



USAID
FROM THE AMERICAN PEOPLE

TRENDS IN MEN'S GENDER ATTITUDES: PROGRESS, BACKSLIDING, OR STAGNATION?

DHS COMPARATIVE REPORTS 52

August 2023

This publication was produced for review by the United States Agency for International Development (USAID). The report was prepared by Rebecca Rosenberg and Jeffrey D. Edmeades.

DHS Comparative Reports No. 52

**Trends in Men's Gender Attitudes: Progress,
Backsliding, or Stagnation?**

Rebecca Rosenberg¹
Jeffrey D. Edmeades^{1,2}

ICF
Rockville, Maryland, USA

August 2023

¹ Avenir Health
² The DHS Program

Corresponding author: Rebecca Rosenberg, Data Analyst, Avenir Health, 2510 Main Street, Glastonbury, CT 06033, USA; phone: 1-860-657-5300; email: RRosenberg@avenirhealth.org

Acknowledgments: The authors wish to thank Rachael Church and Connor Roth for their valuable review of the draft of the report and Kerry MacQuarrie for helpful discussions throughout the process of refining the focus on the report. Thanks also to Chris Gramer for formatting the report and Diane Stoy for editing.

Editor: Diane Stoy

Document Production: Chris Gramer

The DHS Working Papers series is a prepublication series of papers reporting on research in progress that is based on Demographic and Health Surveys (DHS) data.

This study was conducted with support from the United States Agency for International Development (USAID) through The DHS Program (#720-OAA-18C-00083). The views expressed are those of the authors and do not necessarily reflect the views of USAID or the United States Government.

The DHS Program assists countries worldwide in the collection and use of data to monitor and evaluate population, health, and nutrition programs. Additional information about The DHS Program can be obtained from ICF, 530 Gaither Road, Suite 500, Rockville, MD 20850 USA; telephone: +1 301-407-6500, fax: +1 301-407-6501, email: info@DHSprogram.com, Internet: www.DHSprogram.com.

Recommended citation:

Rosenberg, Rebecca and Jeffrey Edmeades. 2023. *Trends in Men's Gender Attitudes: Progress, Backsliding, or Stagnation?* DHS Comparative Reports No. 52. Rockville, Maryland, USA: ICF.

CONTENTS

TABLES	v
FIGURES	vii
ABSTRACT	ix
ACRONYMS AND ABBREVIATIONS	xi
1 BACKGROUND OF THE REPORT	1
1.1 Gender attitudes and their effects on the lives of women and men.....	1
1.2 Trends in gender attitudes over time	2
2 DATA AND METHODS	3
2.1 Data.....	3
2.2 Indicators.....	5
2.2.1 Justification for intimate partner violence.....	6
2.2.2 Women’s involvement in household decisions	6
2.2.3 Women’s sexual autonomy.....	7
2.2.4 Women’s contraceptive use.....	7
2.2.5 Son preference.....	7
2.3 Analytical Strategy	7
2.3.1 Men’s trends.....	8
2.3.1 Men’s trends versus women’s trends.....	8
3 RESULTS	11
3.1 Trends in men’s gender attitudes.....	11
3.1.1 Justification for intimate partner violence.....	11
3.1.2 Women’s involvement in household decisions	13
3.1.3 Women’s sexual autonomy.....	14
3.1.4 Contraceptive Use	16
3.1.5 Son preference.....	17
3.2 Comparison between women and men’s gender attitudes.....	19
3.2.1 Justification for intimate partner violence.....	19
3.2.2 Women’s involvement in household decisions	21
3.2.3 Women’s sexual autonomy.....	23
3.2.4 Son preference.....	25
4 DISCUSSION AND CONCLUSIONS	29
4.1 Trends in men’s gender attitudes.....	29
4.2 Comparison between men and women’s gender attitudes.....	30
4.3 Implications for policy, programming, and future research	30
REFERENCES	33

TABLES

Table 1 Survey waves included in the analysis 4

FIGURES

Figure 1	Levels and trends of men’s justification for intimate partner violence	12
Figure 2	Levels and trends of men’s reports of women’s involvement in decisions about major household purchases.....	13
Figure 3	Levels and trends of men’s agreement with partner refusal of sex as justification for intimate partner violence.....	15
Figure 4	Levels and trends of men’s attitudes toward contraceptive use as ‘women’s concern’.....	16
Figure 5	Levels and trends of men’s son preference.....	18
Figure 6	Levels and trends of men and women’s justification for intimate partner violence by initial level of inequitable attitudes	20
Figure 7	Levels and trends of men and women’s reports of women’s involvement in decisions about major household purchases	23
Figure 8	Levels and trends of men and women’s agreement with partner refusal of sex as justification for intimate partner violence	25
Figure 9	Levels and trends of men and women’s son preference	27

ABSTRACT

A growing literature has shown that social norms influence a wide range of social, health, and demographic outcomes and behaviors. Gender norms, the informal and generally unwritten rules about what is considered to be appropriate masculine or feminine behaviors and the relative roles of men and women in society, are especially important in shaping decisions and behavior within heterosexual relationships. Most commonly, these norms establish unequal power in relationships in ways that favor men over women. This means that women's behavior is often strongly influenced by men's attitudes and preferences. As a result, better understanding of men's gendered attitudes is important because these attitudes influence not only the men's behavior but their partners. However, comparatively little attention has been paid to understanding men's gendered attitudes, how these have changed over time, or how these compare to those of women.

This comparative study helps to address this gap by using DHS data from 26 countries to examine levels and trends of men's attitudes, preferences, and behaviors across five areas:

- Justification for intimate partner violence
- Women's involvement in household decisions
- Women's sexual autonomy
- Women's contraceptive use
- Son preference

We first examine the trends over time in each area for men by using data from three DHS surveys collected in each country since 2000. Based on how unequal the views of men were in the first survey and subsequent changes, we then selected six countries for further examination of how men and women's attitudes compared for each area (the exception being women's contraceptive use because comparable questions were not asked for both men and women).

The results show that there has been a general decline in men's inequitable gender attitudes, preferences, and behaviors in the countries included in the study. However, this decline has not been consistent across the five areas, and very significant proportions of men continue to report inequitable gender attitudes. Across the indicators, the greatest levels of change took place in those areas where the levels of unequal views, preferences, or behaviors were highest at the beginning of the period we examined. The largest changes were seen in women's involvement in household decisions (specifically about major household purchases), the justification of intimate partner violence, and women's sexual autonomy. In contrast, there was less change in attitudes toward women's contraceptive use and son preference. These results suggest that there have been widespread improvements in men's gender attitudes, although there is considerable room for further improvement.

In the comparison of men's and women's trends, the results showed that in general, men's gender attitudes, preferences, and behaviors are significantly less egalitarian than women's. The exceptions were the justification of intimate partner violence and the women's sexual autonomy measures, which relied on a subset of the questions on justification of violence where women's attitudes were significantly more unequal than men's. There was limited evidence that men's and women's gender attitudes were converging over time, although these usually changed in the same direction and at the same pace. These results suggest

that the improvements in gender norms may be the result of broader changes that influence men and women in the same way.

The results have implications for policy, programming, and research. For policy and programming, the patterns suggest that rapid, large changes in gender attitudes and norms are possible across a wide range of countries and settings. However, very large proportions of both men and women continue to hold unequal views that hinder this process of positive change. Developing policy and programming that is targeted specifically toward men is also important, because men continue to have higher levels of unequal views than women in almost all scenarios. One important area is men's perceptions of reproduction and contraceptive use as primarily a woman's concern that is not their responsibility. Programmers and policymakers should also focus more attention on understanding and addressing the high levels of support expressed by women to justify intimate partner violence. In terms of research and measurement, this study highlights the paucity of adequate measures of gender attitudes and norms available in the DHS and similar surveys. Incorporating better measures would be an important step toward more comprehensive research on gender norms and their impact on health and other outcomes. Finally, the results highlight the need for more research that examines how and why men's and women's reports differ from each other, both at the level of couples and more broadly.

Key words: Gender attitudes, masculinity, femininity, violence, decision-making, contraception, trends.

ACRONYMS AND ABBREVIATIONS

DHS Demographic and Health Survey

IPV intimate partner violence

1 BACKGROUND OF THE REPORT

1.1 Gender attitudes and their effects on the lives of women and men

A growing literature has shown the importance of social norms to a range of social, health, and demographic outcomes and behaviors. Social norms are broadly understood to be the informal, and mostly unwritten, rules that frame and define the acceptable and appropriate behavior within given groups or communities.¹ Gender norms are extension of this process, which refer specifically to the sets of rules for appropriate masculine or feminine behavior² and the relative roles of men, women, boys and girls in society. Very often, these gender norms are deeply inequitable, typically in ways that establish and reinforce men's greater power and establish subservient roles for women, and may be held and reinforced by both men and women. The added power and influence this provides men means that men's attitudes, beliefs, and behavior have effects that extend well beyond themselves and to others in their community, households, and families.

Four core features of gender norms have been clearly identified in the literature: (1) the norms are learned in childhood as a part of the socialization process and reinforced through school, religion, media, and other social institutions; (2) inequitable gender norms are both a cause and symptom of inequitable power relations that are often disadvantageous to women; (3) gender norms are pervasive in and reinforced through institutions; and (4) gender norms are produced and strengthened through social interaction.^{3,4} Gender norms effectively define men and women's roles in ways that influence almost every aspect of their lives, with a failure to conform to gendered expectations often accompanied by significant social sanctions. These range from expectations within intimate relationships to appropriate roles both within and outside of the home.

Research on gender norms has found that these norms have profound influences on a variety of behaviors and outcomes across a wide range of contexts, both for men and women. These include desired fertility, household division of labor, women's decision-making power within the home, women's labor force participation, intimate partner violence (IPV), and women's satisfaction with work and family life.^{3,5-13} Yet it is not only women who are negatively impacted by inequitable gender norms. Although much research on the relationships between gender norms, behavior, and outcomes has focused on women, a growing literature has also documented that adherence to traditional gender norms may directly lead to poorer health outcomes for men. This includes higher rates of death by violence and accidents, greater use of alcohol, tobacco and drugs, poorer overall health, and lower use of health services.¹⁴

Gender norms are the unwritten rules that define appropriate masculine and feminine behavior and the relative roles of men, women, boys and girls in society. These norms have been shown to have profound influences on a variety of behaviors and outcomes, both for men and women.

There is some evidence of a global shift towards more equal gender attitudes and norms but less is known specifically about men's attitudes. This study uses DHS data to examine how these have changed and how they compare to women with the goal of informing policy, programming and research.

The social pressure to conform to social norms can be very restricting. For men, this typically means conforming to a set of expectations that include self-sufficiency, emotional and physical toughness, physical attractiveness, strict gender divisions in household and caring work, adherence to sexual norms of heterosexual behavior that include hypersexuality and readiness for sex, and being aggressive or controlling (together these expectations have been termed the ‘man box’).¹⁵ Because gender norms typically reinforce social power structures in ways that give men more influence than women, men’s efforts to conform to these expectations have effects on their own health and wellbeing and those around them. Exploring and understanding gender norms are key to a better understanding of the drivers of human behavior and the best approaches for addressing needs through policy and programming.

1.2 Trends in gender attitudes over time

Research on changes in gender norms at the global level over the past 25 years suggests that there have been very substantial and broad shifts in how masculinity and femininity are being defined across a wide range of social and cultural settings. These shifts have generally led to greater equity between men and women and substantial behavioral changes.^{7,16} Historical patterns in Europe and North America suggest that these changes are often led by women with men catching up rapidly in some contexts and remaining far behind in others¹³ However, research also highlighted the significant variations in the pace and scale of changes and a tendency for progress to often stall. For example, research in the United States found that the shift toward more egalitarian gender norms in the 1960s after the “pill revolution” was followed by a period of stagnation in the 1990s.

Changes in gender norms are inherently disruptive, because they challenge long-established behaviors, power structures, and shift expectations for behavior in sometimes unpredictable ways. In some places, this resulted in significant backlash that has reversed social progress. Global events such as the COVID-19 pandemic also threaten progress. The speed and degree of the shift in gender norm attitudes is also affected by a range of different factors, which include the amount of social stratification in a society. Generally, these shifts are faster and more universal in more homogenous societies where there are less ethnic, cultural, and religious differences, the more rapid and universal the shift. Although conventional wisdom often assumes a global trend towards greater gender equity over time, the process of change is less linear or universal than often believed. Men and women may experience these changes in different ways, levels, and pace of change, both in terms of their specific individual attitudes and beliefs and how these may have changed over time.

While considerable advances have been made in understanding gender norms among men and women, much research in this area has been limited by its capacity to comprehensively assess change over time, and a reliance on a limited number of time points, non-representative data and a wide range of types of measures. This study takes advantage of the depth of DHS data on both men and women to examine broad trends in attitudes in areas closely related to more broad gender norms: gender violence, attitudes toward self-efficacy in sexual health, and household and contraceptive decision-making. This comparative report examines the extent to which gender attitudes have changed over time across countries, how closely the changes in men’s attitudes followed those experienced by women and what this may imply for policy and programming.

2 DATA AND METHODS

2.1 Data

This study used DHS data from 26 countries in Sub-Saharan Africa, West Asia, South and Southeast Asia, Latin America and the Caribbean to explore these questions. Countries were included when data were available for both men and women for at least three surveys since 2000 and when the data included information on at least one of the indicators of interest. All women and men interviewed by the DHS were eligible for inclusion in the study. The three most recent surveys were used if more than three surveys were available since 2000. The exception was Senegal, which has an ongoing survey and consecutive five-year spans were used for comparability. To be included in the analysis for a specific indicator, a country needed data for all three survey waves for that indicator. Table 1 details the countries and survey waves included for each indicator in the analysis.

The study uses DHS data from 26 countries that have had at least three surveys since 2000. We examine:

- Trends over time in men's attitudes, preferences and behavior
- How changes for men compare to women in six selected countries

The analyses focus on gendered attitudes in five areas:

- Justification for IPV
- Women's involvement in household decisions
- Women's sexual autonomy
- Women's contraceptive use
- Son preference

Table 1 Survey waves included in the analysis

Country	Survey year	Household decision-making	Justification for IPV	Sexual autonomy	Contraceptive attitudes	Son preference
Armenia	2005					
	2010	✓	✓	✓	✓	✓
	2015–16					
Bangladesh	2004					
	2007					✓
	2011					
Benin	2006					
	2011–12	✓	✓	✓	✓	✓
	2017–18					
Cambodia	2010					
	2014	✓	✓	✓	✓	✓
	2021–22					
Dominican Republic	2002					
	2007	✓	✓	✓		
	2013					
Ethiopia	2005					
	2011	✓	✓	✓	✓	✓
	2016					
Ghana	2003					
	2008	✓	✓	✓	✓	✓
	2014					
Guinea	2005					
	2012					✓
	2018					
Haiti	2005–06					
	2012					✓
	2016–17					
India	2005–06					
	2015–16	✓	✓	✓	✓	✓
	2019–21					
Indonesia	2007					
	2012	✓	✓	✓	✓	✓
	2017					
Kenya	2008–09					
	2014	✓	✓	✓	✓	✓
	2022					
Lesotho	2004					
	2009	✓	✓	✓	✓	✓
	2014					
Madagascar	2004					
	2009	✓	✓	✓	✓	✓
	2021					
Malawi	2004					
	2010	✓	✓	✓	✓	✓
	2015					
Mali	2006					
	2012				✓	✓
	2018					
Namibia	2000					
	2007		✓	✓	✓	✓
	2013					

Continued...

Table 1—Continued

Country	Survey year	Household decision-making	Justification for IPV	Sexual autonomy	Contraceptive attitudes	Son preference
Nepal	2011					
	2016	✓	✓	✓	✓	✓
	2021–22					
Nigeria	2008					
	2013	✓	✓	✓	✓	✓
	2018					
Rwanda	2010					
	2015	✓	✓	✓	✓	✓
	2020					
Senegal	2010					
	2014	✓	✓	✓	✓	✓
	2019					
Sierra Leone	2008					
	2013	✓	✓	✓	✓	✓
	2019					
Tanzania	2004					
	2010	✓	✓	✓	✓	✓
	2015					
Uganda	2006					
	2011	✓	✓	✓	✓	✓
	2016					
Zambia	2007					
	2013	✓	✓	✓	✓	✓
	2018					
Zimbabwe	2005					
	2010		✓	✓	✓	✓
	2015					

2.2 Indicators

This analysis examines the trend in gender attitudes among men across a range of countries, and how these trends compare to those experienced by women. As a result, the analysis is limited to items included in both the Men’s and Women’s Questionnaires.* The measurement of gender norms, as opposed to individually held attitudes, is a rapidly evolving and relatively complex process. The indicators in this study are based on individual attitudes, preferences, or behaviors that are directly related to more broad gender norms. As such, these indicators can be viewed as suggestive of broader gender norms at specific points in time for each country.

The indicators focus on the acceptance of violence against women within intimate partner relationships, reported household decision-making, attitudes toward women’s sexual autonomy, attitudes toward contraceptive use, and expressed preference for a greater number of sons than daughters. These are described in greater detail below. All indicators are coded in the same direction, where a higher score indicates more male-dominant norms/attitudes, and lower scores indicate greater equality. As gender equality increases and women’s status more closely reflects that of men, we would expect the reported levels for each indicator to decline over time. When comparing men’s trends to women’s trends, we expect

* Men’s and women’s data are not paired couple’s data. Responses represent the perspective of men when men are answering and women when women are answering. We do not compare men’s and women’s responses within couples.

that men have higher levels of inequitable gender attitudes, preferences, or behaviors. Furthermore, existing research suggests that changes in gender norms are more typically led by women, which lead us to expect changes first in the women's levels for each indicator, and men's attitudes eventually converging with those of women. Overall, we anticipated that there will be a general convergence between men and women's gender attitudes, which reflect broader changes at the societal level that may be uneven and non-linear. The code to construct the different indicators in this study can be found on the DHS Program GitHub site in the Analysis Repository[†].

2.2.1 Justification for intimate partner violence

Attitudes toward IPV may reflect broader beliefs about women's empowerment, self-esteem, and status.¹⁷ To measure attitudes toward IPV, we created a binary indicator based on questions asked in the Men's and Women's DHS Questionnaire. Respondents are asked "In your opinion, is a husband justified in hitting or beating his wife in the following situations":

- If she goes out without telling him?
- If she neglects the children?
- If she argues with him?
- If she refuses sex with him?
- If she burns the food?

From these binary (yes/no) items, we constructed a single binary indicator where a value of 1 indicates that men or women think it is justifiable for a husband to beat his wife under *any one of the five* circumstances and a value of 0 indicates that they do not agree with any.

2.2.2 Women's involvement in household decisions

The ability to meaningfully participate in decision-making is a core component of individual empowerment and is commonly used as a proxy measure for women's empowerment and more broadly within the private sphere^{18,19}. To explore this, we examine the degree to which men and women report that decisions about major purchases in their household are made by the male partner. Both men and women are asked "Who usually makes decisions about making major household purchases?" Possible responses include "respondent," "wife/partner" (or "husband/partner" in the case of the Women's Questionnaire), "respondent and wife/partner jointly," "someone else," and "other." We constructed a binary variable that indicated if men or women reported that the husband usually made decisions about making major household purchases with no involvement of his spouse or partner. With the Men's Questionnaire, a 1 corresponds to men saying they themselves ("respondent") usually make decisions about major household purchases. With the Women's Questionnaire, a 1 corresponds to women saying that their husband/partner usually makes decisions alone about major household purchases. While this measure captures actual behavior rather than a perception of the ideal or a specific attitude, we treat this as a proxy indicator of underlying attitudes and beliefs about the relative role of men and women in relationships and households.

[†] GITHUB LINK

2.2.3 Women's sexual autonomy

The control over women's sexuality is a core component of unequal gender systems throughout the world. This is particularly the case within marriage, where cultural and social norms often assume that men have the right to demand sex from their partner. As a result, women's sexual autonomy is a core aspect of overall empowerment as well as broader attitudes about women's bodily and sexual autonomy and women's status in intimate relationships. To examine this directly, we examine one item used in the construction of the indicator for the justification of IPV, specifically if the respondent agrees that a husband is justified in beating his wife if she refuses sex. The indicator is a binary variable indicating if the respondent agreed (coded as 1) or disagreed (coded as 0) that husbands beating their wives would be justified in this scenario.

2.2.4 Women's contraceptive use

The Men's DHS Questionnaire includes items on men's attitudes towards women's contraception, which may reflect gender norms about the view of the reproductive sphere of life, particularly if this is a shared responsibility between men and women or solely a woman's concern. Unfortunately, these items are not available in the Women's Questionnaire, which makes a comparison between men and women's attitudes impossible using these data. Nevertheless, we were interested in examining men's attitudes toward women's contraceptive use, because contraception and childbearing are often viewed as typically a woman's concern in gender-unequal social settings^{20,21}. Prior research within the DHS has found that men's attitudes about women's contraceptive use have become less restrictive over time, as has their use of contraceptive methods.²² Men who see value in participating in traditionally feminine domains, such as contraceptive decision-making, may be an indicator of increased gender equality or a redefinition of what is appropriate masculine behavior. Men were asked if they agree or disagree with the following statement: "Contraception is a woman's concern and a man should not have to worry about it." Based on this question, we created a binary variable where a value of 1 represents agreement with this statement and a value of 0 disagreement.

2.2.5 Son preference

A preference for male children is a particularly pervasive form of gender inequality in many societies. This reflects broader social norms about the value and importance of maleness over femaleness. In both the Men's and Women's Questionnaires, respondents were asked if they would like a/another child, and if so, how many of those children would they like to be boys or girls. Based on the responses to this question, we constructed a continuous measure of preference for male children by subtracting the ideal number of girls from the ideal number of boys. For no preferences for children of either gender, this would have a value of zero, with a value that is greater than zero indicating a preference for male offspring and a value below zero a preference for female offspring.

2.3 Analytical Strategy

To better understand how men's attitudes have changed over time and the extent to which this may reflect changes in broader gender norms, we employ a two-stage strategy. In the first, we focus only on men's attitudes, preferences, or behaviors over the period covered by three consecutive DHS surveys. We then compared men and women's attitudes with the same indicators. These two approaches are described in greater detail below.

2.3.1 Men's trends

To better assess how men's gender attitudes have changed over time, we compare the levels of each indicator across the time span covered by three consecutive DHS surveys, which is usually approximately 15 years. Although we use each of the three surveys available in each country to assess change over time, we rely primarily on the differences between the first and most recent surveys, because this limited the influence of any single survey. The magnitude and direction of change is assessed simply by subtracting the value for the indicator of interest in one survey from one generated by another survey. We use tests of differences in proportions to assess the statistical significance of these changes, both between consecutive surveys (Survey 1 and Survey 2; Survey 2 and Survey 3) and between the first and most recent survey. The results of this process are presented graphically.

Based on the existing literature on changes in men's gender attitudes, we anticipated that we would observe declines in levels of men reporting inequitable gender attitudes, preferences, or behaviors. However, we had no prior expectations for how large these changes would be, how this might vary between countries, or how systematic the process of change would be over time.

2.3.1 Men's trends versus women's trends

The second stage of the analyses focused on understanding how the changes in men's gender attitudes compared to those of women in the same country. As described above, this comparison is helpful in better understanding if the levels of individual indicators that were observed for men are similar to those of women. This might indicate broader social norms that influence both men and women equally, or that are very different, and if broader changes in gendered attitudes at the national level are being driven by changes among men or women. With the exception of the measure of attitudes toward women's responsibility for contraception, which was asked only of men, each indicator examined in the first stage was also included in this stage.

Six countries were selected for this stage of the analysis, which was based on the overall levels in men's attitudes observed in the first available survey in each country. We began by conducting a general assessment for each country across each of the five indicators. Based on this assessment, countries were placed into three categories: high, medium, and low levels of men's inequitable gender attitudes, preferences, and behaviors. Two countries were selected from each of these levels for inclusion in the analysis. This allowed for the assessment of whether the pattern of change in attitudes was shaped by the initial levels. The countries classified as having 'high' initial levels of gender inequality across the selected indicators were Ethiopia and Uganda. Ghana and Zambia were classified as 'medium,' while Indonesia and Rwanda were classified as 'low.'

Our expectations for the patterns we might observe when comparing men and women's gendered attitudes, preferences, and behaviors varied somewhat across the indicators. Generally, we expected to see declines in inequitable attitudes, preferences, and behavior for both women and men over the period covered by the three surveys. Furthermore, we speculated that women's reported levels of inequitable gender views would likely be lower than men's, because prior research suggests that gender norm changes are often observed first among women. The only exception to this included the attitudes towards IPV, where prior research had observed that women's agreement with the justification for wife-beating in many settings is high and potentially exceeds that of men,^{10,17,23-25} although we expected this to vary by country.

We also anticipated that there would be evidence of a convergence between men and women's levels for most, if not all, of the indicators because prior research suggests that changes in gender norms do not take place simultaneously for men and women (with changes first taking place among women, followed by men). Finally, we anticipated that the largest changes would take place in either the high or medium categories, with smaller changes in the countries where the proportions of men and women reporting inequitable attitudes, perceptions, or behaviors were relatively low at the beginning. This is in large part because there is more opportunity for improvement in places with higher initial levels. We had no initial expectations about if there would be any observable differences between the countries in the high and medium inequality categories.

3 RESULTS

3.1 Trends in men's gender attitudes

This section first examines the broad trends in each of the five measures of men's gender attitudes examined in this report, which allowed for a general assessment of the pattern in changes over time. We then compared the trends in men and women's attitudes for these same indicators, with the exception of attitudes towards women's contraceptive use, for countries with high (Ethiopia and Uganda), medium (Ghana and Zambia) and low (Indonesia and Rwanda) initial levels of gender attitudes. This comparison allowed for some assessment of how men's gender attitudes differ from those of women, if there has been any convergence in gender views over time, and how patterns of change differ depending on the initial level of approval of inequitable gender attitudes or preferences.

3.1.1 Justification for intimate partner violence

Figure 1 shows the trends for the proportion of men who agreed with any of the following justifications for a man beating his wife in 22 countries (also shown in Appendix Table 1):

- If she goes out without telling him
- If she neglects the children
- If she argues with him
- If she refuses to have sex with him
- If she burns the food

The solid lines in the figure indicate that a statistically significant change took place between consecutive surveys, while a dotted line indicates any change that was not statistically significant (defined as a p-value of 0.10 or lower). A solid circle in the most recent survey indicates that the change between the first and most recent surveys was statistically significant. We focus primarily on the overall change observed between the first and last surveys, because in some cases, very large changes were observed between consecutive surveys that may not represent the overall picture of change.

The highest initial levels of agreement with the reasons for wife-beating were in Uganda, where 59% of men agreed with at least one justification, Sierra Leone (58%), and Lesotho and Ethiopia (both at 51%). The lowest levels of agreement at the first survey were found in Madagascar (8%) and the Dominican Republic (7%), although less than 20% of men agreed in Benin (14%), Malawi (16%), and Indonesia (17%). The majority of the countries, 13 out of the 22, had levels of agreement between 20% and 50%.

There is a clear pattern of a decline over time in the proportion of men who agree with any of the listed reasons for wife beating over time, although there is considerable variation between countries. Eighteen

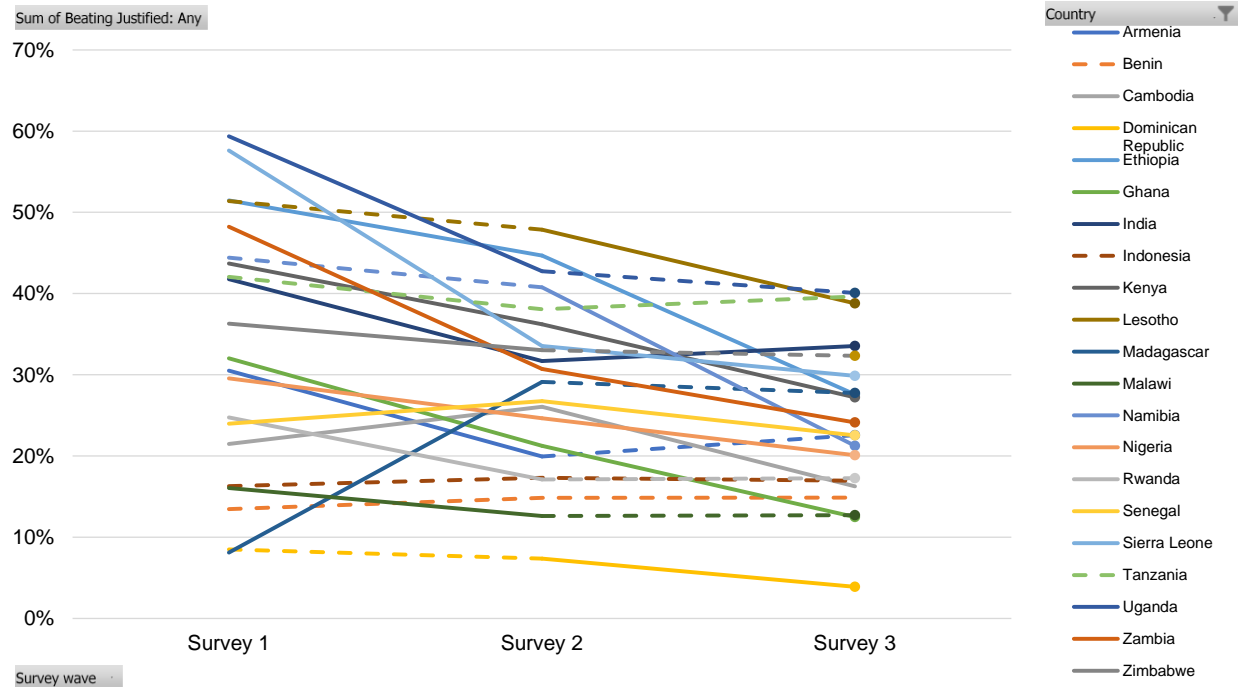
The results suggest that:

- There has been a general decline in the proportion of men holding inequitable gender attitudes and preferences
- The greatest improvements have been in women's involvement in household decisions around large purchases

The smallest improvements have been in men's attitudes towards women's contraceptive use and son preference

countries (Armenia, the Dominican Republic, Ethiopia, Ghana, India, Kenya, Lesotho, Madagascar, Malawi, Namibia, Nepal, Nigeria, Rwanda, Senegal, Sierra Leone, Uganda, Zambia, Zimbabwe) showed a statistically significant decline between the first and last surveys. Of the remainder, three (Benin, Indonesia and Tanzania) showed no significant changes between any of the surveys, while in Cambodia, there was only a statistically significant change between the second and third surveys.

Figure 1 Levels and trends of men’s justification for intimate partner violence



The largest declines between the first and last surveys were in Sierra Leone (a 28 percentage point change, from 57% in the first survey to 29% in the last), Zambia and Ethiopia (both 24 percentage points), and Namibia (23 percentage points). Madagascar, Benin, and Indonesia saw slight increases, although this was only statistically significant in Madagascar, where a very large increase between the first two surveys was observed, followed by a modest decline between the second and third surveys. Generally, the countries with the smallest change were those with relatively low initial levels of agreement, although both Tanzania (initial and last level of agreement of 42% and 40%, respectively) and Zimbabwe (36% and 32%, respectively) are exceptions. As expected, given the potential for large change, almost all countries with the largest declines in agreement were those with high initial levels, with Ghana being the only exception (initial and last levels of agreement of 32% and 12%, respectively).

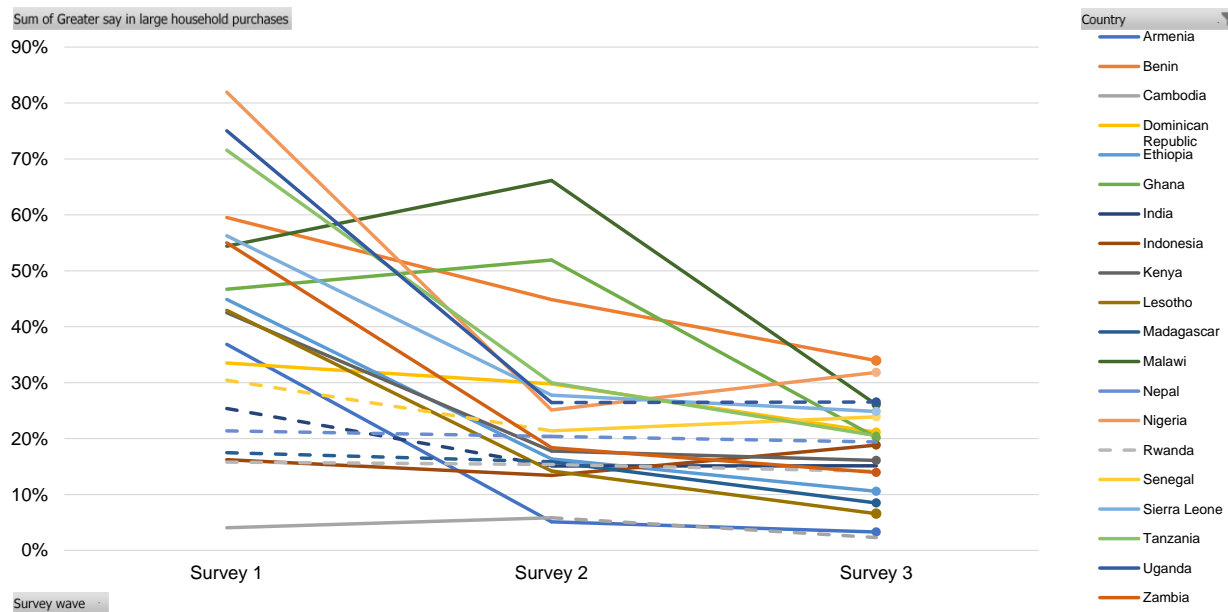
While there have been significant declines in men’s acceptance of wife-beating, on average almost one quarter (24%) of men in these countries agreed with at least one of the reasons for wife-beating. Levels of agreement in the most recent survey ranged between 4% in the Dominican Republic to 40% in Uganda. In four countries, between one-quarter and one-third of men agreed with at least one of the stated reasons for wife-beating: Zambia (24%), Sierra Leone (29%), Zimbabwe (32%), and Tanzania and Uganda (both 40%). This suggests that despite the improvements in men’s attitudes towards wife-beating, high proportions of men in many countries continue to feel that this is justified in certain scenarios.

3.1.2 Women’s involvement in household decisions

Figure 2 shows the changes in the proportion of men who reported that decisions in their household about major household purchases were made by themselves alone (as opposed to either jointly or by his wife/partner) for 20 countries. The countries where the greatest proportions of men reported making these decisions alone at the first of the three survey points were Nigeria (82%), Uganda (75%), and Tanzania (72%). The lowest levels of men’s sole decision-making at the initial time point were in Cambodia (4%), with eight countries between 15% and 40%: Rwanda and Indonesia (both 16%), Madagascar (17%), Nepal (21%), India (25%), Senegal (30%), Dominican Republic (34%), and Armenia (37%). Eight countries had levels of men’s sole decision-making between 40% and 70%: Kenya and Lesotho (both 43%), Ethiopia (45%), Ghana (47%), Malawi (54%), Zambia (55%), Sierra Leone (56%), and Benin (60%).

As with the justification for wife beating, there is a clear pattern of a decline in the proportion of men who reported making major household purchases with no engagement or involvement from their partner. Of the 20 countries with available data, 18 (Armenia, Benin, the Dominican Republic, Ethiopia, Ghana, India, Indonesia, Kenya, Lesotho, Madagascar, Malawi, Nigeria, Rwanda, Senegal, Sierra Leone, Tanzania, Uganda, and Zambia) showed a statistically significant decline between the first and last surveys. In Nepal, there were no statistically significant changes between any of the three surveys examined, while Cambodia had a statistically significant change between two of the three surveys. but not in the comparison of the first and last surveys.

Figure 2 Levels and trends of men’s reports of women’s involvement in decisions about major household purchases



The greatest declines in the proportion of men reporting making the decision about major household purchases alone were in Tanzania (a decline of 51 percentage points), Nigeria (50 percentage points), and Uganda (48 percentage points). Eleven countries saw declines of between 10 and 41 percentage points: India (10 pp.), Benin, Kenya, Ghana (each 26 pp.), Malawi (28 pp.), Sierra Leone (31 pp.), Armenia (34 pp.), Ethiopia (34 pp.), Lesotho (36 pp.), and Zambia (41 pp.). In all cases, these changes were statistically

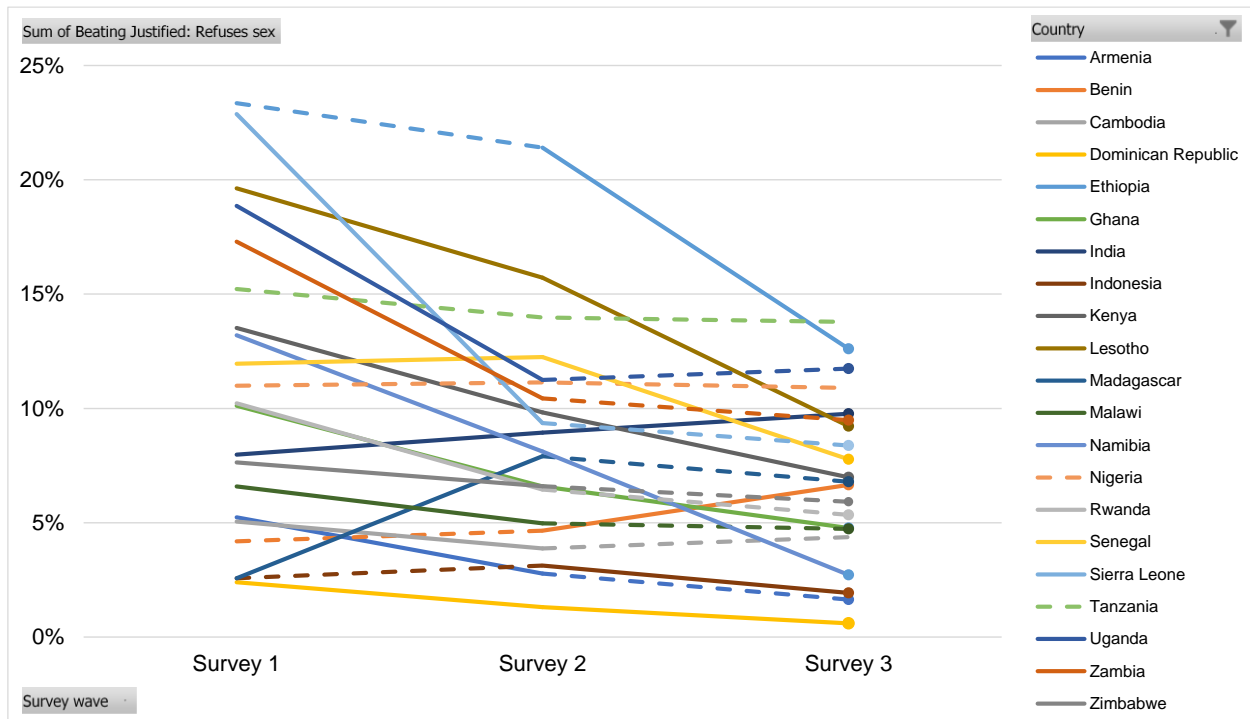
significant. Five countries experienced relatively minor change: Rwanda, Cambodia, and Nepal (each 2 pp.), Senegal (7 pp.), Madagascar (9 pp.), and the Dominican Republic (12 pp.). With the exceptions of Cambodia and Nepal, these changes were all statistically significant. Only one country, Indonesia (3 pp.), saw a statistically significant increase between the first and last surveys. As with justifications for wife-beating, the largest declines were typically in countries with higher initial levels of men's sole decision-making (Tanzania, Uganda, and Nigeria) and lower or flat in the countries where men's sole decision-making was already relatively low (Cambodia, Madagascar, and Rwanda).

As with men's agreement with justification for wife-beating, the average level of men's sole decision-making for major household purchases at the most recent survey remains relatively high, with an average of 18%. Men's decision-making at this timepoint ranged between 3% (Cambodia) and 34% (Benin). In five countries between one-quarter and one-third of men reporting making these decisions alone: Sierra Leone (25%), Malawi (26%), Uganda (27%), Nigeria (32%), and Benin (34%). This suggests that there is considerable opportunity for further improvement in men's involvement of their partners in decisions about major household purchases in many countries.

3.1.3 Women's sexual autonomy

Men's attitudes towards women's autonomy is measured with a sub-item of the overall questions on men's acceptance of justifications for wife-beating that specifically asks if this is justified if their partner refuses to have sex. While related to the other potential justifications for wife-beating, this focuses specifically on their partner's right and ability to exercise her sexual autonomy. Figure 3 shows the changes in the proportion of men who report agreeing with this as a justification for beating their wife in the 21 countries where data were available on this question. While overall agreement is lower than for the combined measure for men's agreement with justifications for wife-beating or men's sole decision-making about major household purchases at all the time points measured, approximately one in five men agreed in the initial survey in four countries: Uganda (19%), Lesotho (20%), Sierra Leone (23%), and Ethiopia (23%). Eight countries had levels of agreement of 10% or higher: Ghana and Rwanda (both 10%), Nigeria (11%), Senegal (12%), Namibia (13%), Kenya (14%), Tanzania (15%), and Zambia (17%).

Figure 3 Levels and trends of men’s agreement with partner refusal of sex as justification for intimate partner violence



As with the other measures of agreement with potential reasons for wife-beating and sole decision-making about major household purchases, there is a general decline in the proportion of men reporting agreement with refusal of sex as a justification for wife-beating, although this pattern is less consistent than either of the other two measures. Nineteen of the 21 countries saw statistically significant changes between the initial and last surveys. However, the magnitude of these declines was generally smaller than for the previous two measures. Some countries saw small increases in reported levels of agreement. The countries that had statistically significant declines included Armenia (4 percentage points), the Dominican Republic (2 pp.), Ethiopia (11 pp.), Ghana (5 pp.), Indonesia (1 pp.), Kenya (15 pp.), Malawi (2 pp.), Namibia (11 pp.), Rwanda (5 pp.), Senegal (4.2 pp.), Sierra Leone (14 pp.), Uganda (7 pp.), Zambia (8 pp.), and Zimbabwe (2 pp.). The four countries that experienced an increase in levels of agreement between the first and last surveys were Benin (3 pp.), India (2 pp.), Madagascar (4 pp.), and Nepal (1 pp.). Only Nigeria and Tanzania experienced no statistically significant change between the first and last surveys, while the changes in Cambodia were only significant when comparing the first and second surveys. Of those experiencing statistically significant declines, the largest was in Sierra Leone (14 pp.). Six countries saw declines of over five percentage points: Kenya and Uganda (both 7 pp.), Zambia (8 pp.), Lesotho and Namibia (both 10 pp.), and Ethiopia (11 pp.).

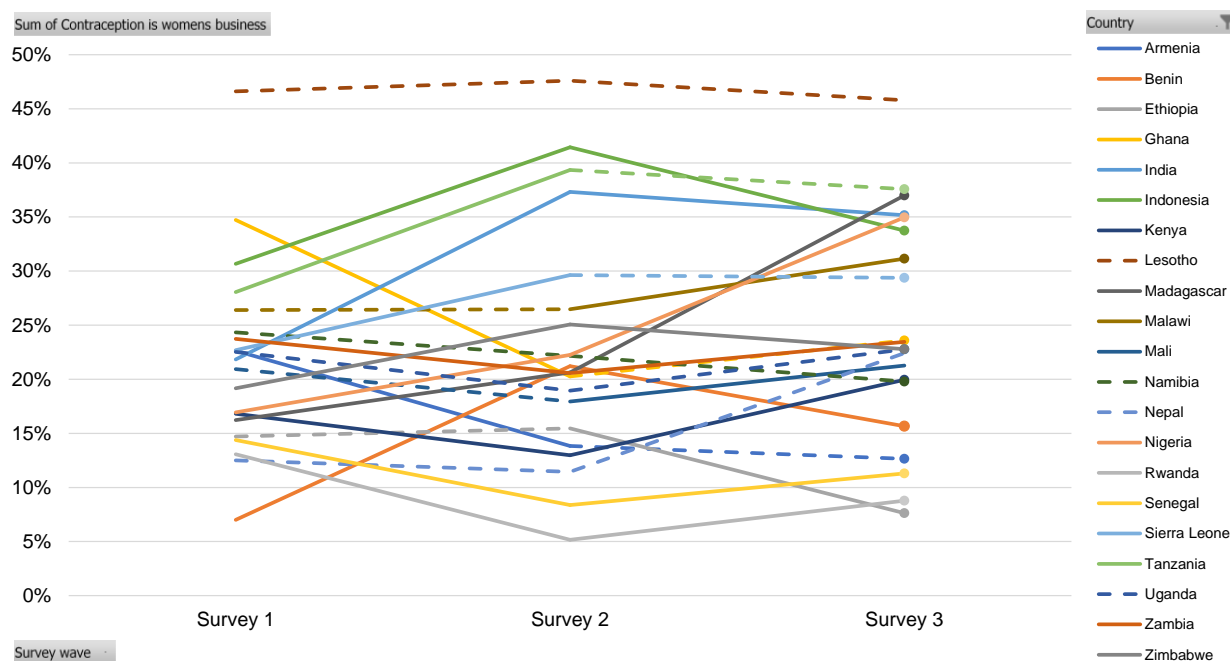
As with the other measures, the greatest declines generally took place in those countries with higher initial levels of agreement, with the increases or smaller declines found in countries where initial levels of agreement were lower. Exceptions were Tanzania (initial level of agreement of 15% and a statistically insignificant 1 pp. decline) and Namibia (initial level of 13 and a decline of 10 pp.). The average level of agreement in the most recent survey was 7%, with ranges between 1% in the Dominican Republic to 14% in Tanzania. While much lower than the overall agreement with justifications for wife-beating or men’s sole

decision-making about major household purchases, these levels suggest that in many areas, particularly in East Africa, substantial proportions of men agreed. In Uganda (12%), Ethiopia (13%), and Tanzania (14%), more than one in ten men agreed, with Kenya (7%) being a partial exception in the region.

3.1.4 Contraceptive Use

Figure 4 shows the changes in the proportion of men who agreed with the statement “Contraception is a woman’s concern and a man should not have to worry about it” for the 21 countries with data on this measure. The highest level of agreement with this statement in the initial survey was in Lesotho, where 47% of men agreed, and the lowest in Benin, where only 7% percent of men agreed. Eight countries had initial levels of agreement between 10% and 20%: Nepal (12%), Rwanda (13%), Senegal (14%), Ethiopia (15%), Madagascar (16%), Kenya and Nigeria (both 17%), and Zimbabwe (19%). Between roughly one-fifth and one-third of men in the remaining 11 countries agreed with the statement: Mali (21%), India (22%), Uganda, Armenia and Sierra Leone (each 23%), Zambia and Namibia (both 24%), Malawi (26%), Tanzania (28%), Indonesia (31%), and Ghana (35%).

Figure 4 Levels and trends of men’s attitudes towards contraceptive use as “women’s concern”



In contrast to the other indicators, there is much less evidence of a consistent pattern of change in the men’s levels of agreement with whether contraception is not a concern for them. Only eight of the 21 countries saw statistically significant declines in levels of agreement between the first and last surveys: Armenia (10 percentage points), Ethiopia (7 pp.), Ghana (11 pp.), Kenya (11 pp.), Namibia (5 pp.), Rwanda (4 pp.), Senegal (3 pp.), and Zimbabwe (4 pp.). In contrast, ten countries experienced statistically significant increases in levels of agreement: Benin (9 pp.), India (13 pp.), Indonesia (3 pp.), Madagascar (21 pp.), Nepal (10 pp.), Nigeria (18 pp.), Sierra Leone (6.7 pp.), Tanzania (10 pp.), and Uganda (0.2 pp.). Only one country, Lesotho, had no statistically significant change between any of the surveys. while Mali only had a statistically significant change between the first two surveys, and Zambia experienced statistically

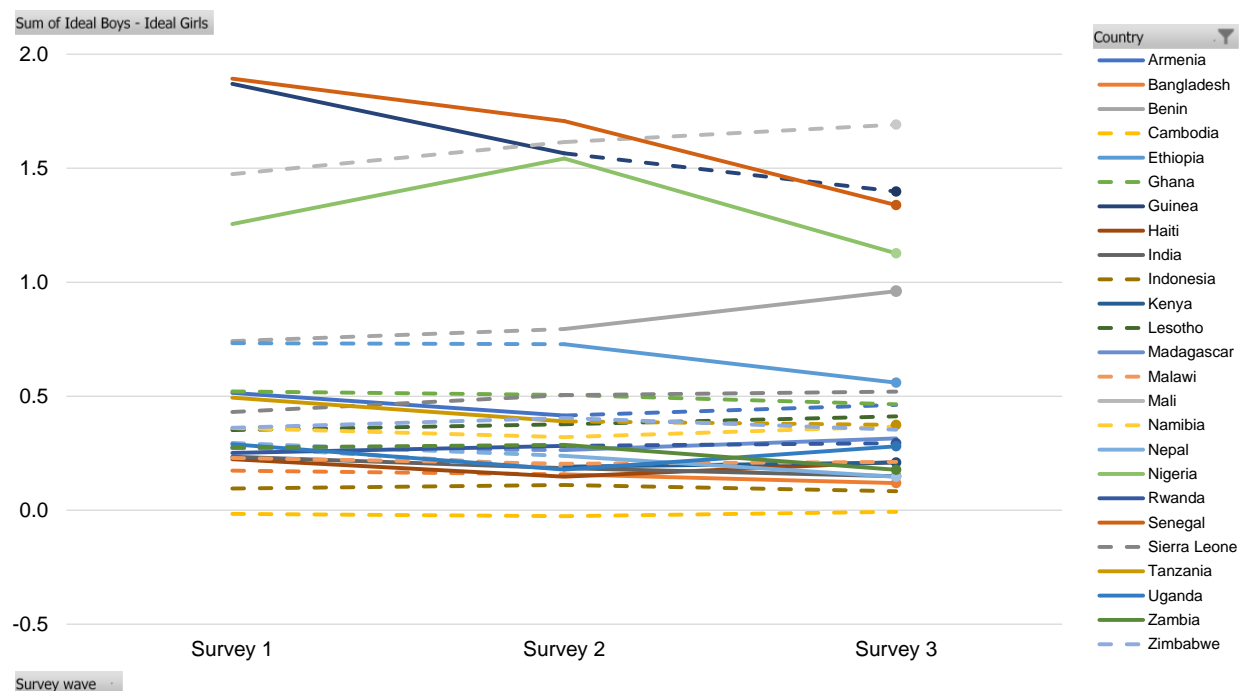
significant changes between the first two surveys (a decline) and the second two surveys (an increase), although the change between the first and third survey was not statistically significant.

Among those countries that experienced declines in men's agreement with placing the responsibility of contraception on women, the largest changes were in Armenia and Ghana (10 pp. and 11pp., respectively). Smaller changes were observed in Lesotho (1 pp., and not statistically significant), Senegal (3 pp.), Rwanda (4 pp.), Namibia (5 pp.), and Ethiopia (7 pp.), while levels were essentially flat in Mali, Uganda, and Zambia. Of those countries with an increase, the largest were in Madagascar (21 pp.), Nigeria (18 pp.), and India (13 pp.). Smaller, but often sizeable, increases were observed in Indonesia and Kenya (both 3 pp.), Zimbabwe (4 pp.), Malawi (5 pp.), Sierra Leone (7 pp.), Benin (9 pp.), and Tanzania and Nepal (both 10 pp.). In stark contrast to the other indicators examined, all of which showed an overall decline in men's inequitable gender attitudes between the first and most recent survey, the average level of men's agreement with this indicator *increased* from 22% to 25%. Furthermore, the data suggest considerable volatility in responses across the different surveys. For example, the level of agreement in Indonesia was 31% in the first survey (2007), which rose to 41% in the second (2012), and then fell to 34% in the third (2017). This suggests that changes in this indicator should be interpreted with caution and that the overall pattern of change is different from the other indicators of men's gender attitudes we explored.

3.1.5 Son preference

The changes in the level of expressed preference that men have for male versus female children for 25 countries with available data are shown below in Figure 5. In contrast to the other indicators, this indicator uses data on the preferences that men report for the number of sons and daughters they would ideally have, using the difference between these as a measure of son preference. There is considerable variation across the countries, which ranges from a very slight preference for female children in Cambodia (average preference for 0.02 more daughters than sons) to a preference for almost two more sons than daughters in Senegal (1.89 more sons). Men expressed a desire for greater numbers of sons than daughters (on average) in 24 of the 25 countries examined here, although in many cases, this preference was very small. In 15 countries, men on average preferred less than 0.5 more sons than daughters: Indonesia (0.1 more sons), Bangladesh, Haiti, Malawi and India (all a difference of 0.2), Rwanda, Madagascar, Zambia, Kenya, Uganda and Nepal (all a difference of 0.3), and Lesotho, Namibia, Zimbabwe, and Sierra Leone (all a difference of 0.4). Another five countries had a preference for between 0.5 and one more sons than daughters in the initial survey: Tanzania, Armenia, and Ghana (all a difference of 0.5), and Ethiopia and Benin (both a difference of 0.7). Men reported preferring on average more than one son than daughters in four of the countries: Nigeria (1.3), Mali (1.5), and Guinea and Senegal (both 1.9).

Figure 5 Levels and trends of men's son preference



As with the indicator of men's perceptions about women's responsibility for contraception, but in contrast to the other indicators, the evidence for change across time in men's son preference is inconsistent, with changes over time typically being very small. Of the 25 countries, 13 had statistically significant declines in the difference between preferred sons and daughters, with ranges from a decline of 0.1 children in Bangladesh to 0.6 children in Senegal. The preference for sons did not change between surveys (or did so in extremely minor ways) in nine countries: Cambodia, Haiti, Indonesia, Madagascar, Malawi, Namibia, Rwanda, Uganda, and Zimbabwe (with the only statistically significant change in Rwanda and Uganda). A further 11 countries showed change of 0.1 children: Armenia, Bangladesh, Ghana, India, Kenya, Lesotho, Nepal, Nigeria, Sierra Leone, Tanzania and Zambia (only statistically significant in Bangladesh, India, Kenya, Nepal, Nigeria, Tanzania, and Zambia). Three countries showed a change of 0.2 children: Benin and Mali (both of which showed a small increase in the average number of sons preferred compared to daughters that was only statistically significant in Benin), and Ethiopia (a small but statistically significant decline). Larger changes were only observed in two countries, both of which experienced a decline in the preference for sons over daughters: Guinea (a decline of 0.5 sons) and Senegal (0.6 sons), both of which were statistically significant. While the greatest change took place in countries where preferences for sons were highest in the initial survey (Guinea and Senegal, where men reported on average a preference for 1.9 more sons than daughters), this pattern was not uniform—men in Nigeria (in initial preference for an average of 1.3 more sons) reported virtually the same preferences in both the initial and most recent surveys, while son preference increased among men in Mali (from an initial preference for 1.5 more sons to 1.7).

Overall, these results suggest a small decline in the preference for sons among these countries, from an average of 0.54 more sons than daughters in the first survey to an average of 0.49 more sons in the more recent survey. This may suggest that these preferences change more slowly than some of the attitudes we explored. However, care should be taken in interpreting these findings due to the relatively small changes

in the majority of countries. Nonetheless, the persistence of a preference for sons over daughters suggests that there may be opportunities to encourage greater equality among men in this area. The large changes in preferences for the gender of children seen in Guinea and Senegal suggest that large changes are possible, although perhaps not at the scale of the shifts seen in other attitudes.

3.2 Comparison between women and men's gender attitudes

The trends in the examined indicators suggest that considerable progress has been made in terms of men's gendered attitudes. In this section, we focus on better understanding how men and women's gender attitudes compare to each other, if they have changed in the same way, and if there is evidence of a convergence in the attitudes of both groups. As described, we examined men and women's responses to the same questions across multiple surveys, which allows for the exploration of differences at single points in time and in the ways that these attitudes change over time. To better understand how this may be influenced by the level of gender inequality, we explore these questions in six countries selected on the basis of based on how equal or unequal men's gender attitudes and preferences were at the first survey available to us. We selected two countries where initial inequitable gender attitudes were among highest overall (Ethiopia and Uganda), two in the middle range (Ghana and Zambia), and two where men's reports of inequitable gender norms were generally relatively low (Indonesia and Rwanda). We selected only those indicators where data are available for both men and women at each of the three time points examined:

- Justification for intimate partner violence
- Women's involvement in decisions about major household purchases
- Women's sexual autonomy
- Preference for sons over daughters

3.2.1 Justification for intimate partner violence

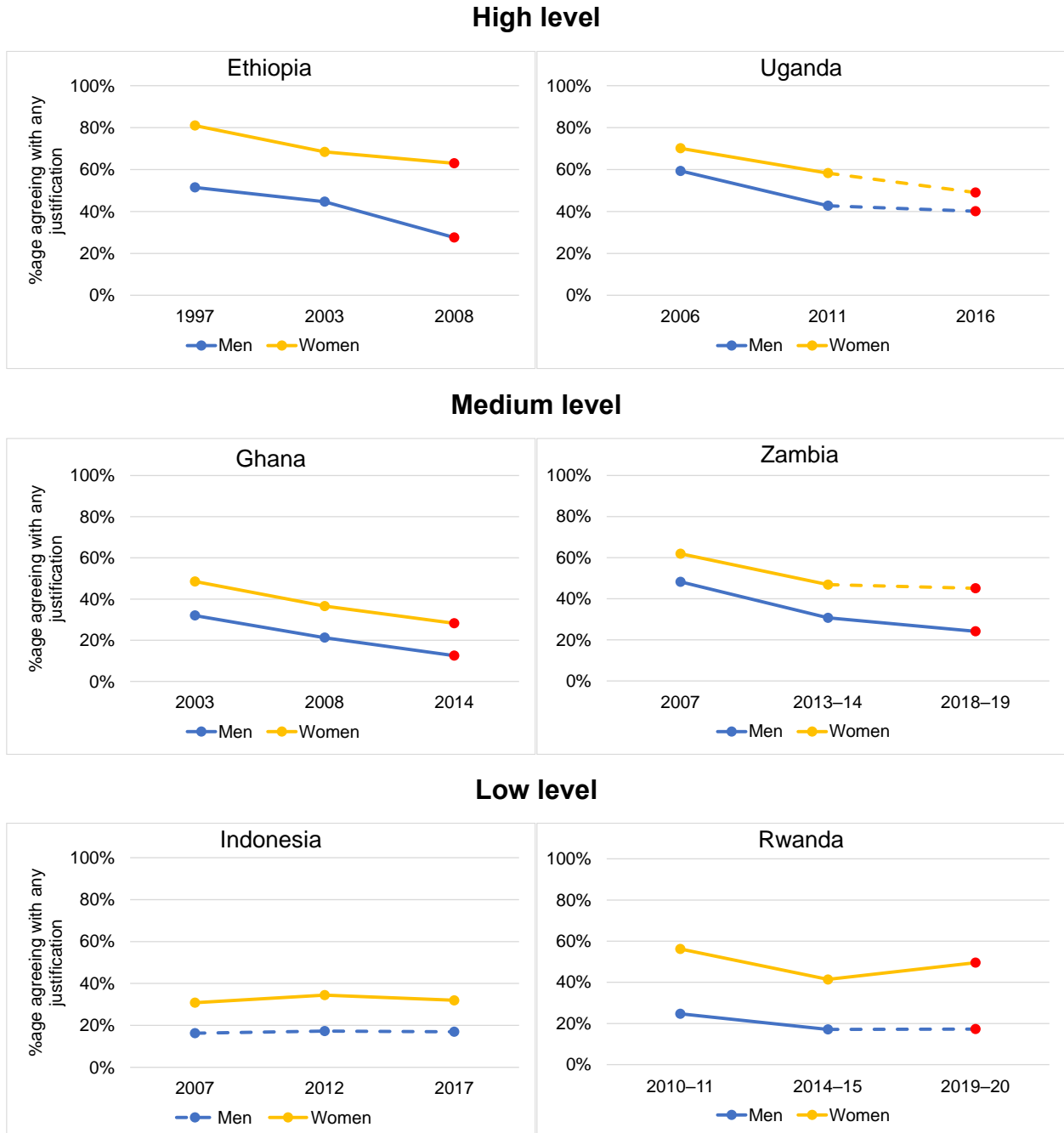
Figure 6 presents the levels of acceptance by men and women of any justification of wife-beating in the six selected countries. The top panel includes the results from the two selected countries with high initial levels of inequitable gender attitudes among men (Ethiopia and Uganda), the middle panel with the two selected countries with more average initial levels of inequitable views (Ghana and Zambia), and the bottom panel with the two selected countries with lower initial levels (Indonesia and Rwanda). Women's attitudes are represented by the yellow line, while men's are represented by the blue line. The solid lines indicate that the change observed between surveys was statistically significant, while a dashed line indicates the change

Some clear patterns are evident when comparing men and women's gendered attitudes, preferences and behaviors in the six selected countries:

- Generally women have lower levels of inequitable views
- Women consistently have *more* unequal views in terms of agreeing with justifications for IPV
- Both women and men have improved over time, mostly at about the same speed
- Changes were highest in the countries where the levels were highest at the start of the time examined

was not statistically significant. When the level of change between the first and most recent survey was statistically significant, this is represented by a red 'dot' at the point of the most recent survey.

Figure 6 Levels and trends of men and women's justification for intimate partner violence by initial level of inequitable attitudes



A number of patterns are clear when comparing these groups of countries.

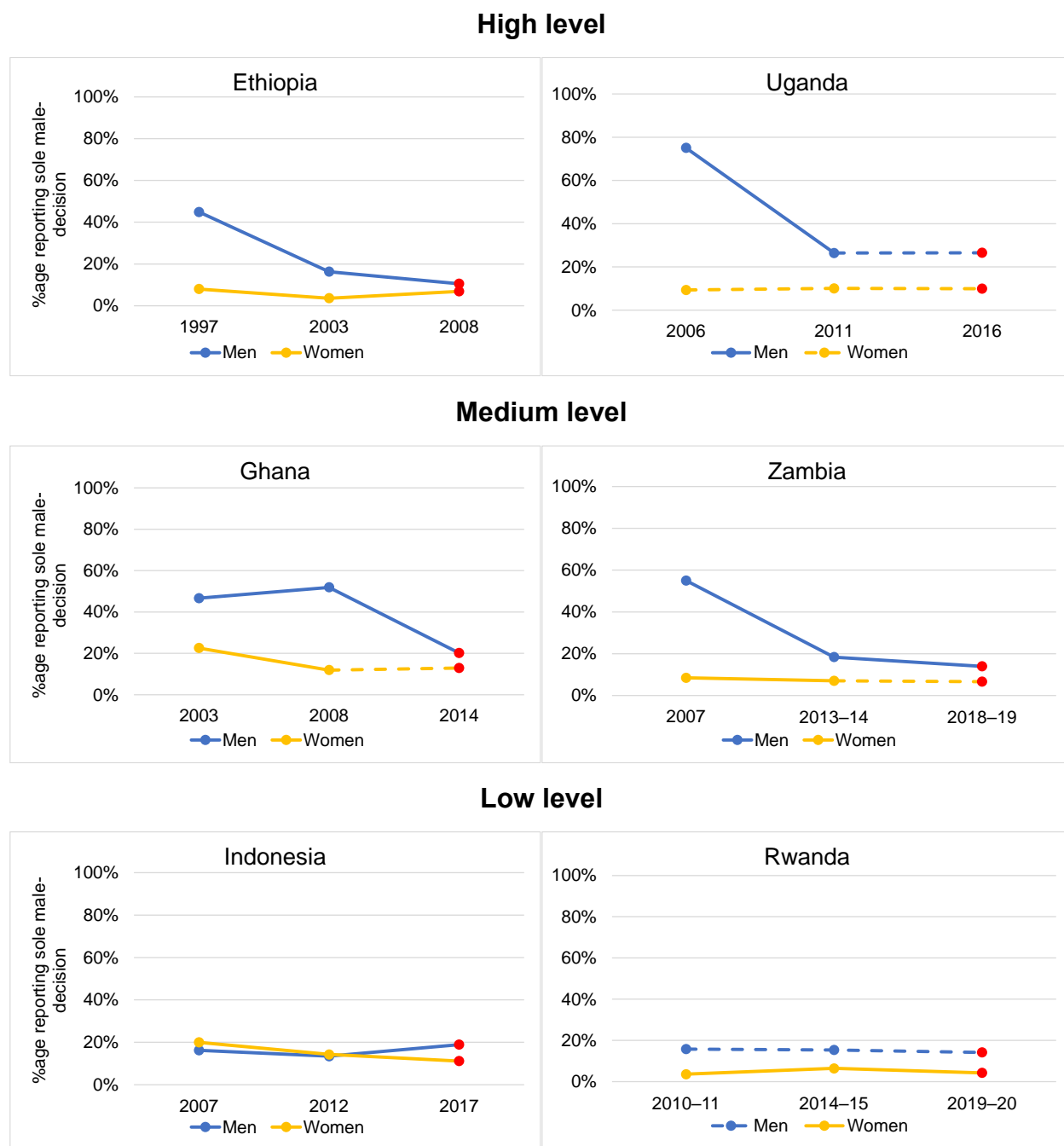
- First, in all six countries, the level of women’s acceptance of any of the listed justifications for wife-beatings are *higher* than that of men, regardless of the initial level of inequitable gender attitudes reported by men. For example, 81% of women agree with at least one justification for wife-beating in the first survey for Ethiopia, compared to 52% of men. In Ghana, the equivalent proportions are 49% and 32%, respectively and in Indonesia, women are twice as likely to agree (34% and 17%, respectively). This difference is statistically significant in all countries and time points.
- Second, men and women’s attitudes towards the justification of wife-beating follow very similar patterns, both in terms of level and trends. Generally, the countries with the highest or lowest levels of acceptance of violence are the same for both women and men and where this changes over time, it does so for both groups, regardless of initial level.
- Third, there is very limited evidence in these countries of a convergence between the attitudes of men and women in terms of acceptance of justifications for wife-beating. For example, the difference between the proportion of women and men’s agreeing with at least one justification for wife-beating in Ethiopia in the first survey is 30 percentage points—by the most recent survey this had increased to 35 percentage points. In Ghana, the equivalent figures were 17 and 16 percentage points and in Indonesia 15 percentage points at both the first and most recent survey. The only exception is in Uganda, where the difference between men and women narrowed from 11 percentage points in the first survey to nine in the most recent survey. Thus, changes for men and women for this indicator track each other closely.
- Finally, as the preceding analyses suggested, the greatest improvements in the reduction of gender inequitable attitudes toward violence are in the countries with the highest initial levels in the first survey. This is partly due to these countries having more opportunity for large changes to take place, although this also points to another significant pattern in the data, which is the broad convergence of attitudes toward the justification of wife-beating across this group of countries. This is principally due to declines in the proportions agreeing with justification for both men and women in the countries with higher initial levels, paired with relatively little change in the countries that started with lower levels of agreement. For example, the levels of agreement for Ethiopia for the initial survey are 52% and 81% for men and women, respectively, compared to 16% and 31% for men and women in Indonesia in the first survey. While the levels of acceptance in Indonesia changed relatively little with the most recent survey (17% for men and 32% for women), the proportion of men agreeing with any justification in Ethiopia fell by almost half to 28%, while women’s levels declined to 63%. Although the differences between the two countries remain large, by the most recent survey for each country (2016 for Ethiopia and 2017 for Indonesia), levels of acceptance were lower among Ethiopian men than Indonesian women.

3.2.2 Women’s involvement in household decisions

Figure 7 presents the proportion of men and women reporting that decisions about major household purchases are primarily or solely made by men. A number of differences with the previous figures that examined attitudes toward wife-beating are clear:

- First, with the exception of Indonesia, the proportion of men reporting making these decisions without including their partner is significantly higher in all countries than the proportion of women reporting that their husband makes these decisions without her engagement. While this question in theory refers to actual experiences with making household decisions (as opposed to attitudes), these differences suggest that responses may in part reflect what the respondents feel is the ideal outcome.
- Second, unlike attitudes about the justification of wife-beating, there is some evidence of convergence in the reports of men and women over time, although only for the countries with higher initial levels of sole decision-making by men. For example, the difference between men and women's reports of male sole decision-making in Ethiopia in the first survey was 37 percentage points, but declined to four percentage points in the most recent survey. In Zambia, this gap was reduced from 47 percentage points in the first survey to seven, with similar changes seen in both Uganda and Ghana. In Indonesia and Rwanda, where the proportions of men and women reporting sole decision-making by men were relatively very low, there were little difference between men and women's reports at any point and very little overall change.
- Third, in this case, the convergence is largely due to rapid declines in men's reports of sole decision-making over time. In contrast, women's reports remained relatively stable and low across the three surveys, which suggests either greater consistency in the accuracy of men and women's reports of household decision-making or a broad and consistent change across the majority of these countries in gendered patterns of household decision-making related to large purchases.

Figure 7 Levels and trends of men and women’s reports of women’s involvement in decisions about major household purchases

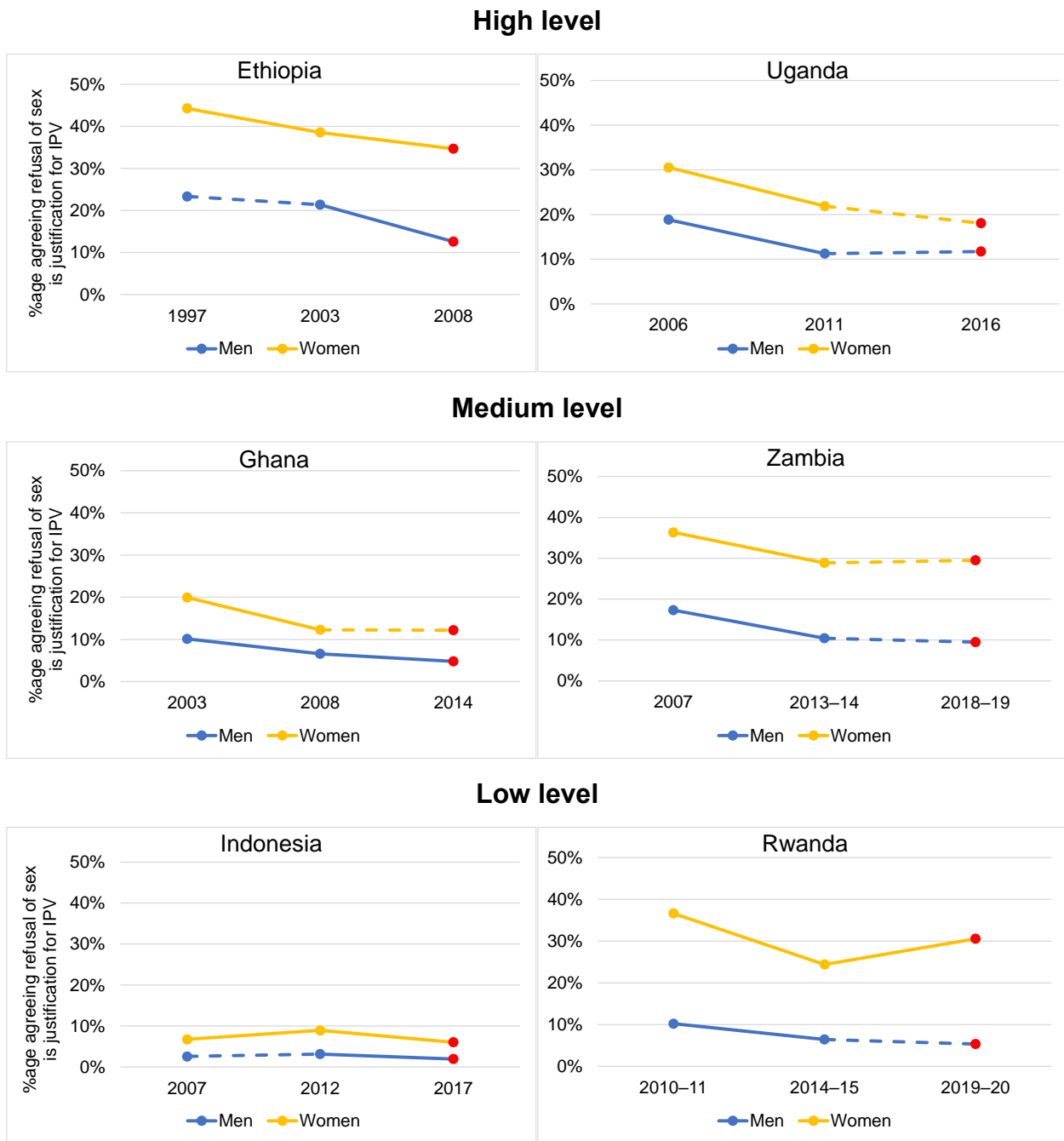


3.2.3 Women’s sexual autonomy

Figure 8 presents the proportion of men and women reporting that they agree with women refusing sex with their partner as a justification for wife-beating. Some areas of similarity and difference with the changes seen in the other indicators are evident:

1. First, as with the more general measure that focused on the justification of wife-beating, levels of agreement with the refusal of sex as a justification for wife beating is higher for women than for men in each of the six countries examined and at each timepoint. In all cases, the differences between men and women were statistically significant. Overall, the differences between men and women were greater in the countries with higher rates of agreement, although this pattern is not as clear than that for the other two measures of gender attitudes/preferences.
2. Second, there is inconsistent evidence of some convergence in the levels of agreement for men and women, both across countries and between the groups of countries with different levels of initial agreement in the first survey. While there is some suggestion of a general decline in levels of agreement for both women and men in all countries, there has not been a corresponding change in the gap between women and men's levels of agreement. This may suggest that, in contrast to the changes in sole male household decision-making, these declines reflect a broader shift in social norms rather than that primarily taking place within one group.

Figure 8 Levels and trends of men and women’s agreement with partner refusal of sex as justification for intimate partner violence



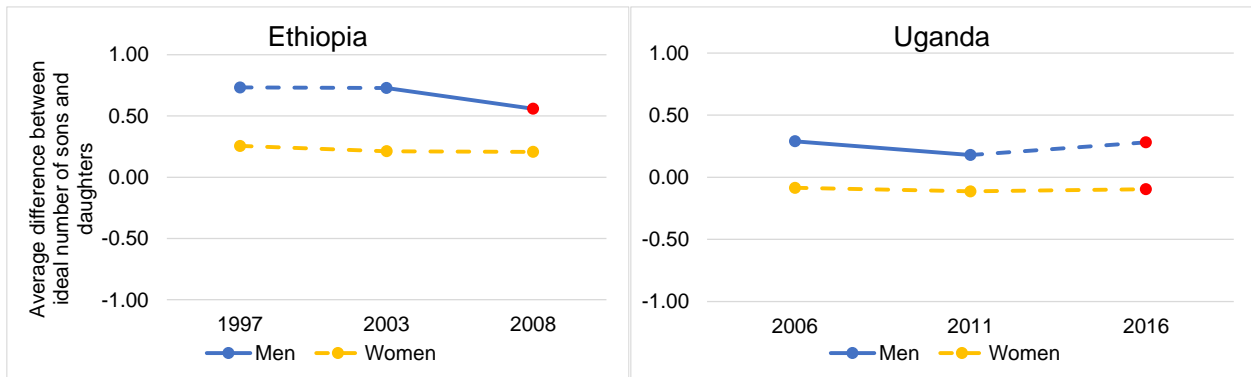
3.2.4 Son preference

Figure 9 presents the mean difference between the ideal number of sons and the number of daughters reported by both women and men. The main patterns identified within the group of six countries are:

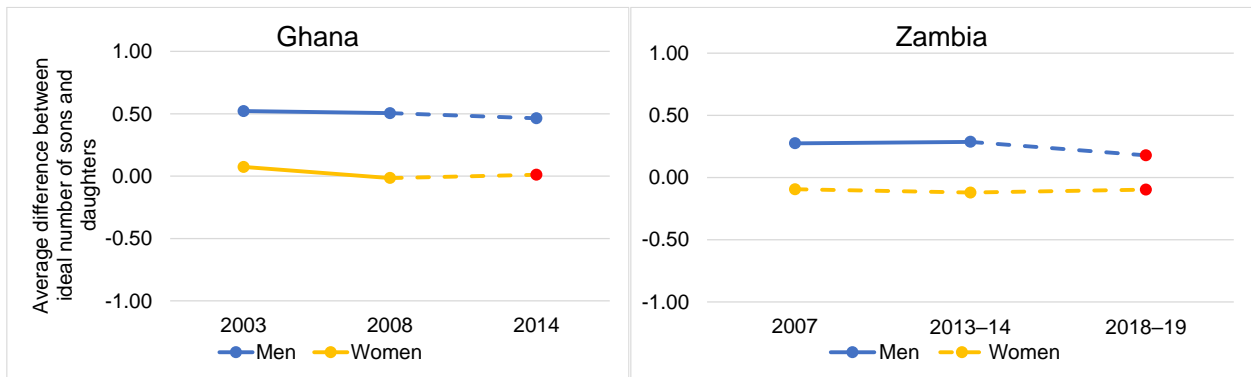
- 1 First, while both women and men show some preference for a greater number of sons than daughters, this is much more the case for men than for women. For example, in the first survey for Uganda, men reported a slightly higher number of preferred sons than daughters (an average of 0.290), while women expressed a preference for a greater number of daughters (an average of 0.085). The equivalent for Rwanda was 0.252 and 0.132 more sons than daughters, respectively, and 0.522 and 0.074, respectively, in Ghana.
- 2 Second, compared to the other indicators of gender attitudes/preferences, there is very little observed change over time in the greater preference both women and men have for sons, although there is some suggestion of a convergence in preferences in Ethiopia and Zambia.

Figure 9 Levels and trends of men and women's son preference

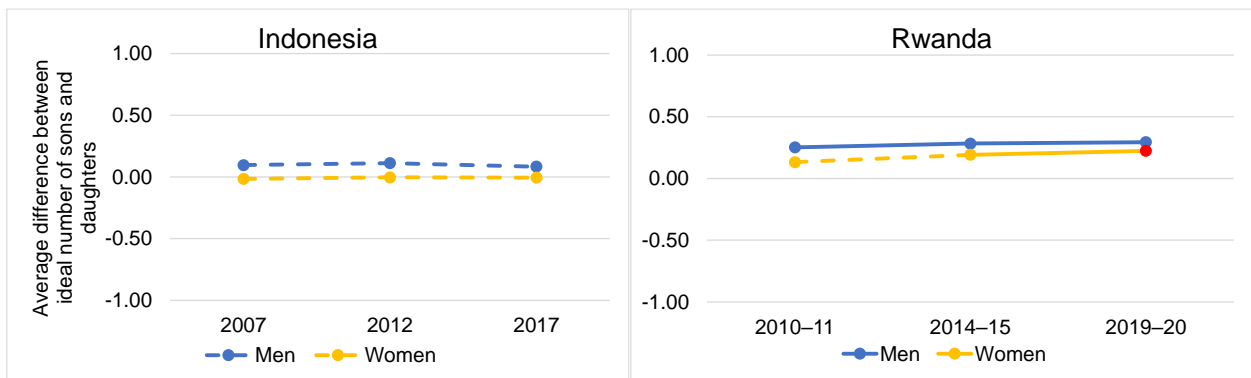
High level



Medium level



Low level



4 DISCUSSION AND CONCLUSIONS

4.1 Trends in men's gender attitudes

The results of the examination of men's gender attitudes, preferences, and behaviors over the past two decades suggest there is a broad in unequal gender views among men. This appears to be a broad change that cuts across geographic and cultural boundaries. While there is tremendous variation across the countries examined in the levels of inequitable attitudes held by men and the pace of change, virtually all countries have seen significant declines for most of the indicators we examined. These declines appear to be greatest in the countries with the highest levels of initial inequality, resulting in overall greater convergence at lower levels of inequality in men's attitudes across countries.

When comparing the different measures of attitudes, preferences, and behaviors used in this study, the greatest change appears to be in terms of household decision-making about major household purchases, where significantly lower proportions of men report making these decisions alone in the most recent survey when compared to the initial survey. Men are also increasingly less likely to agree that intimate partner violence is justified, regardless of the potential reasons given, including for the refusal of sex, which is an important indicator of perceptions about women's bodily integrity and autonomy. In contrast, the evidence was less clear when examining attitudes towards contraception and son preference, where the direction of the observed change was more inconsistent. In the case of son preference, the data suggest relatively little change over time even when other indicators suggest changes towards more equitable gender attitudes. This is especially problematic in those countries with relatively high preference for sons, many of which are in Francophone West Africa. In the case of attitudes toward contraception, about half of the countries saw increases in the proportion of men who agreed that contraception was primarily a woman's responsibility. While this may reflect a shift towards greater decision-making around contraceptive use for women, it may also represent a retrenchment of inequitable gender norms that define reproduction as 'women's business' and largely absolve men of their reproductive responsibilities.

This type of shift may also underpin the increased involvement of women in household decisions about major purchases. Although we have generally interpreted this as a positive indicator of greater gender equality within men's relationships, this may also reflect more traditional gender expectations that view the domestic sphere as predominantly the domain of women. This is particularly true when the decline in sole decision-making by men is not reflecting a shift to a truly joint decision-making process that involves both spouses. A further exploration of trends in joint decision-making about major household purchases (results not shown here) revealed a much less clear picture of change than when focusing on sole decision-making by either the man or his partner. This suggests that these changes may not be entirely a reflection of a shift

There has been substantial change towards more gender equitable views among men over past two decades. Some of this change, however, might reflect men increasingly viewing household and reproductive matters as 'women's business'. Even with the improvements, large proportions of men have inequitable views, suggesting that policy and programs should continue to develop interventions aiming to help redefine gender norms in ways that are more equal.

to more gender-egalitarian views. Further research that examines the underlying reasons for these changes is needed to more fully understand changes in men's gender attitudes and norms.

4.2 Comparison between men and women's gender attitudes

The comparison of men and women's gender attitudes, preferences, and behaviors provided additional context for the broader trends observed among men only. Overall, with the exception of the measures focused on the justification for wife-beating, women had significantly more gender equitable attitudes than men in the six countries examined. This was true regardless of the initial level of inequality, although much more so in the countries with high or medium inequality at the time of the first survey. While somewhat contradictory, the findings for the indicators focused on agreement with IPV in specific scenarios are consistent with prior research that has found that justification for wife beating among women is often high and commonly exceeds that of men.^{10,17,23-25} This may reflect the internalization of patriarchal norms by women, particularly in terms of their roles within families and households. This is especially the case in environments where high levels of gender inequality may lead to lower self-esteem, lower status, and less empowerment.¹⁰ Women with attitudes supportive of wife beating are more likely to be young, less educated, and have witnessed violence in the past,^{17,24} all of which are more likely in an environment where gender inequality is the norm.

There have been substantial improvements in the gendered views of both men and women over time, but with limited evidence of a convergence between the two groups. More work is needed to prevent these changes from stalling, particularly around men's views about contraception and women's acceptance of IPV.

These results provide limited support for increased convergence of gender attitudes between men and women, with the exception of the measure of household decision-making. Where convergence was observed, it was primarily driven by changes in men's attitudes. This may be attributed to a number of factors. First, because men in these countries typically hold less egalitarian attitudes than women, there is more opportunity for rapid declines in unequal views. Second, it is possible that the lower levels among women are a reflection of changes in attitudes, preferences, and behaviors that took place before the time period covered in this study, which would be consistent with other evidence where women lead changes in gender norms.

Finally, these comparisons reiterate that while there have been declines in inequitable gender attitudes among both men and women over the period examined in this study, a significant portion of both groups continue to report attitudes, preferences, and behaviors that support inequitable gender norms. While women's levels are generally lower than men's (with the exception of justification of wife-beating), there is some evidence of a general stagnation of the process of change, particularly in the countries with lower levels of inequality, which typically had gradual patterns of change.

4.3 Implications for policy, programming, and future research

These results suggest that although there has been a great deal of progress towards more egalitarian gender norms in the countries in this study, there remain a number of areas where effective policy or programmatic efforts may play a role in accelerating these changes. In particular, there continues to be a need for policy

and programmatic interventions that are targeted specifically towards men, because there continues to be a large gap between men's and women's attitudes. The clear exception is the justification of IPV, where women consistently are more accommodating of the justification of violence. Developing interventions designed to specifically address women's communally held views on the acceptability of IPV may be an effective approach to reducing IPV, particularly when this takes place in settings where men's attitudes toward IPV are more favorable than women's.

The increases in men agreeing that contraception is a women's concern also suggest that much more work is needed to convince men of their reproductive responsibilities. This is particularly important in the efforts to engage men in family planning programming more broadly, because many men may hold more traditional views about family planning decisions than might be assumed given their apparent willingness to have women make decisions about contraception. Men's disengagement from contraceptive decision-making may represent a broader, more traditional view of gendered roles within relationships where reproductive matters are seen as being 'feminine'. If this is the case, bringing men into family planning programming may limit women's own bodily autonomy. Great care should be taken to ensure that men's engagement with family planning programming is conducted in a way that maximizes reproductive empowerment more broadly and does not inadvertently reinforce underlying and unequal gender norms.

Finally, these results provide strong support for both the feasibility of achieving changes in gender norms over a relatively short time frame and the continued need for policy and programmatic efforts that encourage greater gender equality. Across the various indicators, very large changes were often observed over the 15-year period covered by the three surveys, particularly with attitudes toward IPV and household decision-making. This was especially the case when initial levels of inequality were high. However, despite these changes, the levels of inequitable gender attitudes, preferences, or behavior in the most recent surveys remain at high levels. This suggests that in most of the countries in this study, there remains considerable room for further improvement.

The results also illustrate areas where future research is needed to better understand both men and women's gender attitudes and the broader social norms that they reflect. First, there is a clear need for more precise and theoretically informed measures of gender attitudes and norms than are currently available in the DHS. While still a rapidly evolving field, there are established measures that could be incorporated more effectively into the DHS, which would allow for a more comprehensive assessment than was possible in this study. Second, further research is needed to understand why men and women's reports differ, especially when sharing the same cultural and social background. This is true both for the more common cases where men hold more inequitable views than women and when the reverse is the case, such for women's attitudes towards the justifiability of IPV.

REFERENCES

1. Institute for Reproductive Health. *Social Norms Lexicon*. 2021. Institute for Reproductive Health, Georgetown University. <https://www.irh.org/resource-library/social-norms-lexicon/>
2. Ryle R. How do we learn gender. *Questioning gender: A sociological exploration*. Sage 2011:119–165. <https://www.scribd.com/document/494757915/Questioning-Gender-a-Sociological-Exploration-3rd-Edition-B07C6MSP53>
3. Priyashantha K, De Alwis AC, Welmilla I. Gender stereotypes change outcomes: A systematic literature review. *JHASS*: 2021. <https://doi.org/10.1108/JHASS-07-2021-0131>
4. John NA, Stoebenau K, Ritter S, Edmeades J, Balvin N, UNICEF. Gender socialization during adolescence in low-and middle-income countries: Conceptualization, influences and outcomes. 2017. Innocenti Discussion Paper 2017-01, UNICEF. https://www.unicef-irc.org/publications/pdf/IDP_2017_01.pdf
5. Fleming PJ, McCleary-Sills J, Morton M, Levto R, Heilman B, Barker G. Risk factors for men’s lifetime perpetration of physical violence against intimate partners: results from the international men and gender equality survey (IMAGES) in eight countries. *PloS One*. 2015;10(3):e0118639. <https://doi.org/10.1371/journal.pone.0126676>
6. Levto R, Barker G, Contreras-Urbina M, Heilman B, Verma R. Pathways to gender-equitable men: Findings from the international men and gender equality survey in eight countries. *Men and Masculinities*. 2014;17(5):467–501. <https://psycnet.apa.org/doi/10.1177/1097184X14558234>
7. Greene ME, Berger BO, Hakobyan L, Stiefvater E, Levto R. *Getting to equal: Men, gender equality, and sexual and reproductive health and rights*. Promundo-US; 2019. https://fp2030.org/sites/default/files/ACallToAction_015_web.pdf
8. Equimundo. *The International Men and Gender Equality Survey: A status report on men, women, and gender equality in 15 highlights*. Equimundo; 2022. https://www.unfpa.org/sites/default/files/pub-pdf/International%20Men%20%26%20Gender%20Equality%20Survey%20%28IMAGES%29%20Global%20Report%202022_EN.pdf
9. Fortin NM. Gender role attitudes and women’s labor market participation: Opting-out, aids, and the persistent appeal of housewifery. *Ann Econ Stat*. 2015;(117/118):379–401. <https://doi.org/10.15609/annaeconstat2009.117-118.379>
10. Khan MN, Islam MM. Women’s attitude towards wife-beating and its relationship with reproductive healthcare seeking behavior: A countrywide population survey in Bangladesh. *PLoS One*. 2018;13(6):e0198833. <https://doi.org/10.1371/journal.pone.0198833>

11. Snow RC, Winter RA, Harlow SD. Gender attitudes and fertility aspirations among young men in five high fertility East African countries. *Stud Fam Plann.* 2013;44(1):1–24. <https://doi.org/10.1111/j.1728-4465.2013.00341.x>
12. Flood M, Pease B. Factors influencing attitudes to violence against women. *Trauma, violence, & abuse.* 2009;10(2):125–142. <https://doi.org/10.1177/1524838009334131>
13. Arpino B, Esping-Andersen G, Pessin L. How do changes in gender role attitudes towards female employment influence fertility? A macro-level analysis. *Eur Sociol Rev.* 2015;31(3):370–382. <https://doi.org/10.1093/esr/jcv002>
14. Ragonese C, Shand T, Barker G. *Masculine norms and men's health: Making the connections.* Promundo-US; 2019. <https://www.equimundo.org/wp-content/uploads/2018/11/Masculine-Norms-Mens-Health-Executive-Summary-1.pdf>
15. Heilman B, Barker G, Harrison A. *The Man Box: A Study on Being a Young Man in the US, UK, and Mexico.* Equimundo; 2017. <https://www.equimundo.org/resources/man-box-study-young-man-us-uk-mexico/>
16. Harper C, Marcus R, George R, D'Angelo SM, Samman E. *Gender, power and progress: How norms change.* ALIGN;2020. <https://www.alignplatform.org/gender-power-progress>
17. Hindin MJ. Understanding women's attitudes towards wife beating in Zimbabwe. *Bull World Health Organization.* 2003;81:501–508. <https://pubmed.ncbi.nlm.nih.gov/12973642/>
18. Kishor S, Subaiya L. *Understanding women's empowerment: A comparative analysis of Demographic and Health Surveys (DHS) Data.* DHS Comparative Reports 20. Calverton: Macro International Inc.; 2008. <https://dhsprogram.com/pubs/pdf/CR20/CR20.pdf>
19. Prata N, Fraser A, Huchko MJ, et al. Women's empowerment and family planning: A review of the literature. *J Biosocial Sci.* 2017;49(6):713-743. <https://doi.org/10.1017/S0021932016000663>
20. Kabagenyi A, Jennings L, Reid A, Nalwadda G, Ntozi J, Atuyambe L. Barriers to male involvement in contraceptive uptake and reproductive health services: A qualitative study of men and women's perceptions in two rural districts in Uganda. *Reprod Health.* 2014;11(1):1-9. <https://doi.org/10.1186/1742-4755-11-21>
21. Grady WR, Tanfer K, Billy JO, Lincoln-Hanson J. Men's perceptions of their roles and responsibilities regarding sex, contraception and childrearing. *Fam Plann Perspect.* 1996;28(5):221-226. <https://doi.org/10.2307/2135841>
22. MacQuarrie K, Edmeades J, Steinhaus M, Head SK. *Men and contraception: Trends in attitudes and use.* ICF International; 2015. <https://dhsprogram.com/pubs/pdf/AS49/AS49.pdf>
23. Uthman OA, Lawoko S, Moradi T. Factors associated with attitudes towards intimate partner violence against women: A comparative analysis of 17 sub-Saharan countries. *BMC Int Health Hum Rights.* 2009;9(1):1–15. <https://doi.org/10.1186/1472-698X-9-14>

24. Speizer IS. Intimate partner violence attitudes and experience among women and men in Uganda. *J Interpers Violence*. 2010;25(7):1224–1241. <https://doi.org/10.1177/0886260509340550>
25. Bucheli M, Rossi M. Attitudes toward intimate partner violence against women in Latin America and the Caribbean. *Sage Open*. 2019;9(3):2158244019871061. <https://doi.org/10.1177/2158244019871061>