the 103 husbands whose wives are engaged in any economic activity, 61 percent report perpetrating any type of violence as compared to 48 percent of 537 men with wives who are not engaged in any paid activity. One explanation could be that economically empowered women resist their husband’s authority in certain matters or, being more aware of their rights, do not submit readily to their husband’s will, and therefore face more violence (Figure 5.8).

Figure 5.8: Proportion of Men Reporting Ever Perpetration of Spousal Violence, by Wife’s Employment Status (Wife Employed n=103, Wife not Employed n=537)



Spousal Violence and Childhood Experiences

Globally, studies show a significant association between childhood experiences of violence and later adoption of inequitable gender attitudes around decision-making, violence against women, and the way in which adult men interact with their partners and children even beyond the domain of violence (Contreras et al. 2012). “The single strongest factor across countries of men’s use of IPV is men’s having witnessed violence during childhood against their mother,” according to Fleming et al. 2013 (cited in Peacock and Barker 2014). Analysis in PDHS 2012-13 also finds an association of women’s experience of emotional and physical violence with whether women’s fathers beat their mothers, with similar findings within Pakistan forthcoming from several other studies (for example, Fikree et al. 2005, Farid et al. 2008, Rutgers 2013, and Karmaliani, et al. 2017). Some of the major risk factors were quantified by Klugman and colleagues (2014) using recent DHS data from 21 countries. Their findings revealed that women whose fathers beat their mothers have 2.5 times greater risk of experiencing intimate partner violence in their adult lives compared with women who did not witness IPV as children.

Pak-IMAGES respondents were asked whether, as children, they had been victims of emotional, physical or sexual violence, and whether they had seen other family members, especially sisters and mothers, subjected to violence within the home. Figure 5.8 sums up the responses of men and women about these crucial experiences. Regarding violence against their own selves, the majority of men and women reported being humiliated by parents in front of others, being spanked or slapped by parents, and being physically punished at a school, madrassa, or mosque. In many cases, a higher proportion of men than women reported experiencing violence outside the home.

Overall, physical violence against sisters or mothers was reported by more women than men, raising the question of whether men underreporting such issues. About the same proportions of women respondents had seen their fathers or other male relatives beat their mothers (36%) and their sisters (35%). Among men, however, more reported their fathers beating their mothers (24%) than sisters (14%). A far greater proportion of women (73%) than men (37%) had seen their mothers or other female relatives beat their sisters.

The data indicates that high percentages of both men and women were victims of violence in childhood. It should be kept in mind that in the prevailing cultural environment, most of the reported practices are widely considered to be acceptable means for disciplining children by parents and teachers. On the other hand, child sexual abuse is not a subject frequently discussed in Pakistan and respondents displayed reluctance in answering this question.



Nevertheless, more than a tenth of both women and men admitted that they had been subjected to forced touching of private parts, establishing that a larger proportion of children undergo such deeply distressing experiences, which are likely to have negative effects on their mental wellbeing and gender attitudes.

Figure 5.9: Respondents' Childhood Experience of Witnessing, Perpetrating, or Being Subjected to Violence (n= Married men-640, Married women-300)

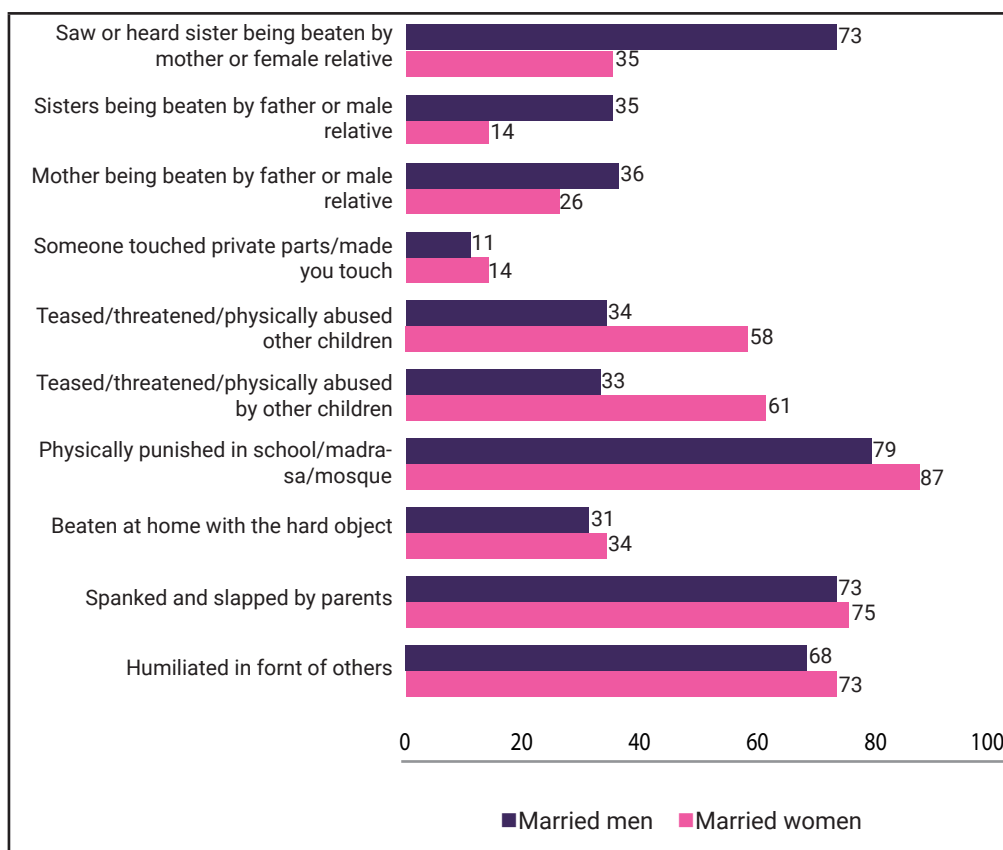


Figure 5.9 suggests a picture of fairly pervasive use of emotional and physical violence against children of both genders. In addition to undergoing violence directed at their own selves, disturbingly high proportions of men and women had seen their siblings being beaten by both parents, and their mothers beaten by their father or other male relatives. The violence did not stop at home but seems to have followed the children everywhere they went, be it when playing with peers, attending school, a madrassa or mosque. It would not be farfetched to speculate that the early socialization of a large segment of respondents may have predisposed them to accept violence in the home

and beyond as a normal part of life, including as a tool for enforcing gender roles and expectations.

These findings corroborate earlier findings of a household survey by Rutgers (2013) in six less developed districts of Pakistan, where childhood experience of witnessing violence against the mother was endemic, with a pronounced pattern of intergenerational transmission: two thirds of the women had seen their fathers abusing their mothers, and three quarters now reported that their own children were present when they were physically abused by their husbands.

Analysis of the Pak-IMAGES data, presented in Table 5.3, shows clear associations between men’s perpetration of physical violence against their wives and their own childhood experience of being spanked, or beaten hard by their parents or by a teacher. This is consistent with IMAGES findings in several other countries (Barker et al. 2011, NiMAGES 2015, and El Feki, Heilman, and Barker 2017). The data in Table 5.3 also shows women’s experience of physical spousal violence to be positively associated with their experience of physical violence during childhood.

Table 5.3: Association between Men’s and Women’s Own Experience of Physical Violence in Childhood and Men’s Reported Ever Perpetration and Women’s Reported Ever Experience of Physical Violence in Adulthood

Childhood Experience of Violence		Physical violence					
		Men’s Ever Perpetration (640)			Women’s Ever Experience (300)		
		%	n	p value	%	n	p value
Beaten or physically punished at school by a teacher, a tutor, or a mullah in a madrasa or mosque	Yes	29	478	0.08*	32	155	0.54
	No	19	72		37	41	
Spanked or slapped by parents in the home	Yes	35	478	0.00***	40	220	0.02**
	No	15	162		25	80	
Beaten at home with a belt, stick, whip, or other hard object	Yes	42	217	0.00***	49	94	0.00***
	No	23	417		30	206	

*= $P \leq 0.1$, **= $P \leq 0.05$, ***= $P \leq 0.01$

Intergenerational transmission of spousal violence is also evident from analysis of the Pak-IMAGES data. As Table 5.4 shows, witnessing the mother being beaten by the father or by some other male relative in childhood is positively associated with men’s ever perpetration and women’s ever experience of spousal violence.



Table 5.4: Association between Men’s and Women’s witnessing of Violence against the Mother in Childhood and Men’s Ever Perpetration and Women’s Ever Experience of Any Type of Spousal Violence (Physical, Emotional or Economic) in Adulthood

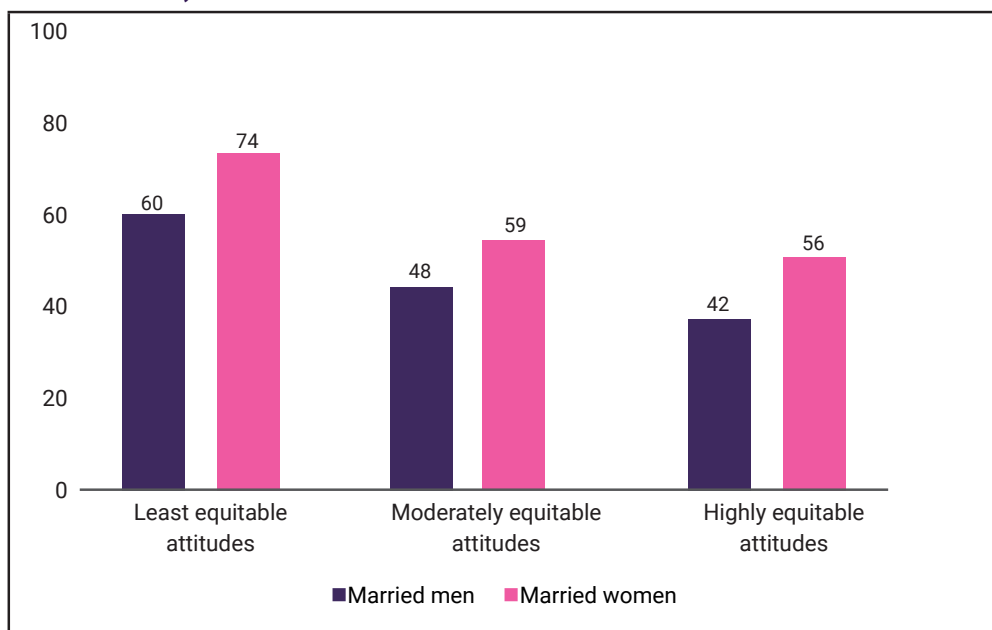
Witnessing Violence against Mother in Childhood	Men’s Ever Perpetration (640)			Women’s Ever Experience (300)		
	%	n	p-value	%	n	p-value
Witnessed mother being beaten by father or other male relative	47	163	0.00***	61	105	0.00***
Did not witness mother being beaten by father or other male relative	23	472		22	190	

*= $P \leq 0.1$, **= $P \leq 0.05$, ***= $P \leq 0.01$

Spousal Violence and Gender Attitudes

The Pak-IMAGES data indicate that gender attitudes influence men’s perpetration and women’s experience of violence. As shown in Figure 5.10, the proportion of men who report perpetration of spousal violence and women who report experience of such violence is highest among respondents with the least gender equitable attitudes and lowest among those with the most equitable attitudes. Around 42 percent of men with high GEM Scale scores reported committing any type of violence compared to 60 percent of men with low scores. Similarly, 56 percent of women with high GEM Scale scores experienced violence from their husbands compared to 74 percent of women with low scores.

Figure 5.10: Men’s Perpetration and Women’s Experience of any Type of Violence, by Their GEM Scale Scores (n= Married men-640, Married women-300)



38 percent of men who agree with the statement that there are times when women deserve to be beaten report perpetrating physical violence compared to 19 percent of men who do not agree with this statement.

When the effect of gender attitudes on specific types of violence was explored, the analysis revealed that better attitudes have a greater influence on physical and psychological violence than on economic violence. Moreover, men's attitudes has a greater effect on their perpetration of violence than women's attitudes influence their own experience of violence. Physical violence decreases steadily with rising GEM Scale scores among men. However, in the case of women, experience of physical violence is more frequently reported by women with high GEM Scale scores compared to those with moderate scores, perhaps because the latter may be more compromising.

Non-Partner Violence against Women

Although spousal violence constitutes the bulk of gender-based violence reported by women, other perpetrators were also mentioned by men and women in the focus group discussions. Various studies in Pakistan have examined the many types of non-spousal violence against women, although underreporting, absence of a dedicated tracking mechanism, and the resulting lack of reliable estimates about prevalence pose challenges. Attention has been drawn to trafficking, especially linked with bonded labor in agriculture and certain industries in Sindh and Punjab (UNODC 2016), as well as with domestic service and forced marriages (Aurat Foundation 2012). Sexual harassment at work appears to be a common risk, with one study finding 58 percent of hospital nurses and over 90 percent of women working in fields, brick kilns, offices, and domestic service to have experienced this form of GBV (AASHA 2002).

This section about GBV inflicted by perpetrators other than husbands is primarily based on the qualitative component of the Pak-IMAGES study. It constructs a picture of the different settings and relationships other than the marital relationship in which girls and women encounter violence.

Mothers- and sisters-in-law of women were reported in this study to be the most common perpetrators at the household level after husbands. In the quantitative component, the mother-in-law was most commonly reported as the perpetrator of physical violence (12% women). Responses in the FGDs indicated that some of women's in-laws, usually their mothers- and sisters-in-law, can perpetrate considerable violence which most commonly takes the form of emotional torture but can also include physical and economic violence. Making the wife of a son or brother work very hard, restricting her mobility, and depriving her of money are not apparently recognized as violent behaviors by in-laws or by society in general.



"My mother-in-law used to beat me a lot because she wanted me to do extra work and even to throw the waste of animals outside. If I did that I was okay, but otherwise I had it coming! Their daughters don't work and others have to work instead. This is not fair. Both should work together." Female, focus group discussion, urban community, Haripur

"My sister-in-law and husband used to lock me inside the room and they didn't let me go to the washroom or even give me any food. They didn't let me meet my parents. My brothers used to bring food, milk, and vegetables but as soon as they left the house, they would lock me in the room again. They used to take all that stuff and not give me anything." Female, focus group discussion, rural community, Chiniot

At the community level, customary practices harmful to women and girls, such as honor killing, bride price, and compensation marriages, endure in many parts of the country. Although they are recognized to be violent, these practices are often condoned and enforced through traditional arbitration platforms, such as **jirga and panchayat**, where only men have authority to discuss and take decisions.

"They (villagers) kill both the man and the woman if the jirga declares them karo kari (adulterers). They kill the woman but the man can be safe if he runs away. People who declare this verdict and kill them get no punishment. If the two get caught then both get killed and if the woman goes to the police, they send her to a shelter. But mostly girls get killed; only a few survive." Female, focus group discussion, rural community, Lasbela

"My elder sister-in-law came here as vani (compensation) because her father killed my father-in-law before her birth. So when she was born, my mother-in-law asked for her as swara or vani." Female, focus group discussion, rural community, Chiniot

"In an area of Balochistan (Pashtun belt), there is a custom of "valvar" (bride price). When a girl is born, they get very excited because they consider her a sort of cheque. They get money when they marry her so they consider her birth a ticket to the ten-wheeler they will buy after her wedding. But all the while, they treat her like a servant." Female, focus group discussion, urban community, Quetta

Violence from **employers and coworkers** of women was most frequently reported after violence within households, although mostly by men. The main issues brought up were the risks of sexual harassment and infringement of women's rights as workers.

"If women are working in a company and their supervisor is male then definitely he will try to harass them. He will attract them, saying that he will give them more work." Male, focus group discussion, urban community, Hyderabad



"The work time is 8 hours and when the supervisor insists that they do overtime, this is violence too. They (the employers) actually scold the women if they don't work properly so this is violence as well. Sexual harassment also happens there because if a woman is working somewhere then the majority of the men will work there too." Male, focus group discussion, urban community, Quetta

"Financially weak women work in other people's houses and they are not given their proper rights. If anything gets lost in the house, they torture and blame the servant at once, regardless of whether or not she has done that." Male, focus group discussion, rural community, Chiniot

Although women did not speak extensively on this issue, they acknowledged that GBV does occur at workplaces and women usually have no choice but to remain silent.

"Victims [of GBV at the workplace] usually keep quiet because they know they have to go there and work for a livelihood. They have many responsibilities, so they keep quiet." Female, focus group discussion, rural community, Chiniot

A disturbingly common theme in the discussions with both men and women was the perception that **the police** are at best unhelpful and at worst capable of inflicting further violence on the women who approach for help, which can range from harassment to rape.

"A woman first becomes the victim of lust and then she gets blackmailed afterwards. We have heard of so many cases where a woman went to register an FIR and she got raped there too, at the police station." Male, focus group discussion, urban community, Quetta

"If they go to the police station, they look at them in a dirty way. If a poor woman goes to the police station, they demand money, and if she cannot afford it, they demand other things. They work on the basis of demands." Female, focus group discussion, urban community, Hyderabad

In some communities where purdah (gender segregation and veiling) is more stringently observed, men even perceived a threat of GBV from **healthcare providers**.

"Hospitals are full of such cases of physical violence. A woman hides her face from the doctor and he demands that she remove her hijab; this is sexual violence." Male, focus group discussion, rural community, Swabi

Responding to GBV: Community Perspectives

The qualitative component of the study also examined how communities and survivors respond to GBV, the reasons for the low recourse by women to formal channels of assistance, perceptions of men and women



regarding what increases or reduces the risk of GBV, and what measures could feasibly be undertaken to reduce or eliminate the problem from their communities.

Communities' Typical Response to GBV

When men and women were asked how communities usually respond to cases of GBV, the response was mixed. It was reported that the community's response differs from case to case, depending on various circumstances such as how the victim and perpetrator are related, what the reason is, and whether any NGO is available to report to. As a rule, community members seem to view household-level cases as personal matters that they do not need to interfere in, although they may take an interest in events. In many discussions, women expressed their strong disapproval of this 'bystander' attitude.

"People have no feelings here; they just watch the drama." Female, focus group discussion, rural community, Multan

"They watch the drama and do nothing. Sometimes they try to sort things out but mostly they make the situation even worse." Female, focus group discussion, rural community, Lasbela

"When it comes to society, they are just bystanders. They won't try to resolve the issue." Male, focus group discussion, rural community, Swabi

"The people of the area don't interfere when violence occurs between any men and women; they say it's their personal matter. I think an organization should be formed in every community that works for the betterment of women, and where women can discuss their matters." Female, focus group discussion, urban community, Dina

Qualitative data indicates that it makes a difference if a human rights organization is working in the area. If community members are aware of its presence and trust it, they do report events where they perceive that a line has been crossed:

"There was a Molvi sahib. He accused a 6-year-old girl of stealing something and kept her tied up with a rope for three days. When people of the area noticed that, they rang a human rights center, which rescued her. So the thing is, people were aware of this organization, that's why they rang it for help. There should be an organization, but a clean and honest one, like the one run by Ansar Burney, who freed the hostages from the ship." Male, focus group discussion, urban community, Jhelum

"There is an organization working inside the Saiban Hospital and if violence happens to any child or woman, they help because they are working on that." Female, focus group discussion, urban community, Quetta

"When the social welfare organizations become active, then violence will decrease, certainly." Male, focus group discussion, rural community, Multan



These observations corroborate a study's claim that gaps in government support against GBV are being filled by "the emergence of a cohesive civil society in Pakistan, predominantly in the area of women's rights that provides direct supports to women who face domestic violence" (Daud 2013). Some of the most noteworthy local civil society organizations currently working on GBV issues in the country include the Aurat Foundation, Rozan, the Acid Survivors Foundation, War Against Rape, Shirkatgah, Rahnuma-FPAP, and the Depilex Smile Again Foundation. Collectively, these and other civil society organizations are helping to strengthen legislation against GBV; educating women as well as men to tackle different forms of GBV at the community level; and providing a wide range of support services to survivors of GBV, ranging from medical care to psycho-social counseling, legal aid, shelter, and jobs.

At a less formal level, community members sometimes approach respected local families to intervene.

"They go to a Syed family if violence happens between men and women. Sometimes they help and sometimes they don't. People seek the help of individuals who have some authority and connections. They help." Male, focus group discussion, rural community Jacobabad

Survivors' Response to GBV

On the topic of what women do when faced with GBV and how they cope, a variety of responses were forthcoming. The most common response was that, to preserve the honor and respect of their family, most women do not share their grievances with anyone except their own close family members, who often counsel them to simply persevere.

"We stay at home because of our parents' honor and don't say anything to anybody." Female, focus group discussion, rural community, Swabi

"Some people don't bring up their problems because of their honor and self-respect. Because then people will say your daughter is not good." Female, focus group discussion, urban community, Haripur

"Once I did complain to my mother about my husband but she said, 'It's easy to survive with good people. The test is how you deal with bad people.' So after that I never said anything to my mother and left this to Allah. I perform ablution and start praying and enough of the problems have been solved." Female, focus group discussion, urban community, Haripur

In some cases, women avoid telling husbands about violence they have experienced from other perpetrators for fear that their husbands will blame and punish them.

"A woman only tells her close family members who would keep it secret. A woman tells her mother only if anything bad happens to her; because her husband would kill her if she tells him." Female, focus group discussion, rural community, Jacobabad



Keeping quiet about such distressing issues can take a toll on women's mental health.

"Mostly we have seen that women don't say what has happened to them, just to protect their dignity, because they don't want to be talked about. So they bear all this quietly, which affects their life badly, and they become mentally sick." Male, focus group discussion, urban community, Haripur

Women also avoid taking a stand against GBV because the outcome of doing so is uncertain and potentially worse in their view. Specifically, they fear separation from their children.

"Most times a woman stays quiet because she thinks that if she speaks up against this, the result will be worse and have a more lasting effect on her life." Male, focus group discussion, urban community, Haripur

"A woman would never go anywhere, no matter how much he beats her, because of the children. Where would she go? A woman cannot leave her children. A woman has chains around her feet when she has children, and if she tries, she gets blamed for going to court." Female, focus group discussion, rural community, Multan

When asked why they do not seek help from formal channels, such as police and the courts, men and women recount an array of challenges including lack of awareness, an unsupportive and at times a malevolent environment at police stations, inefficient court proceedings that leave cases dangling indefinitely, and their inability to afford good lawyers.

"We go to court when we get fed up but it is useless. The court does not give justice and keeps giving hearing dates, that's it. The courts belongs to the rich people and favor the rich who give them money. Nobody listens to the poor. How can people who cannot afford their food go to the courts? They just suffer and stay quietly in their homes." Female, focus group discussion, rural community, Swabi

"People don't go to the police because of lack of awareness, especially the women. The woman fears that her character will be tarnished if she does go to the police station." Male, focus group discussion, rural community, Lasbela

"If a woman becomes the victim of harassment and she goes to register the FIR, they don't listen to her and make fun of her, and they also consider her unsympathetically because they get money from the wealthy people and don't register FIRs against them. There is no committee to solve the issue and when you go to the police, they will try to rob you instead of helping. Getting help from them is impossible." Male, focus group discussion, rural community, Swabi

"Women don't have the awareness to access the organizations. When a decent woman goes to a police station, they try to harass her. Where would she go?" Male, focus group discussion, urban community, Jhelum



Factors that Increase or Mitigate GBV Risk

Men and women are generally of the view that violence occurs everywhere, though its intensity can vary across segments and locations.

“Violence is everywhere, whether they are poor or rich, living in a city or village, and educated or uneducated.” Female, focus group discussion, urban community, Haripur

Economic pressures and hardships are recognized to be a risk factor.

“It’s common among the poor. For example, a woman tells her husband that his earning is too low to meet the requirements of the home. Because of this, both start fighting with each other, and the children also join in, and the yelling and beating increase.” Female, focus group discussion, urban community, Hyderabad

“If a husband comes home without any work or earning and then he sees his wife making faces then he definitely gets angry and beats her.” Female, focus group discussion, urban community, Quetta

While the study’s quantitative findings point to the pervasiveness of GBV in urban areas, rural women strongly believe that they are more prone to physical and psychological violence as they have to take care of household chores, animals, and also work in the fields while urban women do not have to work so hard and reside in a more educated milieu.

“Although women get killed in cities too, mostly this happens in rural areas because the people of the cities are educated. There is less violence where there is education.” Male, focus group discussion, rural community, Lasbela

Men and women appreciate the protective impact of education, which is supported by quantitative findings. They perceive a big difference in how educated and uneducated men behave and deal with women. Educated women are also considered to be more empowered than uneducated women due to awareness of their rights and their ability to get jobs.

“If a man is illiterate, he will commit violence, and if he is educated, he wouldn’t do so in his house because he would have knowledge about the rights of men and women. Educated men understand what women need. They treat and keep their wives very well and provide all facilities to them. Illiterate men don’t bother. If a woman is educated, she can guide her husband too.” Female, focus group discussion, rural community, Umerkot

“The educated women have a different behavior from uneducated women; they can defend themselves because they have awareness.” Male, focus group discussion, urban community, Hyderabad



Recommendations for Reducing GBV

During the FGDs, men and women were asked what measures could be taken to reduce the prevalence of GBV in their communities. Collectively, the suggestions put forward cover a range of interventions related to social and behavioral change; communication with men; provision of local women-friendly platforms for mediation and arbitration; and development and efficient enforcement of strict laws against GBV. Time and again, both male and female participants stressed the need for credible organizations to be engaged at the grassroots level, providing legal and psychological support with confidentiality to GBV survivors, and for the government to back these efforts. The need to increase access to education and include rights awareness in curricula was also deemed necessary for sustained change.

A selection of quotes from the conversations is presented below to relay the substance and sources of these recommendations.

- Social and behavioral change communication

“There should be counselling or training by organizations. Men should be told and guided in how to treat women. Husbands and wives should be assembled together, and not in separate sessions, and told about the rights of men and women. Then men would understand better.” Female, focus group discussion, rural community, Umerkot

“I think the responsibilities of men and women should be switched for two days. Then men would understand about the burden of work carried by their wives.” Female, focus group discussion, rural community, Umerkot

- Local women-friendly platforms for family mediation and arbitration

“There must be some senior and respected person of the area who respects women who should intervene and advise the family of the woman to behave properly.” Female, focus group discussion, rural community, Chiniot

“Problems should be solved through the village council. The people should bring their problems at this level for solution. The council members should solve their problems honestly and we should all respect their decision. Only then we can decrease or eliminate violence from our society.” Male, focus group discussion, urban community, Haripur

“There should be some place for women to go for help. Men would be afraid if a woman goes there. Woman always stay at home no matter what husbands do to them, there should be some safe place for women.” Female, focus group discussion, rural community Multan

- Firm laws against GBV, backed with proper enforcement and awareness building

“There must be a strict law against GBV. Then people will be afraid of it.” Male, focus group discussion, rural community, Umerkot



"In some places, they don't allow women to enter the police station and they also scare them that you might get harmed by this too. The state should become active and FIRs should be registered quickly." Female, focus group discussion, rural community, Chiniot

"If you want to end the violence then you have to establish awareness teams which would guide the people about the laws against violence. They should tell them that they will be punished if they perpetrate violence against the women." Male, focus group discussion, rural community, Lasbela

- Presence of NGOs, working in collaboration with communities, to prevent GBV and protect women's rights while protecting survivors' privacy

"There must be an organization that not only solves the issue but keeps it confidential as well. These problems should be solved permanently, not temporarily. We are poor people and our environment does not allow us to go to the police station or courts." Female, focus group discussion, urban community, Haripur

"NGOs and the government should work together to solve this issue." Male focus group discussion rural community, Multan

"All people of the community should be briefed about women's rights and the involvement of the government and NGOs is a must." Male, focus group discussion, rural community, Jhelum

"There should be an institution run by NGOs or the government that provides safety and justice, and also counsels the men for the safety of women." Female, focus group discussion, urban community, Hyderabad

"There is no organization. If we can go to the court then we can go to such an organization too, if it is set up here." Female, focus group discussion, rural community, Swabi

"People from NGOs should come and arrange meetings to guide the men and this should be continued. If they are from the same area, this will help." Male, focus group discussion, rural community, Jacobabad

- Education, as a crucial pathway to long-term change

"In male-dominated communities, it will take a long time to effect changes. Education must be free of cost and it must include the rights of men and women so they gain awareness about their rights." Male, focus group discussion, rural community, Lasbela

"The husband doesn't know about the rights of the wife and the wife doesn't know about the rights of the husband, so all this is because of lack of education. If he has passed middle school, then he will have some idea of his wife's rights and would keep that in mind." Male, focus group discussion, rural community, Chiniot



6

Conclusions and Recommendations

Most women do not report violence for fear of stigma, husband's anger, and separation from children, and because they do not trust the police.

The Pak-IMAGES study represents the first attempt at a nationwide comprehensive baseline survey in Pakistan that includes male respondents to learn about their perceptions, practices, and behaviors related to gender equality and gender-based violence, especially spousal violence. This is a prerequisite for identifying the areas and domains where interventions can be introduced to engage men in fostering gender equality and preventing gender-based violence.



Conclusions

The Pak-IMAGES data show that men in the study districts are living with considerable stress related to their role as breadwinners. Employed men struggle with the burden of excessive work hours or agony related to job instability, not having enough work, and/or making enough income to meet their household needs. At the same time, nearly a third of unmarried men, mainly young, are unemployed. Predictably, while ideas of suicide are uncommon, very high proportions of both married and unmarried men report recent feelings of stress or depression. Society expects them to be tough and while men seek proper health care for physical ailments, recourse to professional mental health support is negligible, even when they develop symptoms like sleeping disorders. The majority of men rely on wives, parents, and friends when feeling troubled, but a fifth of married men, and even more unmarried men, have no mechanism for emotional support.

The data also show that most respondents grew up in environments with strongly gendered division of both decision-making powers and the domestic work burden, as well as signs of son preference. A very disturbing aspect is that a quarter of men and over a third of women report witnessing their mothers being beaten by their father or other male relatives in their childhood. Even higher proportions of all respondents report being physically and emotionally abused by their parents, by peers in the neighborhood, at schools, mosques or madrassahs.

Pak-IMAGES findings show that patriarchal thinking prevails in most communities, with both men and women following stereotypical, conventional views and endorsing statements that define women's feminine role as caregivers at the household level. The majority of men and women support inequitable gender attitudes as far as men's dominance and power in the household is concerned. The responses to the GEM Scale statements indicate that more than half of women, over a quarter of married men and slightly less unmarried men have highly equitable attitudes. Men are more likely to have equitable attitudes if they are educated, their spouses are educated, or if they are of higher socio-economic status. Living in an urban or rural area does not appear to have a significant effect overall. Unmarried men, who are mainly young, show distinctly more inequitable attitudes in most spheres.

Both men and women generally support the existing inequitable distribution of domestic work and decision-making power within households. The majority believe that a man should be physically and emotionally tough and should have the final word about decisions in the home, and on the whole women endorse their own conventional roles as homemakers and caregivers. Encouragingly, almost all men and women agree that family



planning decisions should be made jointly by couples, but a large proportion also believe that it would outrage a husband if his wife asked him to use a condom.

Women diverge from men on questions concerning their own empowerment, showing considerably more support for female education and employment, and expressing frustration at the limits imposed on their opportunities from men and their wider communities. During the qualitative study, the majority of women complained bitterly of inequality in the relationship and gender-based discrimination. They want to improve the quality of their lives and most of them would like to work outside their homes to improve their standard of living.

Men are skeptical about gender equality as a principle and feel threatened by the idea of women getting more rights. However, men's educational attainment has a strong relationship with their perceptions and attitudes in this regard—those who are more educated are more willing to concede women more rights. Most respondents believe women can be good political leaders if they have the same qualifications as men, but the majority also believes women to be too emotional for leadership and that being leaders would interfere with their role as family caregivers. About a quarter of men do not want to work with women as bosses or colleagues, although the rest have no objections.

Both quantitative and qualitative findings suggest that sons are considered assets and preferred over daughters. About two fifth of married men, almost half of unmarried men, and one quarter of married women believe it is justified to sacrifice daughters' schooling to ensure sons are educated if resources are scarce.

While joint decision-making has increased compared to their parents as reported by a high percentage of men and women, men's dominance in decision-making cannot be denied as they are more often the sole decision-makers in their households, especially in matters concerning their wife's mobility, which might even effect seeking services for their health needs. Men's reports about their current decision-making patterns, in comparison with what they observed among their parents, indicate a change moving towards joint decision-making by couples. Age, education, and employment are associated positively with gender equitable attitudes and with greater joint decision-making in households.

However, it is noteworthy that men perceive more decisions to be jointly made in their households than women, who more frequently report men to be sole decision makers. This is an issue that was greatly highlighted in focus group discussions, with both men and women conveying that women are actively discouraged from having a say in household as well as wider matters



through disparaging feedback on their input as well as outright exclusion. Women clearly recognize and express dissatisfaction with the gender imbalance in household decision-making power, particularly how it restricts their movement outside the home.

Men's participation in domestic and childcare work shows distinct and traditionally gendered patterns, with most in-house tasks considered women's domain. Although a high level of satisfaction is reported by both men and women with this division, qualitative findings depict a different picture with women complaining that the higher burden they carry does not translate into greater say. In particular, women from rural Punjab and Sindh are involved in paid work, mainly agricultural activities, which they manage in addition to the bulk of household chores. They perceive this division of responsibilities to be unfair and observe it with cynicism; men are willing to set aside notions of honor so their wife can earn a supplementary income but not willing to accord her the greater decision-making power she thereby merits.

With some difference between the reports of men and women, findings suggest that a higher percentage of men are participating in antenatal visits, are present at the time of childbirth, and take leave at the time of childbirth, albeit only for a short duration. Again, men who are more educated, have more gender-equitable attitudes, and are of higher SES show greater participation. The work of caring for children remains primarily women's work, with men helping wives in some matters but generally not taking sole responsibility for any matters except those related to school.

A third of women and more than half of men support wife beating in certain situations. More than three quarters of married men and women agree that "a woman should tolerate violence to keep the family together." Men and women generally agree that women invite harassment if they do not dress conservatively in public. High proportions of both men and women recognize that traditional practices, such as forced, exchange, and child marriages are harmful to women and girls.

Findings indicate that state or civil society efforts against GBV have yet to permeate grassroots. There is minimal awareness among men and especially women about existing laws to protect women, low exposure to media messages on this subject, and negligible participation in any relevant campaigns.

Overall, around 59 percent of women report facing any type of spousal violence (physical, psychological, or economic), while 50 percent of men report perpetrating it. More than a third of women had experienced any type of spousal violence in the 12 months preceding the IMAGES study. A large percentage of women (49%) reported facing physical and emotional/psychological spousal violence. Men's reporting of perpetration of violence



is generally lower than women's reports of experience, especially for psychological and economic violence.

Women's ever experience of violence is highest for psychological violence (especially humiliation and insults), followed by physical and economic violence, while men most commonly report perpetrating physical violence, followed by psychological and economic violence. The pattern of reporting also varies considerably across provinces and districts, with important implications for programming. For example, Sindh ranks highest in physical and psychological violence and lowest in economic violence as reported by both men and women. In Balochistan, there is a large gap between the reports of men and women, with considerably lower proportions of men reporting all three types of violence compared to women. In KP, the same proportions of men and women report physical violence, but far more women report psychological violence than men, while a significantly higher proportion of men report economic violence than women.

The study shows that employed men and those who have work related stress perpetrate more physical violence than unemployed men as reported by both men and women. Women who are engaged in any economic activity are more prone to experience any type of spousal violence than those women who do not work. This finding is supported by the reports of both men and women. Men are more likely to perpetrate any type of violence if they have less gender-equitable attitudes, if they live in urban areas, low levels or no education, are of low socio-economic status, and have no children or more than three children. Similar factors are associated with increased vulnerability among women.

There is a clear pattern of inter-generational transmission of spousal violence. Men and women who have experienced physical violence or humiliation in childhood, or seen their mothers beaten by fathers or other male relatives are more likely to be violent towards their wives or suffer violence from their husbands.

Qualitative interviews indicate that, apart from husbands, women confront actual or potential violence from mothers- and sisters-in-law, from harmful customs upheld through traditional community arbitration forums (such as jirgas and panchayats), from men at their workplace, and even from police personnel should they seek help. Communities typically treat household instances of GBV as family matters and stand by, although they may contact a respected local elder or NGO in extreme situations. Women generally choose to keep quiet or share their ordeals only with their own families, rather than risking censure for disrespecting their families or being separated from their children. In general, they harbor poor expectations from courts and fear approaching the police. Communities largely link GBV with lack of



awareness and education and suggest engaging men with behavior change communication; local women-friendly mediation services; collaboration between NGOs, the government and village bodies to protect women's rights; strict enforcement of strong laws; and education as interventions to reduce prevalence of GBV.

Recommendations

The deep-rooted and pervasive nature of patriarchal norms in Pakistani society demands that interventions to foster gender equality and reduce gender-based violence be directed at all levels—individual, community, and societal—and undertaken by all relevant stakeholders, such as the government, civil society, health and education sectors, religious leaders, and media. Strategies will need to be sensitively crafted with as much local ownership as possible, to minimize resistance to change. Regional variations in gender attitudes and practices, many of which are identified in this report, must be considered.

Based on the gaps and potentials identified in the Pak-IMAGES study, the following key areas are recommended for action:

1. Change stereotypes around the concept of masculinity

- We found that the construct of masculinity is still very much embedded and influenced by cultural norms that need to be challenged by increasing awareness among men, women and communities about the gender roles and rights of women. In particular by highlighting that violence against women is morally reprehensible and antithetical to Islam, so that inequitable gender attitudes can be changed through community forums, mass media, and school education. Notions of male honor being linked with female relatives and their conduct should be especially tackled in this regard. A strong message should go out that there is nothing manly about beating a woman or girl, that strong men are gentlemen. Campaigns around these messages can promote healthier models of masculinity through role models and celebrities.
- Men's role as sole breadwinners is one that can cause considerable stress, for example from being unemployed or overworked. At the same time, a large proportion of women express the desire to be able to work and earn. Men should receive the message that there is nothing shameful or wrong if the wife also works and contributes to the household income. Men and women can be encouraged to take a more flexible view of gender roles in the household, to view domestic chores, child care, and paid work as a common set of responsibilities which can be divided differently in each household according to couples' mutually decided preferences. Change in this direction will also increase women's participation in household decisions.



- To convey the above messages and promote gender equality, gender transformative interventions need to be implemented to reach men, women, youth, and children through community discussions, school based education, and media campaigns.

2. Promote equitable gender attitudes at all levels of society

- The association of equitable gender attitudes with educational attainment pointed out in our findings suggests promise for interventions in this sector. Topics on gender and gender-based violence, masculinities, and how to protect against harmful traditional practices can be introduced in existing school curricula. At the primary and middle level, interesting and easy-to-understand messages highlighting respect for girls, sisters, and mothers can be incorporated in lessons.
- Capacity of primary and secondary school teachers and caregivers should be built to develop their knowledge and skills to sensitize children to the risk of sexual abuse and teach them techniques and strategies for avoiding risk and protecting themselves.
- The media can play a potentially powerful role in influencing mindsets and altering behaviors. Mass media campaigns and interpersonal communication can make men and women aware about the rights of women and more aware of gender equality dimensions in all forms of relationships. These campaigns should involve men to identify their responsibility and contribution in creating a gender-equitable milieu and preventing GBV. At the same time, violence shown in the media must be curbed as it further cements stereotypes.
- There is a need for large-scale and sustained social and behavioral change communication targeting anti-women practices and recruiting men as change agents. Public messages, educational campaigns and policies should highlight that achieving gender equality is beneficial for all members of society, including children and men, and not just women.
- To address possible mis-perceptions and misuse of religion leading to endorsement of violence against women by male family members, religious leaders should be involved to spread awareness about women's rights in Islam, and to oppose prevailing harmful traditional practices which should be explicitly labelled as un-Islamic. Religious scholars should highlight the right of both girls and boys to education in Islam.

3. Make the health sector and local police more responsive to women facing GBV

- GBV victims affected by either physical or psychological violence need support, as reported in FGDs. Inter-sectoral linkages need to be established



to have more responsive healthcare services to provide survivors access to medical care, medico-legal services (if requested by survivor), and psycho-social counseling and rehabilitation. Institutional arrangements capable of delivering these essential services are not currently in place. Sensitization and capacity building of local law enforcement agencies, judiciary, medical staff and local community organizations on gender equity, human rights, and how to deal with GBV survivors is needed. Health sector protocols, guidelines and standard operating procedures on GBV case treatment need to be devised.

- Lady Health Workers (LHWs) may be prepared to serve as the first contact available to women facing gender-based violence. As LHWs are well respected in households and communities, they are well placed to detect, respond to, and document GBV cases. The workers will however need comprehensive training for this role.

4. Engage men to become more responsible and gender-sensitive husbands and fathers

- To overcome the prevalence of gender-based violence, different avenues need to be availed to educate both men and women first and foremost as to what GBV constitutes and how it can and should be prevented. One way would be to seek the support of enlightened religious leaders who can clearly outline the religious precepts that oppose all forms of violence against women even within marriage. A large number of men accompany their wives for antenatal visits and are present at the time of the birth of their child; this opportunity can be used to increase married men's awareness about gender equality, women and human rights through display of posters, messages on TV screens, leaflets and other reading material at health facilities.
- Fathers' groups can be organized by community workers such as LHWs to discuss fatherhood, the impact of childhood experiences on personality development, relationship with children, sexual and reproductive health and rights (SRHR) issues of adolescents, violence against women and its implications for the health of women and children, and overall family wellbeing. Several civil society organizations such as Rahnuma-FPAP, Rozan, Rutgers, and Shirkat Gah, Aahung are implementing similar programmes; their experiences should be learnt from, successful practices enhanced and replicated. Utilize their organizational expertise, unite them as network, expand the pool and convert them to a strong platform to bring change in the mindset of boys and men at a wider scale.
- Higher reporting of psychological violence by women than men suggest that men do not even realize when they inflict emotional abuse. This suggests a need for interventions to support open and cordial discussions between husbands and wives concerning their own relationship. For this, innovative interventions are needed at the grassroots level. A strong suggestion from



community members is that credible CSOs organize counseling sessions to be attended by couples together, not men and women separately. When men sit with their wives, it is likely that the sensitization on gender equality and the spousal relationship will be more effective as it will provide couples a chance for catharsis and open and independent discussion.

- Regional variations in gender attitudes and practices must be taken into account while developing educational materials for behavioral change. Strategies and interventions to reduce gender disparities and mitigate spousal violence and other forms of GBV will need to be sensitively crafted, with as much local ownership as possible to minimize the expected resistance to change.
- Stress management programmes should be initiated by credible organizations at workplaces, such as government offices and factories, which can be adapted and replicated on a larger scale in the future.

5. Enforce and spread awareness about laws that protect men and women from violence

- Lack of knowledge about existing laws that protect women's rights is evident from our findings. Information needs to be widely disseminated to overcome this gap.
- Public policy must facilitate an integrated response to prevent GBV that involves the health, education, law and order sectors. Many laws have been promulgated in the country to protect women, discourage violence against them and improve their status in society. These laws now need to be better implemented and enforced. At the same time there is a need to also educate the public about these laws and the recourse available to people in case of infringement.
- The government must also take note of suggestions made by communities for establishing more local women-friendly mediation services as an alternative to traditional forums like jirgas. This will require collaboration between NGOs, the government, and village bodies. With the support of the government, credible NGOs need to work in collaboration with communities at the grassroots level to prevent GBV and protect women's rights, and provide legal and psychological support with confidentiality to GBV survivors.

6. Monitor prevalence of GBV and evaluate interventions

- Underreporting and the absence of any detailed tracking mechanism make it difficult to estimate the prevalence of other forms of GBV, including acts perpetrated against men. Measurement of GBV should be included as a regular feature of periodic national, provincial, and district surveys such as the Pakistan Demographic and Health Survey.



References



1. Alliance Against Sexual Harassment. 2002. Situational analysis of sexual harassment, Annual Report. Islamabad: AASHA.
2. Ali, K. 2014. Pakistani laws prohibiting underage marriage un-Islamic: CII. DAWN, Updated Mar 11, 2014 11:45pm. <http://www.dawn.com/news/1092468/pakistani-laws-prohibiting-underage-marriage-un-islamic-cii>.
3. Amnesty International USA 2005. Women's Human Rights: A Fact Sheet. Amnesty International USA 2005. https://www.amnestyusa.org/files/pdfs/womens_human_rights_fact_sheet.pdf
4. Ashfaq, S., and Sadiq, M. 2015. Engaging the missing link: Evidence from FALAH for involving men in family planning in Pakistan. Case Study, the Evidence Project. Islamabad: Population Council.
5. Aurat Foundation. 2012. Internal Trafficking of Women and Girls in Pakistan: A Research Study. Islamabad: Aurat Foundation.
6. Aurat Foundation. 2015. Violence against Women (VAW) Annual Report 2014: Violence against women in Pakistan. Qualitative review of reported incidents. Islamabad: Aurat Foundation.
7. Barker, G., Contreras, J.M., Heilman, B., Singh, A.K., Verma, R.K., and Nascimento, M. 2011. Evolving Men: Initial Results from the International Men and Gender Equality Survey (IMAGES). Washington, D.C. International Center for Research on Women (ICRW) and Rio de Janeiro: Instituto Promundo. Available at <https://www.icrw.org/wp-content/uploads/2016/10/Evolving-Men-Initial-Results-from-the-International-Men-and-Gender-Equality-Survey-IMAGES-1.pdf>
8. Barker, G., Contreras, J.M., Heilman, B., Singh, A.K., Verma, R.K., and Nascimento, M. Evolving Men: Initial Results from the International Men and Gender Equality Survey (IMAGES). Washington, D.C.: International Center for Research on Women (ICRW) and Rio de Janeiro: Instituto Promundo. January 2011.
9. Barkindo A., Gudaku B. T., and Wesley C. K. 2013. Our Bodies, Their Battleground Boko Haram and Gender Based Violence against Christian Women and Children in North-Eastern Nigeria since 1999. Nigeria's Political Violence Research Network (NPVRN) NPVRN Working Paper No. 1, Abuja-Nigeria.
10. Bhuiya A, Sharmin T, Hanfi SMA. 2003. "Nature of domestic violence against women in a rural area of Bangladesh: Implication for preventive interventions." *Journal of Health Population and Nutrition* 21(1): 48-54.
11. Constitution of the Islamic Republic of Pakistan 1973. National Assembly of Pakistan. Islamabad: Pakistan.



12. Daud, B. 2013. Women's Rights in Post War Countries: Pakistan Case Study. Willy Brandt School of Public Policy Project Group for medicamondiale.v.
13. Delavande, A., and Zafar, B. 2013. Gender discrimination and social identity: experimental evidence from urban Pakistan. FRB of New York Staff Report, (593).
14. Dusanic, S. 2012. Men and Gender Relations in Bosnia and Herzegovina: Results of IMAGES Research. Promundo, Washington, DC, 67.
15. El Feki, S., Heilman, B. and Barker, G., Eds. 2017 Understanding Masculinities: Results from the International Men and Gender Equality Survey (IMAGES) – Middle East and North Africa. Cairo and Washington, D.C.: UN Women and Promundo-US.
16. Farid, M., Saleem, S., Karim, M.S. and Hatcher, J. 2008 'Spousal abuse during pregnancy in Karachi, Pakistan' International Journal of Gynecology and Obstetrics 101(2): 141-145.
17. Fikree, F.F., Razzak, J.A., Durocher, J. 2005 'Attitudes of Pakistani men to domestic violence: A study from Karachi, Pakistan' Journal of Men's Health and Gender 2(1): 49-58.
18. Fleming, P. J., Barker, G., McCleary-Sills, J. and Morton, M. 2013. Engaging Men and Boys in Advancing Women's Agency: Where We Stand and New Directions. Washington, DC: World Bank.
19. Gender Theme Group of the United Nations System in Nigeria. 2013. Gender Equality Briefing Kit. ISBN: 978-978-932-734-8. Available at http://www.ng.undp.org/content/dam/nigeria/docs/IclusiveGrwth/UNDP_NG_inclusiveGrwth_Gender-Briefing-Kit230513.pdf
20. Government of Pakistan. 2016. Multidimensional Poverty in Pakistan. Planning Commission, Ministry of Planning, Development and Reform. Government of Pakistan. Islamabad.
21. Heise, L. 2011. What Works to Prevent Partner Violence? An Evidence Overview. Working Paper. STRIVE Research Consortium, London School of Hygiene and Tropical Medicine, London.
22. Interagency Gender Working Group (IGWG)/ (CHANGE). 2002. Gender-Based Violence and Reproductive Health & HIV/AIDS: Summary of Technical Update. Washington, DC: Population Reference Bureau. Available at <http://www.prb.org/pdf/Genderbasedviolence.pdf>
23. International Center for Research on Women (ICRW). 2002. Domestic Violence in India: Exploring Strategies, Promoting Dialogue 4. Men, Masculinity and Domestic Violence in India: Summary Report of Four Studies. Washington, DC: ICRW.
24. Karmaliani, R., Asad, N., Khan, K.S., Bawani, S., Ali, T.S., Jones, N., Gupta, T.,



- Allana, A., Maqbool, H. and Walker, D. 2017. Understanding intimate partner violence in Pakistan through a male lens. Overseas Development Institute. London: UK.
25. Khan, M. E., Aeron, A., & Townsend, J. W. 2006. Prevalence, nature, and determinants of violence against married women in Bangladesh. In Khan, M. E., Townsend, J. and Peltó, P (Eds). *Sexuality, gender roles, and domestic violence in South Asia*. Population Council, New York.
 26. Klugman, J., Hanmer, L., Twigg, S., Hasan, T., McCleary-Sills, J. and Santamaria, J. 2014. *Voice and agency: Empowering women and girls for shared prosperity*. World Bank Publications.
 27. National Commission on the Status of Women (NCSW). 2010. *A Policy Framework for Women's Equal Rights, Issues Concerns and Recommendations for Gendered Policy*. NCSW, Pakistan.
 28. National Institute of Population Studies (NIPS) Pakistan and ICF International. 2013. *Pakistan Demographic and Health Survey (PDHS) 2012-13*. Islamabad, Pakistan, and Calverton, Maryland, USA: NIPS and ICF International.
 29. Pakistan Bureau of Statistics (PBS). 2017. *6th Population and Housing Census, 2017*. Islamabad: Government of Pakistan, Statistics Division, Pakistan Bureau of Statistics.
 30. Parveen, R. 2011. *Gender-based Violence in Pakistan*. Aurat Foundation, Islamabad.
 31. Peacock, D., and Barker, G. 2014. Working with men and boys to prevent gender-based violence principles, lessons learned, and ways forward. *Men and Masculinities*, 17(5), 578-599.
 32. RAHNUMA-FPAP. 2015. *On the Cross-Roads of Disability and SRH: Sexual and Reproductive Health Needs, Information and Services Available, To Persons with Disabilities in Lahore, Pakistan*. RAHNUMA-FPAP. Lahore
 33. Rozan. 2010. *Understanding Masculinities: A Formative Research on Masculinities and Gender-based Violence in a peri-urban area in Rawalpindi*. Rozan. Islamabad.
 34. Rutgers. 2012. *Gender-based Violence in Pakistan*. Rutgers (former Rutgers World Population Fund). Islamabad.
 35. Rutgers. 2013. *Domestic Violence against Women: Prevalence and Men's Perception in PGRN Districts of Pakistan*. Rutgers (former Rutgers World Population Fund). Islamabad.
 36. Sathar, Z. A., Rashida, G., Hussain, S. and Hassan, A. 2015. *Evidence of Son Preference and Resulting Demographic and Health Outcomes in Pakistan*. Islamabad: Population Council.



37. Sathar, Z. A. and Kazi, S. 2000. Women's Autonomy in the Context of Rural Pakistan. *The Pakistan Development Review*, 39(2), 89-110.
38. United Nations Office on Drugs and Crime (UNODC). 2016. *Global Report on Trafficking in Persons 2016*. United Nations Office on Drugs and Crime, United Nations publication, Sales No. E.14.V.10.
39. United Nations Population Fund (UNFPA) and WAVE. 2014. *Strengthening Health System Responses to Gender-based Violence in Eastern Europe and Central Asia*. UNFPA Regional Office for Eastern Europe and Central Asia Istanbul, Turkey and WAVE Network and European Info Centre against Violence, Vienna, Austria.
40. United Nations Population Fund (UNFPA). 2005. *Combating Gender-Based Violence: A Key to Achieving the MDGS*. United Nations Population Fund.
41. United Nations. 2014. *Women's rights are human rights*. United Nations human rights office of the high commissioner. United Nations. New York.
42. United Nations. 2015. *Transforming Our World: The 2030 Agenda for Sustainable Development*. Available at http://www.un.org/pga/wp-content/uploads/sites/3/2015/08/120815_outcome-document-of-Summit-for-adoption-of-the-post-2015-development-agenda.pdf.
43. *Voices 4 Change (2015)*. Nigeria Men and Gender Equality Survey (NiMAGES), Nigeria Country Report 2015, Promundo.
44. *Voices for Change Programme*. 2015. Nigeria Men and Gender Equality Survey (NiMAGES). Voices for Change Programme. Nigeria. Available at <http://promundoglobal.org/resources/nigeria-men-gender-equality-survey-nimages>
45. World Health Organization (WHO). 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: WHO.
46. World Health Organization (WHO). 2013. *Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence*. WHO.
47. Zaman, S., and Zia, M. 2013. *Women's access to justice in Pakistan*. Working Paper submitted to the Committee on Women's Access to Justice, at the 54th CEDAW Session on behalf of War against Rape & Aurat Foundation. Available at http://www.ohchr.org/Documents/HRBodies/CEDAW/AccessToJustice/AuratFoundationAndWarAgainstRape_Pakistan.pdf



Annexes



Annex A:

The Gender-Equitable Men (GEM) Scale

Horizons and Promundo developed the Gender-Equitable Men (GEM) Scale to directly measure attitudes toward “gender-equitable” norms. The scale is designed to provide information about the prevailing norms in a community as well as the effectiveness of any programme that hopes to influence them (Pulerwitz and Barker 2008). The original GEM scale consisted of 24 statements across various domains such as gender norms, violence, sexuality, masculinities, reproductive health etc. The GEM Scale emerges out of a social constructionist perspective of gender identity (Kimmel 2000).

According to this, any given cultural setting provides a version, or multiple versions, of appropriate behavior for men and women. These gender norms, which are passed on to boys and young men by their families, peer groups, and social institutions among others, are interpreted and internalized by individual men. Individuals also “reconstruct” these norms, by influence, putting their own “subjective spin” on the gender norms around them (Barker 2001), and as members of society, these individuals also influence the broader norms. This conceptual framework highlights that certain models of manhood or masculinity are promoted in specific cultural settings but that individual men will vary according to how much they adhere to these norms and that norms can evolve or change over time as individuals and groups reconstruct them. Furthermore, this conceptual framework also recognizes gender as based in power relations and as relational or created and reinforced through ongoing interactions between men and women (Pulerwitz and Barker 2008).

The development of the GEM Scale was grounded in formative, qualitative research on gender norms with young men in low-income settings in Rio de Janeiro (Barker 2000 and 2001). Horizons and Promundo conducted a second study with men in both low and middle-income neighborhoods in Rio de Janeiro to test 34 items on attitudes toward gender norms (Institute Promundo and Institute Noos 2003). The GEM Scale is intended to (1) be multi-faceted and measure multiple domains within the construct of gender norms, with a focus on support for equitable or inequitable gender norms; (2) address programme goals related to sexual and intimate relationships, and sexual and reproductive health and disease prevention; (3) be broadly applicable yet culturally sensitive, so indicators can be applied in and compared across varied settings and be succinctly relevant for specific cultural contexts; and (4) be easily administered so that a number of actors including the organizations that are implementing the interventions can take on this type of evaluation (Pulerwitz and Barker 2008).



Annex B:

Literature Review

This section presents a review of qualitative and quantitative studies and some grey literature related to GBV in Pakistan, including socio-cultural and other environmental factors related to violence against women and girls; the different forms of GBV and estimates of their prevalence in Pakistan; risk factors for perpetration or experience of spousal violence; help-seeking behavior among women facing spousal violence; and government and civil society efforts for preventing GBV and responding to the needs of survivors.

Gender Norms, Notions of Manhood, and Attitudes to GBV

While GBV is prevalent around the world, it is “uniquely legitimized in the name of culture, tradition, religion, and morality” in Pakistan and “the silence of the state and lawmakers add to discrimination, biases and the disempowerment of women and girls” (Aurat Foundation 2011). Qaisarani, Liaquat and Khokhar (2016) find that norms, traditions and the interpretation of religion define and reflect power relations within family structures, dictating men’s dominance over women in all aspects of life. Male dominance prevails in society at all levels. The authors note with irony that men’s “honor” fails to match their masculinity in all other matters and remains highly delicate, easily compromised by, and highly dependent upon the modesty and sexuality of women in their households. Moreover, it is accepted within this code of honor that women pay the price of acts of men. They are used “as an agency of exchange, an asset for revenge and settlement, and a tool for business in groups of male-dominated jirgas.”

Community and region have an overriding influence on local gender systems and women’s autonomy in rural areas; for example, Northern Punjabi women have lower economic autonomy but greater mobility and decision-making authority than women in Southern Punjab (Sathar and Kazi 2000).

A qualitative study of men in less developed districts in South Punjab, Balochistan, and Sindh found that most men link manhood with authority, power, and honor (Rutgers 2013). Women are considered to be inferior persons whose role must remain restricted within their homes. In the study, men underscored the importance of their sexual needs saying if their wives were not available, they were entitled to “look for other women.” Many of the men acknowledged that violence has an adverse effect on women’s physical and mental health, but also noted that it is seen to be a private family matter. Among the causes of violence against women, men mentioned stresses related to poverty, lack of jobs, low income, and lack of resources to sustain the family. They also spoke of cultural notions of manhood, and their obligation

to rise to the expected role of “disciplining” their wives or risk social censure. Interestingly, the men frequently pointed out that customs and notions linked to GBV are based on mis perception of Islamic teachings. Violence was also attributed to failure to follow the proper teachings of Islam.

A study by Rozan (2010) offers a glimpse of how young people view gender roles and relations in a more developed urban setting, specifically a low-income, predominantly Muslim neighborhood of Rawalpindi city, Punjab. Based on interviews and focus group discussions with male and female youth aged 15-25, the study found that male perceptions about “a real man” were that he should be sexually potent; that he should be the family provider and not rely on a woman’s income (with disapproving attitudes to women’s earning); that he should control his wife, prioritize the needs of his parents over his wife’s, and take the major decisions in the family. Most male respondents expressed a distrust of women and considered it important to “keep an eye” on the movements of sisters and wives. Most men said they had fought physically and often with weapons with rival youth groups. Sexual violence against younger boys was reported, though often perceived as experimentation rather than violence. Domestic violence was viewed as an act that was sometimes necessary to keep a woman in “her place” and the onus of preventing conflict in the home was deemed to be on the woman. Young men also considered it their role to cleanse society of ‘deviant’ practices, such as women’s working, homosexuality, female harassment, and dating among youth. It was also important to them to dress and conduct themselves in a manner that was not perceived as effeminate.

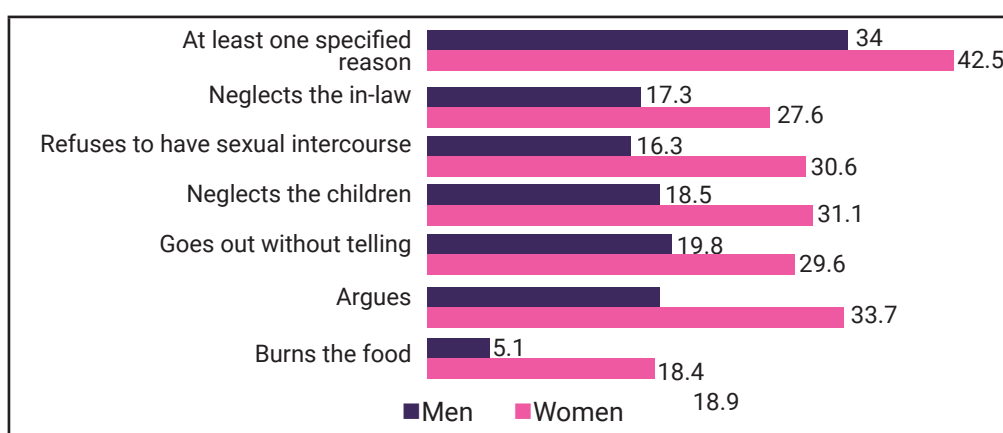
For their part, female respondents in the study considered earning a major part of a man’s role and an important prerequisite for respect (Rozan 2010). They saw men as decision-makers who gave the orders and got angry if they were not treated with respect. They also acknowledged the existence of a power struggle among couples over household decisions. Women’s sense of security and standing was linked to whether they had borne a son. Most women had experienced spousal violence and believed it was justified in certain circumstances. They considered beating to be acceptable provided it was carried out privately and the husband apologized later. Women saw men’s sexual needs as an uncontrollable urge that should be fulfilled immediately. They did not see male sexual potency as a criterion for manhood but recognized it to be a sensitive point on which men could not be questioned although they themselves tended to be blamed for childlessness or infertility.

Quantitative evidence about attitudes to spousal violence is forthcoming from the PDHS 2012-13, which reports that, overall, 42 percent of ever-married women aged 15-49 agree that a husband is justified in beating his wife for at least one of the six reasons shown in Figure A1.⁵ A lower proportion of men (32 %) hold this view. Studies in other countries have also found women to be



more likely to justify spousal violence than men (Sheraz and Hassan 2016), and this phenomenon has been attributed to dominant socio-cultural norms that create a widely accepted image of “ideal women” and gender roles among both men and women and also sanction the use of violence to enforce these roles (Rani et al. 2004). Analyzing the PDHS data, Sheraz and Hassan (2016) find that the majority of men (65%) in Pakistan have modern views, i.e., they do not find any of the six situations listed in Figure B1 to be grounds for violence, while 23 percent have “mixed views,” meaning they consider fewer than three of the situations to justify violence. Traditional views are held by the smallest segment (12%).

Figure B1: Percentage of Men and Women who Believe Wife Beating is justified under Certain Circumstances, by Reason



Source: PDHS 2012-13

The Rutgers’ survey (2013) of six largely rural and less developed districts found that nearly half of the women believed a man was justified in acting violently if a woman did not do her housework properly (58%) or was disobedient to her husband (47%), while a fifth (21%) reported refusal of sex as a legitimate ground. Only a tenth of the respondents thought none of the three justifications were valid.

Beyond homes and communities, at the macro social level, studies find a “concord between law and custom, which also has much to say on the place of women in society” and which is also consolidated in courts with judges “overwhelmingly male and invested in patriarchy” (Aurat Foundation 2011). Pakeeza (2015) finds that “tribal law” is legitimized on the false pretext of religion and an impression prevails widely that “domestic violence is a familial matter that does not require legal consideration.” As an example of the predicament of GBV survivors, Zaman and Zia (2013) describe a nearly impossible succession of barriers hindering rape victims’ access to justice, including gaps in the law, procedural hurdles in filing police reports, an unsupportive environment at police stations and courts, and gaps in medico-

⁹In the PDHS 2012-13, the module on gender-based violence was administered to a smaller, nationally representative subsample of 3687 women.



legal and police capacities, among others. With laws, systems and procedures heavily invested in patriarchal values, the authors conclude women often begin by having to prove their own credibility and end with “a complete miscarriage of justice.” Meanwhile, latent and at times overt threats of harm inhibit women’s political participation. A large number of women are unable to vote because patriarchal values and customary practices still prohibit or ignore their registration as voters; at the other end, women politicians are patronized by male peers within political parties and assemblies, and excluded from important decision-making (NCSW 2010b).

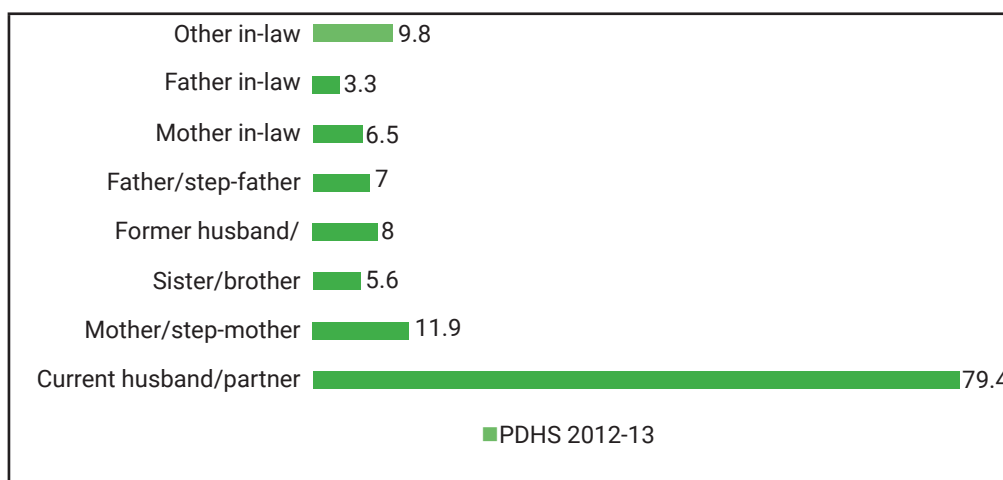
Prevalence of GBV in Pakistan

The prevalence of GBV in Pakistan can only be partially gauged from available evidence. The inclusion of a module on violence against women in the Pakistan Demographic and Health Survey (PDHS) 2012-2013 has for the first time provided nationally representative data on the prevalence of physical and emotional violence (mainly spousal) experienced by ever married women ages 15-49. An extensive household survey by Rutgers-WPF offers further insights about prevalence of some forms of GBV in less developed settings within Pakistan⁶. In the absence of detailed tracking of the different forms of gender-based violence, a broad picture of other forms of GBV can be built from sources like police data; qualitative studies; and media and civil society reports. However, underreporting is a major issue: in one study, the National Commission on the Status of Women (2010) estimated that GBV cases reported to authorities in two districts represented only 2 percent of the actual volume. In other countries as well, police and health systems data on VAW cases have been found to represent only the tip of the iceberg (Palermo, Bleck and Peterman 2013).

According to the PDHS 2012-13, 32.2 percent of ever married women ages 15-49 in Pakistan have experienced physical violence committed by anyone since age 15, and 39 percent of them have experienced physical and/or emotional violence from their husband. Husbands are reported to be the major perpetrators of physical violence, followed by members of the natal family and in-laws (Figure B2). Experience of physical violence during pregnancy is reported by 11 percent of women. Among currently married women, 19.4 percent have faced physical violence—17.9 percent from their husband—in the past 12 months.



Figure B2: Percentage of Ever-married Women who Experienced Physical Violence in Pakistan, by Major Source of Violence in PDHS 2012-13.



The findings of the Rutgers (2013) survey indicate much higher levels of intimate partner violence than those implied by PDHS data, possibly reflecting higher risks in less developed settings. In the six survey districts, physical violence had been experienced by 74 percent of women, sexual violence by 58 percent, and psychological violence by 72 percent in the past 12 months. In addition, 47 percent of women reported they had experienced physical spousal violence in pregnancy at some point.

Table B1 provides a civil society organization's summary of GBV cases identified from press reports in 2014 (Aurat Foundation 2015). Of the 10,070 cases documented, more than half involved murder, rape or kidnapping. About 75 percent of the cases were reported from Punjab and 14 percent from Sindh, with far lower reporting from other provinces and regions.

Table B1: Breakdown of Reported Cases of Violence against Women, by Offence and by Year

Offence	2008	2009	2010	2011	2012	2013	2014	% of total cases in 2014, by type of offence	% change between year 2013 & 2014
Kidnapping/abduction	1784	1987	2236	2089	1607	2026	2170	21.55	7.1%
Murder	1422	1384	1436	1575	1745	1425	1610	15.99	13.8%
Rape/gang rape	778	928	928	827	822	956	1515	15.04	58.8%
Suicide	599	683	633	758	575	668	931	9.25	39.8%
'Honor' killing	475	604	557	705	432	487	713	7.08	46.8%

⁶Conducted in six districts, including Dera Ghazi Khan and Muzaffargarh in Punjab; Jacobabad and Kashmore in Sindh; and Jaffarabad and Naseerabad in Balochistan, the survey covered ^{4,985} ever married women in ²⁶ urban and ¹²⁴ rural union councils. The majority of families were poor and nearly two thirds of women had no education.

Domestic violence	281	608	486	610	989	498	494	4.91	-0.4%
Sexual assault	172	274	74	110	58	38	74	0.73	102.6%
Acid throwing	29	53	32	44	83	43	65	0.65	51.2%
Burning	61	50	38	29	71	42	55	0.55	31.2%
Miscellaneous	1970	1977	1580	1792	1134	1669	2443	24.26	47.1%
Total	7571	8548	8000	8539	7516	7852	10070	-	28.3%

Source: Aurat Foundation, Annual Report 2014, Violence Against Women: A Qualitative Review of Reported Incidents, Islamabad: Aurat Publication and Information Service Foundation, 2015.

Note: "Miscellaneous" includes cases of attempt to kidnap, attempt to murder, attempt to rape, attempted suicide, child marriages, custodial violence, forced marriages, harassment, hurt and bodily injury, illegal custody, incest, threat to life, threat of violence, torture, exchange marriages, compensation marriages, and trafficking of women.

Table B2 shows data provided by the National Police Bureau about honor killing cases registered by the police in the four provinces of the country between 2011 and 2015. The largest number of cases have been registered from Punjab and the smallest number from Balochistan. Provincial differences could reflect an array of variables such as size of population, effectiveness and accessibility of police services. Due to pervasive underreporting, the number of cases cannot be considered an indicator of prevalence.

Table B2: Number of Honor killing Cases Registered by the Police in 2011 to 2015, by Province

Year	Punjab	Sindh	Balochistan	KP	Total for Year
2011	256	170	38	48	512
2012	278	200	21	36	535
2013	275	201	26	29	531
2014	312	158	41	43	554
2015	232	86	28	59	405

Source: Data provided by National Police Bureau.

Several forms of GBV in Pakistan are rooted in customary practices, most conspicuously honor killing (known by terms like karo-kari or siyahkari), acid violence, wife burning, child marriages, and other forms of forced marriages, such as marriage for compensation of crimes or dispute settlement (vani, sawara, badla, etc.) and marriage to the Quran to deprive women of inheritance rights. Newspapers have reported nearly 4,000 cases of honor killings in Pakistan between 2008 and 2014 (Aurat Foundation 2015) and the actual number of cases is likely to be much higher (NCSW 2010a). The Acid Survivor Foundation (ASF), Pakistan recorded 400 cases of acid throwing between 2012 and 2016 (ASF 2016); ASF's data indicates a steep decline in cases from 139 in 2014 to 58 in 2016, which is attributed to recent new legislation on acid crimes. Although age at marriage has risen in Pakistan and the



country has a higher age at marriage than neighboring India and Bangladesh, child marriages are estimated to constitute 30 percent of marriages (FPAP 2012). Despite prohibitions, 176 cases of compensation/dispute settlement marriages were reported from different parts of the country in 2013 (SPARC 2014). Dowry-related disputes continue to fuel domestic violence, resulting in the most extreme cases in burning of the bride by purported 'stove accidents' or in suicide (Babur 2007). In the Rutgers (2013) survey of six less developed districts, 26 percent of women reported there had been an honor killing in their family within the last 10 years, 34 percent had experienced early marriage, and 77 percent reported their marriage had been contracted under influence of custom, such as dispute settlement.

Among non-traditional forms of GBV, there is evidence of sexual harassment at universities (Saeed 2010) and at institutes for people with disabilities (Rahnuma-FPAP 2015). However, in a study of school-related GBV in five Asian countries that surveyed schools in district Umerkot, Sindh lower proportions of girls than boys reported experience of emotional, physical or sexual violence (Bhatla et al. 2014). On the other hand, sexual harassment at work appears to be a common risk, with one study finding 58 percent of hospital nurses and over 90 percent of women working in fields, brick kilns, offices, and domestic service to have experienced this form of GBV (AASHA 2002).

Much of GBV in Pakistan occurs within the context of trafficking, mainly internal, in which not only strangers but also family members, including parents, may be complicit (Aurat Foundation 2012). The largest issues are linked with bonded labor in agriculture and certain industries in Sindh and Punjab (UNODC 2016), as well as with domestic service and forced marriages (Aurat Foundation 2012).

Risk Factors for Spousal Violence in Pakistan

Based on PDHS 2012-13 data, Sheraz and Hassan (2016) find that men who hold traditional views (supportive of wife beating) are likely to be younger than 25; rural; less educated; poor; and either jobless or engaged in manual or agricultural work. They are also likely to have no sons or have daughters; make household decisions independently; enjoy sole ownership of their house; and have limited access to mass media, especially TV and newspapers. On the other hand, men's harboring of modern views (i.e., rejecting all suggested justifications of wife beating) is associated with their being older; urban; employed in clerical or professional work; Urdu speakers; and especially with being of high socio-economic status (SES).

Also based on PDHS 2012-13 data, Buriro, Hassan and Ali (2016) find that husbands' educational attainment is strongly associated with the risk of violence. A much higher proportion of wives of uneducated men report violence

(36%) compared to wives of men educated beyond secondary level (18%). A smaller proportion of women who have a say in who they marry are affected by violence than women who have no say. Interestingly, women living in nuclear family units are more likely to experience violence (31%) than women in joint and extended family arrangements (25%), and working women are 1.5 times more likely to face violence than women who are not working.

Analysis in PDHS 2012-13 finds a very strong relationship between women's experience of emotional and physical violence and husband's alcohol use: women whose husbands get drunk often are 35 percentage points more likely to experience both types of spousal violence than women whose husbands do not drink. Moreover, spousal violence is associated with whether women's fathers beat their mothers; with the number of controlling behaviors exhibited by the husband; and with the number of reasons women accept as justifications for wife beating (PDHS 2012-13).

Further analysis of PDHS 2012-13 data by the Population Council shows that women in Pakistan are more likely to encounter physical spousal violence if they got married at a young age; are young; reside in Khyber Pakhtunkhwa or Balochistan; speak Pushto or Brahui; have more than two children; and either do not own land or a house, or jointly own a house with their husbands.

Rutgers (2013) found that women were more likely to be abused by their husbands if they had been abused as children, or after 15 years of age, or if they had induced abortions, or had a history of honor killing in their family. Childhood experience of witnessing violence against the mother was endemic with a pronounced pattern of intergenerational transmission: two thirds of the women had seen their fathers abusing their mothers, and three quarters now reported that their own children were present when they were physically abused by their husbands.

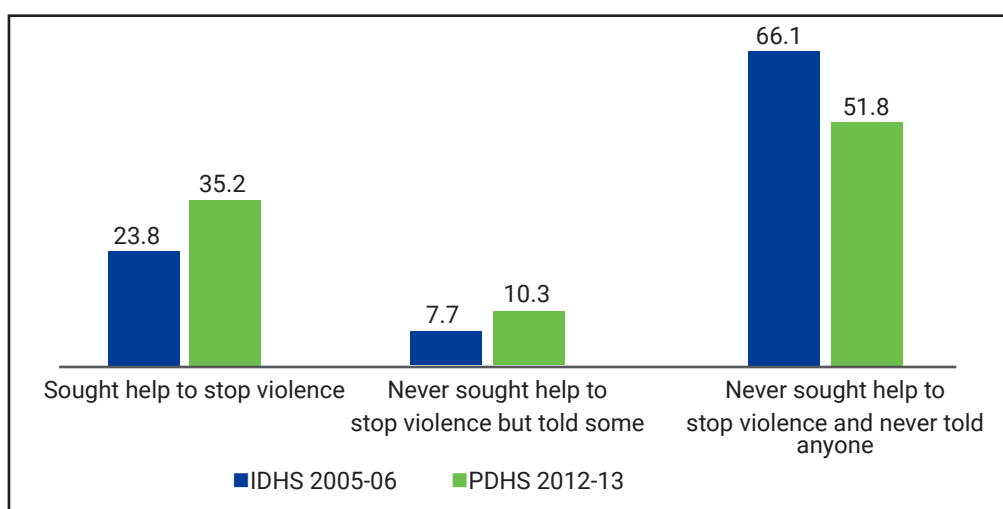
Among qualitative studies exploring GBV risks, Tarar and Pulla (2014) find a close relationship between patriarchy, poverty, and gender violence, with poverty appearing to be the direct cause of gender violence as it creates a stressful cycle. Similarly, Siddiqui et al. (2006) attribute the increase in violence against women in the 1990s to economic hardships as well as other domestic and community pressures. Delavande and Zafar (2013) find that gender discrimination is not uniform in intensity or nature across educated Pakistani society but varies as a function of the social identity (particularly socio-economic status) of both individuals who interact. Daud (2013) notes that overall risk of GBV is higher in rural areas, and some forms, like acid throwing, are more common in urban areas and others, e.g., gang rapes, in rural areas.



Help-seeking Behavior among Women

PDHS data show that among the women who report ever experiencing physical or emotional spousal violence, only 35 percent sought help. Corresponding figures for Indian women show that they are even less likely to seek help (Figure B3).

Figure B3: Proportions of Ever-Married Women Experiencing Spousal Emotional and Physical Violence in India and Pakistan by Different Help-Seeking Responses



Source: Pakistan Demographic and Health Survey 2012-13 and India Demographic and Health Survey 2005-06

Of the women in Pakistan who did seek help, nearly three quarters sought help from their natal family, while about a fifth sought the help of their in-laws (PDHS 2012-13). Much smaller proportions of women turned to their husbands (7 %) or neighbors (6 %) for help, while recourse to friends, lawyers, or the police was negligible. Similarly, the Rutgers (2013) survey found that even though most women who faced physical violence reported injuries, nearly two thirds (63%) did not seek any health care; slightly over a third of these women were not allowed to seek health care. Only 12 percent reported to authorities beyond the family. Many (43%) left home but returned to be with their children or due to pressure from parents or in-laws.

PDHS (2012-13) finds that the likelihood of women's seeking help is not affected by urban/rural residence but regional variations are pronounced, with 50 percent of women seeking help in Punjab as against 6 percent in KP. Wealth and education do not affect help-seeking behavior; in fact, the most educated women and those in the highest wealth quintile are less likely to seek help. A much higher proportion of divorced, separated, or widowed women (53 %) than currently married women (34 %) have ever sought help to stop violence.



Zaman and Zia (2013) observe that “women’s access to justice in sexual violence cases is typified by underreporting as they often cannot disclose what has happened to them without inviting public scrutiny and shame onto themselves and their families.” Even when they do have the courage to report, they are hindered by lack of information, low access to police stations, lack of resources to pursue their case, and a complex and unsupportive judicial environment (Qaisarani, Liaquat and Khokhar 2016 and Zaman and Zia 2013).

Low reporting rooted in negative normative influences and structural barriers is not unique to Pakistan; a similar situation is observed, for example, in India (Jejeebhoy, Santhya and Sabarwal 2013) and Tanzania (Mc Cleary-Sills et al. 2013). Explaining similar findings from 24 countries, Palermo, Bleck and Peterman (2013) observe that women’s reporting behaviors are influenced by cultural norms surrounding family, divorce, and women’s autonomy. A widespread perception that violence is justified in some situations leads to low reporting. Richer women may be more dependent on partners to maintain current standards of living and therefore even less likely to report. The robust positive correlation between being formerly married and reporting may be because these women experienced more severe violence or because the same proactivity that led them to report also enabled them to leave the abusive relationship.

Addressing GBV in Pakistan

In global efforts to prevent violence against women, strategies that change the acceptability of violence, address violent masculinity, and transform gender dynamics within households and communities are showing success (Barker et al. 2011). Experience indicates the need for a combination of sustained, strategic, and comprehensive measures to address both the short-term requirements of individual survivors and the longer-term cultural and attitudinal changes required to challenge the acceptance of GBV (Terry and Hoare 2007). It is recognized that a holistic and coordinated multi-sectoral response must be mounted that synergizes the actions of different institutions (UNFPA EECARO 2015).

Policy and Legislation

In Pakistan, the key institutions spearheading GBV-related policy at the national level include the National Commission on the Status of Women (NCSW) and the Ministry of Human Rights (MoHR), which work with other government agencies, in particular the Gender Crime Cell within the National Police Bureau, Ministry of Interior. At the provincial level, concerned bodies include the Women Development departments of Sindh, Punjab, and Balochistan; the Department of Social Welfare, Special Education, and



Women's Empowerment in KP; and the Provincial Commissions on the Status of Women in KP and in Punjab.

The main instruments of national policy for addressing GBV include the Constitution of the Islamic Republic of Pakistan (specifically the Articles providing for gender equality); the National Plan of Action (NPA) 1998; the National Policy on Development and Empowerment of Women (NPDEW), 2002; the National Strategic Framework for Family Protection; and the National Plan of Action for Protection and Promotion of Human Rights 2016. Relevant international commitments of Pakistan include the Convention to End All Forms of Discrimination against Women (CEDAW); the Beijing Platform of Action, 1995 and its Ten-Year Review; and the 2030 Agenda for Sustainable Development.

Key GBV-related provisions of the National Policy for Development and Empowerment of Women, 2002 include: zero tolerance of violence against women; declaration of honor killings as murder; positive legislation on domestic violence and reform; review of policies on women's shelters; family protection programmes to ensure women have access to legal, medical and psychological counseling; police reforms to increase and train women in the police; police force sensitization on GBV issues; a GBV policy; and abolishment of discriminatory laws (Aurat Foundation 2011). More recently, the National Plan of Action for Protection and Promotion of Human Rights 2016 envisages, among other important steps, the strengthening of forensic crime investigation capabilities, development of National Policy Guidelines on GBV, establishment of new Crisis Centers for women, and standardization of existing services at district level, as well as directions for a uniform women's empowerment package for federal and provincial governments (Imran 2016). Provincial governments have also taken some parallel measures.

Key national and provincial laws in place to curb gender-based violence include: the Protection of Women (Criminals Laws Amendments) Act, 2006, which provides legal protection to victims of rape and repeals those sections of the Hudood laws that were disadvantageous to them; the Protection Against Harassment of Women at the Workplace Act, 2010 and Criminal Law (Amendment) Act, 2010, which afford protection against sexual harassment; the Criminal Law (Second Amendment) Act, 2011 (commonly known as the "Acid Control and Acid Crime Act"); the Criminal Law (Third Amendment) Act, 2011, commonly known as the "Anti-Women Practices Act 2011," which criminalizes harmful, customary practices such as giving a girl or woman in marriage or otherwise to resolve disputes, depriving a woman of her property inheritance rights, forced marriage, and marriage with the Holy Quran; and the Child Marriage Restraint (Pakistan) Act, 1929, which sets the minimum age of marriage as 16 years for girls and 18 years. Additional laws in Punjab include the Protection against Harassment of Women at Workplace



Act, 2010; the Punjab Commission on the Status of Women Act 2014; the Punjab Fair Representation of Women Act 2014; and the Punjab Protection of Women against Violence Act, 2016. Similarly, the Government of Sindh has passed the Domestic Violence (Prevention and Protection) Act, 2013; the Sindh Child Marriage Restraint Act, 2013; and the Hindu Marriage Act, 2016. Similar laws in Khyber Pakhtunkhwa include the North-West Frontier Province Establishment of a Commission on the Status of Women Act 2009 and the Elimination of Custom of Ghag [forced betrothal] Act 2013, while the Government of Balochistan has passed the Balochistan Domestic Violence (Prevention and Protection) Act, 2014.

These laws mark important steps in ending the silent tolerance of many anti-women practices. However, many have been criticized for having loop-holes and being poorly implemented (see, for example, Zaman, & Zia 2013). Some of the laws have also been challenged as having elements repugnant to Islamic principles, potentially undermining political will to address the gaps (Ali 2014).

Law Enforcement and Other Support

A major stumbling block in reporting of GBV is the dearth of women-friendly police services. As of 2012, there were only 17 women's police stations in the country and women comprised only 0.85 percent of the total police strength (Individualland 2011). There are complaints that the Women's Cell established by the Sindh government in its police department is not delivering due to resource constraints (Qaisarani, Liaquat and Khokhar 2016). Even when GBV incidents are reported by women, they are often not registered by the police; the registration rate varies considerably across provinces (Aurat Foundation 2015). Moreover, due to gaps in police investigation capabilities and performance, only a portion of registered cases get prosecuted (WAR 2013), with an even smaller fraction resulting in convictions: the Punjab Gender Parity Report 2016 and Gender Management Information System reveal that as many as 6,505 reported cases of violence against women in 2015 were registered in Punjab, but only 1 percent or 81 perpetrators were punished (Punjab Commission on the Status of Women 2016).

As yet, health policy in Pakistan does not systematically address the needs of GBV survivors: there is a lack of awareness about the special needs of survivors and applicable laws, and health professionals are not trained to respond beyond addressing physical needs (WHO 2012b). Linkages with psycho-social counseling and rehabilitation and medico-legal services are weak or non-existent, as are protocols, guidelines, and procedures for responding to GBV cases (WHO 2012b).

The federal and provincial governments, as well as NGOs, are operating various types of shelters for women, including Crisis Centers for Women



in Distress, Shaheed Benazir Bhutto Centers for Women, Darul Amans, Family Protection and Rehabilitation Centers for Women (FPRCWs), etc. The range of support services provided at these shelters varies. In the public sector, Shaheed Benazir Bhutto Centers for Women provide legal aid, medical treatment, and psychosocial counseling, later referring them to Darul Amans, which provide shelter and medical treatment. However, government-run shelters are commonly reported to be overcrowded, with poor facilities and inadequately trained staff. There is also anecdotal evidence of mismanagement and 'notoriety' (Zaman and Zia 2013). Moreover, women are reluctant to avail shelters as they are perceived to be the last resort for those who have been "turned away by respectable society" (Zaman and Zia 2013).

For trafficking victims, additional government measures include tracking and support of external trafficking cases, and provision of legal aid, loans, and identification to bonded laborers.

While efforts are evident in the public sector, particularly in the form of legislation, the small scale and inefficiency of enforcement arrangements severely limit the government's ability to prevent GBV and support women affected by it. According to Daud (2013), "a complex combination of factors ranging from deteriorating security environment, poor governance, biased cultural norms, growing radicalization and arming of society, corruption, weak enabling environment for implementation of laws to unstable political structures have all contributed towards creating formidable challenges for securing women's rights in the country."

The Role of Civil Society

The gap in government support for GBV survivors is partly filled by a cohesive civil society that provides direct support to women who face domestic violence and has also influenced governmental policies in favor of women through a number of advocacy and lobbying programmes (Daud 2013). In the past, various civil society initiatives have sought to strengthen existing institutions; introduce alternative dispute resolution mechanisms; reach out to men, women, youth, and religious and tribal leaders; and strengthen the policy and programming response (Aurat Foundation 2011). GBV is attaining increasing importance in the agendas of international organizations and in recent years, a number of major NGOs and donors have developed detailed strategies for tackling GBV. Some of the most noteworthy local civil society organizations currently working on GBV issues in the country include the Aurat Foundation, Rozan, the Acid Survivors Foundation, War against Rape, Shirkatgah, Rahnuma-FPAP, and the Depilex Smile Again Foundation. Collectively, these and other civil society organizations are helping to strengthen legislation against GBV; educate women as well as men to tackle different forms of GBV at the community level; and provide a wide range of

support services—from medical care to psycho-social counseling, legal aid, shelter, and jobs—to survivors of GBV.

There are encouraging cases of public-private partnership. In 2010, the NCSW, in partnership with the National Rural Support Programme (NRSP) and Rozan, implemented a comprehensive training programme for building the capacity of local law enforcement agencies, judiciary, medical staff and community organizations in two districts to implement the Criminal Law (Amendment) Act, 2004. An assessment of the project's impact found increased communication and collaboration among stakeholders, and striking changes in the pattern of behavior among police and local authorities in dealing with violence against women, including greater collaboration with volunteer networks and community organizations (NCSW 2010a). Similarly, Rozan's Rabta programme has been building the capacity and enhancing the sensitivity of police personnel to effectively respond to women and child survivors of violence since 1999.

Also noteworthy among civil society contributions are efforts to engage men in the struggle against GBV. Rozan's Hamqadam programme is creating spaces for men to engage on the issue of violence against women. It explores alternative and healthier models of masculinities with a special emphasis on involving men and boys in stopping violence against women. Another example is the White Ribbon Campaign Pakistan (WRCP), which aims to involve men in reducing violation of women's rights and positively influence notions of masculinity with the key message that "Strong Men are Gentlemen." The campaign is being implemented through a partnership of the NCSW, provincial commissions on the status of women in KP and Punjab, government officials, media and religious scholars, and uses innovative communication methods, such as power sports events, to disseminate its message.

Conclusions

The widespread acceptance and prevalence of violence against women and girls in Pakistan is linked with the country's patriarchal culture, in which men are seen as the rightful controllers of women's autonomy and especially sexuality. This attitude prevails not only in homes and communities, but also state institutions, resulting in weak mechanisms for redress of GBV. Larger proportions of Pakistani men and women condone spousal violence and perpetrate or experience it, with only a negligible fraction of women seeking help beyond their families. Many forms of GBV are rooted in local or regional customs and traditions—especially child and forced marriage—or connected with trafficking. Sexual harassment appears to be common.

The PDHS is currently the only source of nationally representative data about GBV in Pakistan, though it focuses primarily on domestic violence. The survey is helpful in identifying the risk factors associated with GBV in Pakistani



society, such as living in rural areas and certain provinces, having low educational attainment or socio-economic status, being young or marrying young, and belonging to certain ethnic groups. Unfortunately, underreporting and the absence of any detailed tracking mechanism make it difficult to estimate the prevalence of other forms of GBV. Another important gap is the dearth of well-designed evaluations of efforts to counter GBV in Pakistan; such evaluations must be conducted and used to inform programme design. There is, moreover, a need for larger and more detailed studies to probe the gender notions, norms, and practices that perpetuate GBV.

Public policy must facilitate an integrated multi-sectoral response to prevent GBV and support those it affects: beyond legislation and its proper enforcement, there is a great need for large-scale and sustained social and behavioral change communication targeting anti-women practices and recruiting men as change agents. Support for survivors must be enhanced through more responsive healthcare services that also facilitate clients in accessing necessary psycho-social, legal, and rehabilitation support. Ultimately, the risk of GBV will only be fully tackled when structural inequalities between men and women are eradicated. Therefore, efforts to reduce GBV must be part of the overall design and strategy and policies to eliminate discrimination against women and close the gender gaps in health and wellbeing, educational attainment, employment, and political participation in Pakistan.



References

- Alliance Against Sexual Harassment. 2002. Situational analysis of sexual harassment, Annual Report. Islamabad: AASHA.
- Acid Survivor Foundation (ASF). 2016. Acid Violence Database Statistics. Islamabad: Acid Survivor Foundation.
- Ali, K. 2014. Pakistani laws prohibiting underage marriage un-Islamic: CII. DAWN, Updated Mar 11, 2014 11:45pm. <http://www.dawn.com/news/1092468/pakistani-laws-prohibiting-underage-marriage-un-islamic-cii>.
- Aurat Foundation. 2012. Internal Trafficking of Women and Girls in Pakistan: A Research Study. Islamabad: Aurat Foundation.
- Aurat Foundation. 2015. Violence against Women (VAW) Annual Report 2014: Violence against women in Pakistan. Qualitative review of reported incidents. Islamabad: Aurat Foundation.
- Babur, Z. U. 2007. Violence against Women in Pakistan: Current Realities and Strategies for Change. Dissertation for Masters of Arts Degree in Peace and Conflict Studies, European University Center for Peace Studies Burg, Austria.
- Barker, G., Contreras, J.M., Heilman, B., Singh, A.K., Verma, R.K., and Nascimento, M. 2011. Evolving Men: Initial Results from the International Men and Gender Equality Survey (IMAGES). Washington, D.C.: International Center for Research on Women (ICRW) and Rio de Janeiro: Instituto Promundo.
- Bhatla, N., Achyut, P., Khan, N. and Walia, S. 2014. Are Schools Safe and Gender Equal Spaces? Findings from a baseline study of school related gender-based violence in five countries in Asia. International Center for Research on Women (ICRW) and Plan International.
- Buriro, A. A., Hussain, Z. and Ali, A. 2016. Risks and Exposures of Violence against Women in Pakistan. In M. Ahmad, M. Ali, and F. Muhammad (Eds), Women wellbeing and child Health: An In-depth Analysis of Pakistan Demographic and Health Survey Data 2012-13 (pp. 93-109). Islamabad: National Institute of Population Studies.
- Daud, B. 2013. Women's Rights in Post War Countries: Pakistan Case Study. Willy Brandt School of Public Policy Project Group for medicamondiale.V.
- Delavande, A. and Zafar, B. 2013. Gender discrimination and social identity: experimental evidence from urban Pakistan. FRB of New York Staff Report, (593).
- Individualland. 2011. Women Police in Pakistan. Individualland. Islamabad: Pakistan.
- Jejeebhoy, S. J., Santhya, K. G. and Sabarwal, S. 2013. Gender-Based Violence: A Qualitative Exploration of Norms, Experiences and Positive Deviance." New



Delhi: Population Council.

National Commission on the Status of Women (NCSW). 2010a. Impact Assessment Report: Public-Private Partnership to end "Honour Crimes" in Pakistan Through the implementation of Criminal Law (Amendment) Act 2004. National Commission on the Status of Women (NCSW) in Pakistan.

National Commission on the Status of Women. (NCSW). 2010b. A Policy Framework for Women's Equal Rights, Issues Concerns and Recommendations for Gendered Policy. National Commission on the Status of Women (NCSW) in Pakistan.

National Institute of Population Studies (NIPS) Pakistan and ICF International. 2013. Pakistan Demographic and health Survey 2012-13. Islamabad. Islamabad and Calverton, Maryland, USA: National Institute of Population Studies.

Nieves, R. 1997. Gender-Based Violence: A Human Rights Issue. Women and Development Unit, ECLAC, Casilla 179-D, Santiago, Chile.

Pakeeza, S. 2015. Domestic Violence Laws and Practices in Pakistan. VFAST Transactions on Education and Social Sciences, 6(1), 17-20.

Palermo, T., Bleck, J. and Peterman, A. 2013. Tip of the iceberg: reporting and gender-based violence in developing countries. American journal of epidemiology, 179(5), 602-612.

Punjab Commission on the Status of Women. 2016. The Punjab Gender Parity Report, 2016. Punjab Commission on the Status of Women.

Qaisarani, A., Liaquat, S. and Khokhar. E.N. 2016. Cultural factors of violence Socio-economic and Cultural Factors of Violence against Women in Pakistan. Sustainable Development Policy Institute (SDPI), Islamabad, Pakistan.

RAHNUMA-FPAP. 2015. On the Cross-Roads of Disability and SRH: Sexual and Reproductive Health Needs, Information and Services Available, To Persons with Disabilities in Lahore, Pakistan. Lahore : RAHNUMA-FPAP.

Rani, M., Bonu, S. and Diop-Sidibe, N. 2004. An empirical investigation of attitudes towards wife-beating among men and women in seven sub-Saharan African countries. African journal of reproductive health, 8(3): 116-136.

Rozan. 2010. Understanding Masculinities: A Formative Research on Masculinities and Gender-based Violence in a peri-urban area in Rawalpindi. Islamabad: Rozan.

Rutgers. 2013. Domestic Violence Against Women: Prevalence and Men's Perception in PGRN Districts of Pakistan. Islamabad.

Saeed, F. 2010. Feeling Vulnerable in Houses of Learning: case studies of students experiencing sexual harassment in educational institutions. Islamabad: Mehergarh.

Sathar, Z. A. and Kazi, S. 2000. Women's Autonomy in the Context of Rural Pakistan. The Pakistan Development Review, 39(2), 89-110.



Sheraz, A. and Hassan, S. 2016. Men's Attitudes towards Spousal Violence in Pakistan: Targeting Associated Factors for Primary Prevention of Spousal Violence. In M. Ahmad, M. Ali, and F. Muhammad (Eds), Women wellbeing and child Health: An Indepth Analysis of Pakistan Demographic and Health Survey Data 2012-13 (pp. 93-109). Islamabad: National Institute of Population Studies.

Siddiqui, R., Hamid, S., Siddiqui, R., Akhtar, N. and Soomro, G.Y. 2006. Gender and Empowerment, Evidence from Pakistan. Islamabad: Pakistan Institute of Development Economics.

SPARC. 2014. State of Pakistan's Children 2014. Islamabad: Society for the Protection of the Rights of the Child.

Tarar, M. G. and Pulla, V. 2014. Patriarchy, Gender Violence and Poverty amongst Pakistani Women: A Social Work Inquiry. International Journal of Social Work and Human Services Practice, 2(2), 56-63.

UNFPA EECARO / East European Institute for Reproductive Health. 2015. Multi-sectoral response to GBV: An effective and coordinated way to protect and empower GBV victims/survivors. UNFPA EECARO / East European Institute for Reproductive Health.

United Nations Office on Drugs and Crime (UNODC). 2016. Global Report on Trafficking in Persons 2016. United Nations Office on Drugs and Crime, United Nations publication, Sales No. E.14.V.10).

World Health Organization (WHO). 2003. World Report on Violence and Health. Etienne G. Krug ; Linda L. Dahlberg ; James A. Mercy ; Anthony B. Zwi ; and Rafael Lozano(Ed.). World Health Organization. Switzerland.

World Health Organization (WHO). 2012a. Understanding and addressing violence against women. World Health Organization. http://apps.who.int/iris/bitstream/10665/77432/1/WHO_RHR_12.36_eng.pdf

World Health Organization (WHO). 2012b. Gender-based Violence in Pakistan: response in the perspective of health sector devolution. World Health Organization.

World Health Organization (WHO). 2016. Violence against women; Fact sheet. <http://www.who.int/mediacentre/factsheets/fs239/en/>

Zaman, S. 2014. Forced Marriages and Inheritance Deprivation in Pakistan. Gender-based Violence Policy Research, & Capacity Building Programme. Aurat Foundation, Pakistan.

Zaman, S., & Zia, M. 2013. Women's access to justice in Pakistan. Working Paper submitted to the Committee on Women's Access to Justice, at the 54th CEDAW Session on behalf of War Against Rape and Aurat Foundation



Annex C:

Profiles of Pak-IMAGES Respondents, by Province

Among married men, respondents from Sindh are generally young relative to the other provinces whereas the majority of respondents from KP are older, aged 34 to 49 years. In terms of educational attainment, among educated men, a higher proportion from Balochistan is educated to higher grades; men from Punjab and KP are mostly educated to secondary level, while men in Sindh are mainly educated only to primary level and about 40 percent have never attended school. The majority of the respondents from all provinces have 3-5 children, although a higher proportion in Sindh and Balochistan (roughly a quarter) have 6 or more children.

Table C1: Socio-demographic Features of Married Men by Province

		Punjab	KP	Sindh	Balochistan	
		%	%	%	%	n
Type of location	Urban	34	34	34	33	217
	Rural	66	66	66	67	423
Current age of respondent	18-25 years	16	5	28	10	105
	26-33 years	26	22	27	31	169
	34-41 years	34	40	25	31	204
	42-49 years	23	34	20	28	162
Education level of respondent	No schooling	21	20	41	26	178
	Primary	21	9	27	17	125
	Middle	22	16	7	11	90
	Secondary	24	39	12	20	145
	Higher	12	15	13	27	102
Number of children	None	1	0	2	1	5
	1-2	35	34	31	29	177
	3-5	53	57	45	44	273
	6+ children	12	9	22	27	93
Employment status of respondent	Employed	94	95	88	93	590
	Unemployed	6	5	12	8	50
Employment status of spouse	Employed	12	2	36	4	103
	Unemployed	88	98	64	96	535
Total		100	100	100	100	640

Although the majority of married men were employed at the time of interviews, unemployment was slightly higher among those in Sindh, possibly due to high illiteracy compared to other provinces. According to men's reports of

the employment status of their spouse women from Sindh are most involved in economic activities followed by women in Punjab. However, wives of men in KP and Balochistan have a negligible contribution in economic activities. Among unmarried men, the majority of respondents across the provinces are young. Higher proportions of unmarried men from Sindh are uneducated and unemployed compared to other provinces.

Table C2: Socio-demographic Features of Unmarried Men by Province

		Punjab (n= 93)	KP (n= 60)	Sindh (n= 90)	Balochistan (n= 54)	n
		%	%	%	%	
Location	Urban	34	35	31	26	95
	Rural	66	65	69	74	202
Current age	18-25 years	73	75	84	80	232
	26-33 years	24	22	12	13	53
	34-41 years	2	3	2	6	9
	42-49 years	1	0	1	2	3
Educational attainment	No schooling	4	7	27	7	36
	Primary	19	8	23	15	52
	Middle	25	13	11	17	50
	Secondary	25	28	12	35	70
	Higher	27	43	27	26	89
Employment status	Employed	53	62	70	57	180
	Unemployed	34	32	21	37	90
	Student	13	7	9	6	27
Total		100	100	100	100	297

Women respondents in the study are generally younger than the married men, but when the provinces are compared, a higher proportion of married women from Sindh are young, indicating more early marriages. The majority of the women across the provinces belong to the middle age group (26 to 41 years). The majority of women respondents have 3-5 children, with notable difference in percentage of Punjab (59 %) with other provinces (46% KP, 40% Sindh and 45% Balochistan), whereas about one third of the respondents from Sindh and Balochistan also have 6 or more children, reflecting the same trend of high parity indicated by men's responses. The majority of women from Sindh (75%) and from Balochistan (60%) do not have any schooling. In surprising contrast to the national pattern of low female employment, nearly half of women respondents from Sindh are engaged in economic activities, mainly agriculture, stitching, and embroidery. There is some difference in reporting of women's employment status by men and by women: about 15 percent of women from KP and Balochistan report some involvement in economic activities but only 3 percent of men from the provinces report



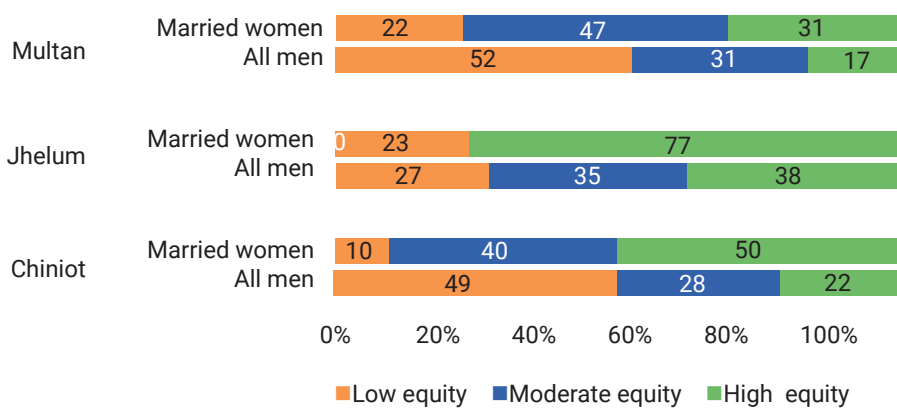
the same. A substantial number of women report that their husbands are currently employed; the proportion of women reporting that their husbands are unemployed is highest in Balochistan (about a tenth of women).

Table C3: Socio-demographic Features of Married Women by Province

		Punjab	KP	Sindh	Balochistan	n
		%	%	%	%	
Location	Urban	35	33	35	32	102
	Rural	65	67	65	68	198
Current age	18-25 years	17	22	27	25	68
	26-33 years	37	33	37	30	105
	34-41 years	30	28	30	32	90
	42-49 years	15	17	5	14	37
Educational attainment	No schooling	35	37	75	56	154
	Primary	15	10	10	14	37
	Middle	13	12	4	14	31
	Secondary	18	18	5	7	37
	Higher	18	23	5	9	41
Number of children	None	0	0	1	0	1
	1-2	28	36	27	25	82
	3-5	59	46	40	45	138
	6+ children	13	18	32	29	66
Employment status	Employed	20	13	43	16	74
	Unemployed	80	87	57	84	226
Employment status of spouse	Employed	97	97	98	89	287
	Unemployed	3	3	2	11	13
Total		100	100	100	100	300

Annex D: GEM Scores by Province and District

Punjab



Sindh

