

FOLLOW-UP ASSESSMENT

GENDER NORMS AND STEREOTYPES IN THE EU'S EASTERN PARTNERSHIP COUNTRIES



Funded by
the European Union



**TOGETHER AGAINST
GENDER STEREOTYPES AND
GENDER-BASED VIOLENCE**
#eu4genderequality

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- A father with his child at the Fathers' School in Georgia. MenCare/Irakli Chelidze.
- Bicycle race organized by the Ijevan Family Corner in celebration of the International Day of Families. UNFPA Armenia/Aspram Manukyan.
- Youth debates in Moldova. EU 4 Gender Equality/Adrian Gutu.
- Ukrainian scientists at the premiere screening of the “Women in Science” documentary, highlighting Ukrainian women in science during the full-scale Russian invasion. INSCIENCE.
- A group of schoolgirls from the Lerik region in Azerbaijan participating in the “Fantastic Four” education project. UNFPA Azerbaijan.
- An event for parents of children with disabilities in Grodno, Belarus, organized by the Fathers Club. UNFPA Belarus.

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EXECUTIVE SUMMARY

INTRODUCTION

From March 2020 to June 2023, UN Women and UNFPA implemented the first phase of the *EU for Gender Equality: Together against gender stereotypes and gender-based violence* programme in Eastern Partnership (EaP) countries (Armenia, Azerbaijan, Belarus, Georgia, Moldova and Ukraine). Through local, national and regional-level actions, the project has worked to shift harmful societal perceptions around gender stereotypes and patriarchal norms in favour of equal rights and opportunities for women and girls; increase men's involvement in the caretaking of their children and engagement in fathers' programmes; and increase the knowledge and tools available for social workers and civil society organizations (CSOs) to conduct evidence-based violence prevention programmes that target domestic violence perpetrators. UN Women and UNFPA CSO partners are leading the implementation of the project's awareness-raising and capacity-building interventions, including through the provision of grants.

At the end of the project's first phase, a *Follow-up Assessment* was conducted to measure progress in overcoming harmful gender norms and stereotypes and in developing gender-transformative behavioural change in beneficiaries and communities who participated in relevant project initiatives. The *Assessment* focused on understanding initiative effectiveness and the factors that drive and prevent changes in individual and community social norms.

The *Follow-up Assessment* consisted of quantitative and qualitative research tools that were fully aligned with the *Baseline Study* conducted in 2020. The *Survey of Beneficiaries of Awareness-raising and Capacity-building Interventions, or Beneficiary Survey*, focused on beneficiaries and their non-intervention counterparts, served as the primary quantitative data collection source. Its findings complemented and were contrasted with those gathered qualitatively through focus group discussions (FGDs) and in-depth interviews (IDIs). Integrated findings from the quantitative and qualitative components are presented below for seven beneficiary groups: local advocates and CSOs; fathers who attended Fathers' Schools¹; youth; health-care professionals; perpetrators of domestic violence; members of faith-based organizations; and women in science, technology, engineering and mathematics (STEM) fields.

1 Fathers Schools (synonyms include - Papa Schools, Fathers Clubs, Tato Hubs) - are interactive spaces created with the aim to engage men in active fatherhood and caregiving, gender equity, and violence prevention.

FINDINGS

Local advocates and CSOs

The programme prioritized partnerships with civil society and women's organizations in participating countries, using various strategies and approaches to engage with them. This includes small grant projects that called for innovative ideas to challenge discriminatory gender norms and stereotypes about women's and men's roles in different spheres. Thanks to these efforts, around 17,000 people across six countries increased their understanding of gender equality and gender stereotypes, around 1,730 people have become local advocates for gender equality and non-discrimination, and more than 21.9 million people were reached with messages of equality and the importance of eliminating harmful gender stereotypes.

Beneficiary local advocates and CSOs were interviewed in Armenia, Azerbaijan, Belarus, Georgia, Moldova and Ukraine through **in-depth interviews and focus group discussions**. Participants were able to express their views on prevailing gender norms and stereotypes in their societies, including around employment, gender-based violence and reproductive health.

Beneficiary local advocates and CSOs identified prevailing gender norms and stereotypes in their societies, such as men being generally perceived as breadwinners and women as care-takers, the belief that women should only work when there is a financial need, the belief that a woman's opinion is of a lower value and patriarchal attitudes in relation to violence. Deeply rooted stereotypes were also reported to impact inheritance rights; women often have to give up their rights due to societal expectations. Participants highlighted regional differences, noting that traditional values were more prevalent in rural areas compared to urban centres.

Beneficiary local advocates and CSOs referred to a series of effective steps that are needed to overcome gender norms and stereotypes in their countries, including promoting gender-equal values among young and adult learners and teachers, creating inclusive environments in schools, promoting female role models in female- and male-dominated fields and leadership positions, adopting changes in legislation, particularly with regards to addressing domestic violence and the introduction of quotas for women in ministerial positions, and pursuing a shift towards gender-equal attitudes among public authorities. They also stressed the role of media and advertising in perpetuating stereotypes and suggested the need for stricter regulations in that field.

In Belarus, one beneficiary noted that there is a dissonance between declared and actual gender norms and values, with people claiming to support gender equality but still adhering to old patterns of behaviour. This leads to gaps between perceptions and reality. Older generations, including both men and women, were seen as continuing to express traditional ideas about gender roles. In contrast, support for gender equality is generally more prevalent among youth.

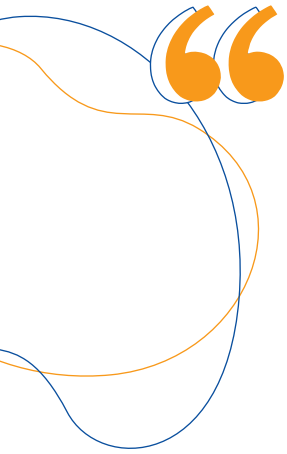
Beneficiary local advocates and CSOs in Azerbaijan, Belarus, Georgia and Moldova identified population groups that resist gender equality, including some clergy members, conservative groups, individuals with higher social status and population groups with lower levels of education, some of whom express their views on social media or within state institutions. Some acknowledged that these groups tend to be driven by concerns of Europeanization and fear of losing traditional values. Some participants also noted that proactive feminists and organizations supporting gender equality and populations that are furthest behind need additional support and resources to continue their work.

Beneficiary local advocates and CSOs in Belarus and Georgia see domestic violence against women, including physical abuse, verbal humiliation and control over finances and relationships, as prevalent in their communities. Some stressed that domestic violence remains hidden and that it is encouraged by mass media sensationalism. They noted that many people do not fully understand what constitutes domestic violence because they have a narrow understanding of this human rights abuse, focusing only on extreme cases. They also indicated that tolerance towards violence is high in society and that there is a need to address it through awareness-raising campaigns and strengthened institutional support measures and education from early ages that involves students, parents and schools.

Some beneficiary local advocates and CSOs in Armenia, Azerbaijan and Georgia also noted the prevalence of harmful practices such as early marriage, sex-selective abortions and gender-biased inheritance practices. Difficulties in eradicating these practices include the lack of strict legislation and accountability, deeply rooted attitudes and traditions, justifications based on cultural norms, resistance from conservative elders and challenges in expressing and implementing views against discrimination. In this regard, participants advocated for awareness-raising measures, stricter laws, increased information and cooperation with young people, and individuals taking responsibility to uncover and address cases.

Some beneficiary local advocates and CSOs in Armenia, Azerbaijan, Belarus and Georgia perceive the limited education and understanding of sexual and reproductive health and contraception as a problem, emphasizing limited discussion and knowledge of these topics in society. Some participants noted that the presence of husbands or partners during childbirth is sometimes discouraged, which can lead to family conflicts. They emphasized the importance of early education on gender equality and educating certain groups of professionals, such as doctors and health-care professionals, in order to foster a more equal and inclusive society. Comprehensive sexuality education from an early age is also seen as key to challenging gender stereotypes and promoting healthy sexual relationships.

Lastly, beneficiary local advocates and CSOs indicated that project activities have brought positive changes to their lives, including increased knowledge, diplomacy skills, a deeper understanding of gender stereotypes and a realization of the need to support changes in societal norms and attitudes. Project activities were also reported to have expanded participants' networks, exposure and personal growth and improved communication, influence and visibility in their communities. Some participants expressed positive surprise at how well the project was received by community members. Others appreciated the space given to disseminate positive messages and to validate and empower male community members who believe in gender equality.



"This project has offered me more opportunities and resources. It allows me, to the extent of my abilities and time, to work and transmit these values to a larger group of my students or clients. Another aspect is that the project provides the opportunity to have my voice heard by a large number of people. Additionally, it was important that they made visible the involvement of fathers and men who adhere to gender equality." In-depth interview participant from Belarus.

"Communication with the population is important for me in terms of my personality and organization. We met people we could not have met without this project ... In fact, we expanded our network and acquired local supporters; we will cooperate with them in various projects." In-depth interview participant from Georgia.

"I have gained a better understanding of young people, how they see each other, how girls see boys, and how boys see girls, including what perspectives they have and what they pay more attention to. I have noticed changes in them. For example, before our activities, boys thought that cooking was not a big deal. We had an activity where we switched roles, and the boys had to make salads, soup and pies. After each activity, they admitted that it was quite challenging." In-depth interview participant from Moldova.

Fathers who attended Fathers' Schools

3,846 men benefited from the establishment of 49 Fathers' Schools (three in Armenia, nine in Azerbaijan, six in Belarus, six in Georgia, 21 in Moldova and four in Ukraine. Fathers' schools support fathers in practising child-rearing skills, becoming more involved in the day-to-day care and upbringing of their children, and building and maintaining harmonious, violence-free relationships.

Beneficiary fathers who attended Fathers' Schools and their non-intervention counterparts were interviewed in Armenia, Azerbaijan, Belarus, Georgia and Moldova through the **Beneficiary Survey**, which served to measure respondents' adherence to gender norms and stereotypes.² Beneficiary fathers also participated in **focus group discussions**, which captured respondents' views on prevailing gender norms and stereotypes in their societies, including on the distribution of unpaid care and domestic work and decision-making in the home.

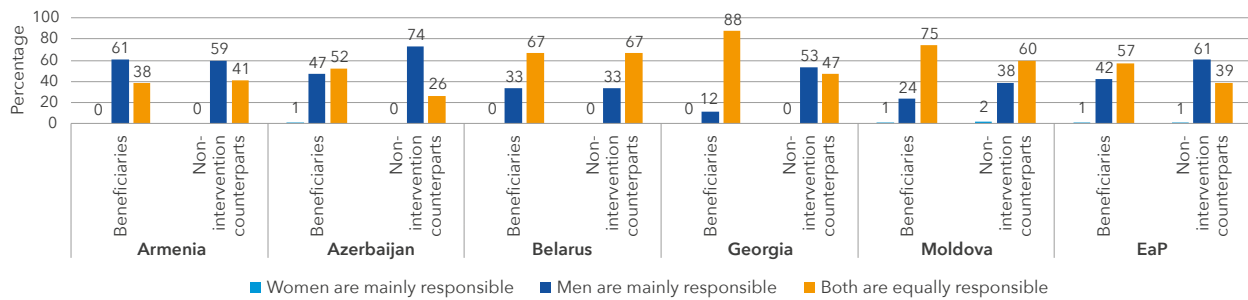
Beneficiary Survey results confirm that traditional gender norms persist, particularly regarding paid work and household responsibilities. Regionally, beneficiary fathers are, on average, more likely than their non-intervention counterparts to believe in shared responsibilities for

2 The *Beneficiary Survey* targeted 364 beneficiary fathers and 364 non-intervention counterparts: 71 beneficiary fathers and 71 non-intervention counterparts in Armenia, 183 beneficiary fathers and 183 non-intervention counterparts in Azerbaijan, 6 beneficiary fathers and 6 non-intervention counterparts in Belarus, 17 beneficiary fathers and 17 non-intervention counterparts in Georgia, and 87 beneficiary fathers and 87 non-intervention counterparts in Moldova. *Beneficiary Survey* samples were derived using proportional stratified random sampling based on the total number of beneficiaries reached during the first two years of programme implementation in each country. Caution should therefore be exercised in analysing and comparing country-level results.

providing for the family (57 percent versus 39 percent, Figure 1) and for managing the household (61 percent versus 42 percent, Figure 2).³ However, many other beneficiary fathers and their non-intervention counterparts do not support this view and adhere to traditional gender norms and stereotypes that dictate that men are expected to be the main providers for the family (42 percent versus 61 percent), while women are expected to be primarily responsible for managing the household and caring for children (26 percent versus 38 percent).

FIGURE 1

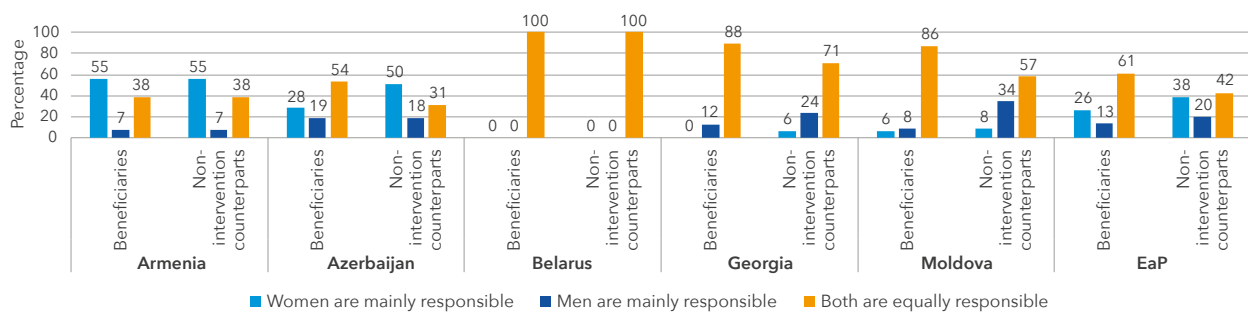
Views on Responsibility for Providing for the Family



Source: Beneficiary Survey

FIGURE 2

Views on Responsibility for Managing the Household



Source: Beneficiary Survey

Beneficiary fathers who participated in focus group discussions generally acknowledged that the responsibility for providing for the family and managing the household varies naturally and should be based on individual circumstances and capabilities. They also emphasized the importance of financial stability and the ability to provide a healthy environment for children. Overall, however, opinions were divided, with some believing in women’s and men’s equal responsibility, while others alluded to the traditional expectation that men should primarily provide for the family as the household head and that women should primarily be responsible for housework.

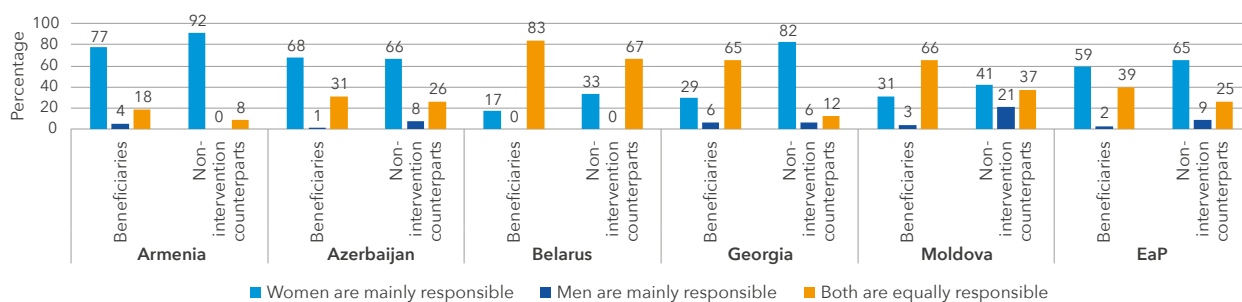
In practice, societal expectations and stereotypes still influence the division of labour within families, evidencing a discrepancy between reported beliefs and actual practices. In this

3 Regional averages for countries of the Eastern Partnership presented in text and figures throughout this report refer to the countries covered by the *Beneficiary Survey*, and therefore vary by target population group. In this case the regional average for Eastern Partnership countries covers five countries: Armenia, Azerbaijan, Belarus, Georgia and Moldova.

regard, most beneficiary fathers and their non-intervention counterparts reported that women are mainly responsible for looking after household chores (59 percent versus 65 percent, Figure 3). Childcare appears to be more evenly distributed, since most beneficiary fathers and their non-intervention counterparts reported that this is a shared responsibility among women and men in their households (70 percent versus 59 percent, Figure 4). However, in many households, women continue to be primarily responsible for these duties (26 percent versus 34 percent). The general lack of formal and informal external help with household chores and childcare, as reported by beneficiary fathers participating in the *Beneficiary Survey*, likely exacerbates these challenges.

FIGURE 3

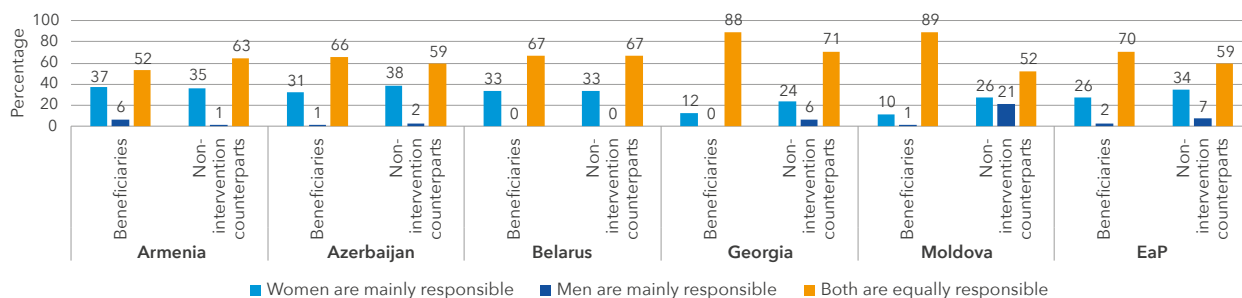
Responsibility for Looking After Household Chores in Your Family Now



Source: *Beneficiary Survey*

FIGURE 4

Responsibility for Caring for Children and/or Older Persons in Your Family Now



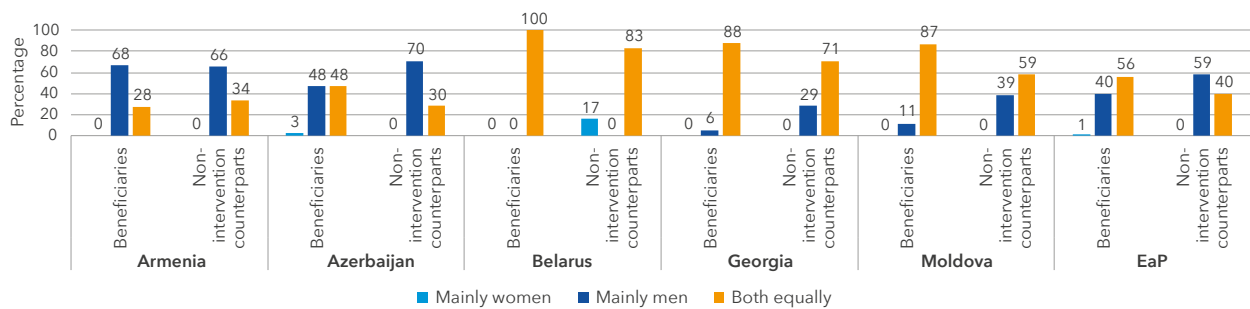
Source: *Beneficiary Survey*

In focus group discussions, beneficiary fathers confirmed that the distribution of household duties and responsibilities depends on factors such as work schedules and personal preferences. Most participants, however, acknowledged that their wives take the lead on household tasks, including cooking, cleaning and childcare. Childcare responsibilities are generally more likely to be equitably shared between parents, although mothers often take more responsibility for younger children. Participants frequently cited the lack of time or availability due to work commitments as a key factor limiting their involvement in unpaid care and domestic work. Indeed, they reported being able to take on more of these chores when they had free time, or their wives were busy. Satisfaction with the division of household chores was generally high, with many participants expressing contentment and no desire for change.

As to decision-making in the home, *Beneficiary Survey* results confirm that beneficiary fathers are more likely than their non-intervention counterparts to believe in shared decision-making when it comes to day-to-day expenditures (70 percent versus 62 percent), big purchases or expenditures (74 percent versus 68 percent), and on having the final say in the home (56 percent versus 40 percent, Figure 5), although fewer beneficiary fathers and their non-intervention counterparts are supportive of this latter aspect. Interestingly, most beneficiary fathers and their non-intervention counterparts believe that a good wife should never question her husband’s opinions (57 percent versus 76 percent, Figure 6), while the vast majority agreed that a good husband should consider his wife’s opinions (94 percent versus 95 percent). Beneficiary fathers participating in focus group discussions indicated that decisions within the household are generally made collaboratively, with some highlighting the need to compromise or reach a consensus. In some contexts, however, final decision-making was reported to rest with men. Respect for the elderly was also mentioned as a factor in decision-making, particularly when living with parents.

FIGURE 5

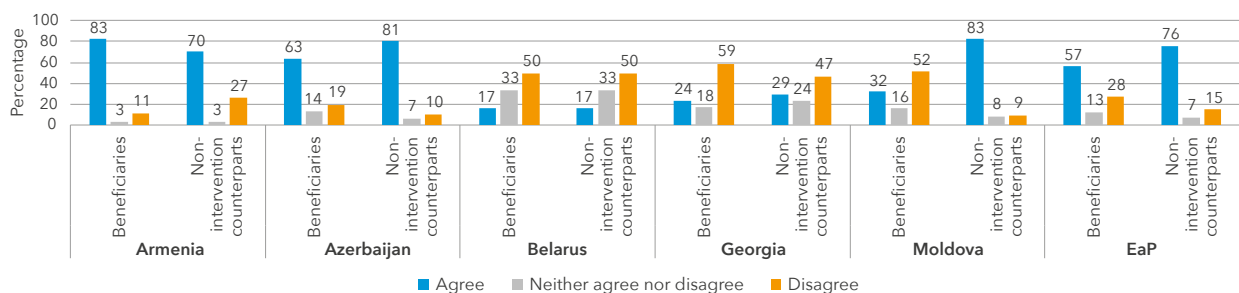
Responsibility for Having the Final Say in the Home



Source: *Beneficiary Survey*

FIGURE 6

Agreement with the Statement: “A good wife should never question her husband’s opinions”



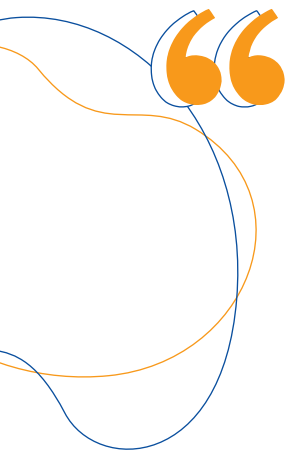
Source: *Beneficiary Survey*

Focus group discussions also revealed varying degrees of awareness about paternity leave among beneficiary fathers. Financial and work-related factors and partners’ inactivity or breastfeeding status are reported to influence its uptake. Suggestions for improving paternity leave included ensuring full salary coverage, making it compulsory for private-sector employers and increasing eligibility based on the age of the child.

Beneficiary fathers participating in focus groups highlighted the importance of Fathers' Schools in promoting gender equality and strengthening family bonds. After attending project courses and activities together, they reported feeling more like a team and approached pregnancy and childbirth as a joint project. They engaged in decision-making together, attended appointments and tests together, and provided mutual support, all factors that were reported to have a positive impact on their relationships. Focus group participants also noted that the courses helped them navigate modern medical advice and protocols, which differed from the advice passed down by their mothers and grandmothers.

Beneficiary fathers reported that the programme helped them value their role in their children's upbringing much more. They also expressed great appreciation for the time offered during the programme to spend quality time with their children – and the resulting strengthened bond with them. Fathers also highlighted how the programme increased their awareness of the need to spend leisure time doing activities with their children and having conversations to get to know them more.

Lastly, partners of beneficiary fathers reported positive changes, such as fathers' increased interest and knowledge in childcare and first aid training, the development of emotional bonds between fathers and children, spending quality time with the family, improved communication among partners and the ability to control emotions. Some, however, noted that changes were not yet significant or noticeable in their everyday lives.



“Figuratively we got the knowledge of what is happening. And what each of us can do at these moments in general, like pregnancy, childbirth and the infant, which is already, like a newborn. Then, first of all, it became easier for everyone. We realized that we are a team and this is really our project. I started to feel like my husband was more involved. And we’ve become more of a real team. And all this knowledge has really helped us get through this. Honestly, if we hadn’t had them, I feel like we’d have made a mess of things.” Focus group discussion respondent from Azerbaijan.

“After completing Papa school, I was so proud that I was aware of so many things, beginning with psycho-emotional issues and ending with first aid and reproductive health... In my social environment, I could say that I am the most aware of contraceptives... I give advice to my friends, and this is what the Papa School gave me.” Focus group discussion respondent from Georgia.

“Personally, my views on how to create a healthy family, how certain chores should be distributed, how money should be divided and how attention to children should be paid have changed. Once I attended this group, as a person, I’ve become much more communicative. I can express my ideas in front of someone, although this hasn’t happened before, and I have set a kind of basis for how to be a true example of a parent.” Focus group discussion respondent from Moldova.

Youth

The programme targeted youth through a variety of innovative approaches, including, but not limited to, the 'Youth for Social Change' initiative and youth festivals in Georgia; a youth art exhibition and youth debates in Moldova; the Gender Equality Hackathon, Fantastic 4 Educational Programme, and the youth camp in Azerbaijan; and the creative communications campaign NoMoreGringe in Ukraine.

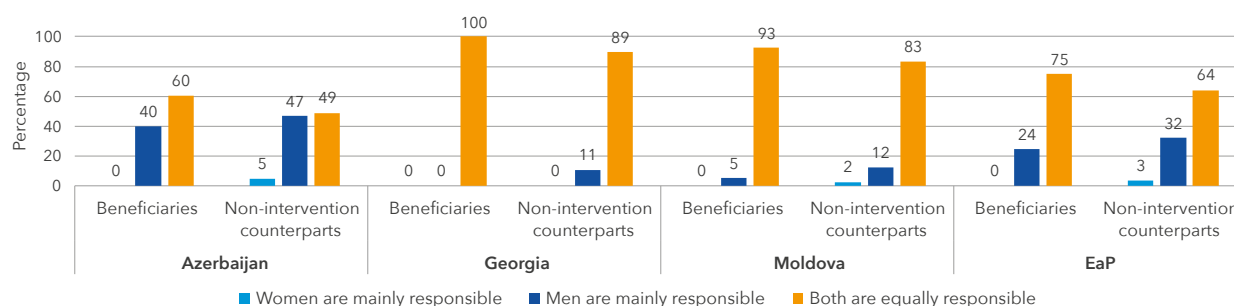
Beneficiary youth and their non-intervention counterparts were interviewed in Azerbaijan, Georgia and Moldova through the **Beneficiary Survey**, which served to measure respondents' adherence to gender norms and stereotypes.⁴ Beneficiary youth also participated in **focus group discussions**, which captured respondents' views on prevailing gender norms and stereotypes in their societies, including on employment and leadership, the distribution of unpaid care and domestic work, decision-making in the home, gender-based violence and reproductive health.

Beneficiary Survey results confirm that beneficiary youth are more likely than their non-intervention counterparts to believe in shared responsibilities when it comes to providing for the family (75 percent versus 64 percent, Figure 7) and managing the household (75 percent versus 60 percent, Figure 8), which aligns with a more egalitarian approach to paid and unpaid work.

Beneficiary youth participating in focus group discussions had varying views on this issue, with some advocating for equal responsibility among partners and others referring to traditional roles based on individual skills and preferences. Among the latter, some recognized the value of women's role in raising children and acknowledged the need for more flexibility in balancing work and family responsibilities. Overall, many agreed that the division of these responsibilities should be determined based on individual abilities and circumstances and acknowledged the importance of open discussions and negotiations among partners to this end.

FIGURE 7

Views on Responsibility for Providing for the Family

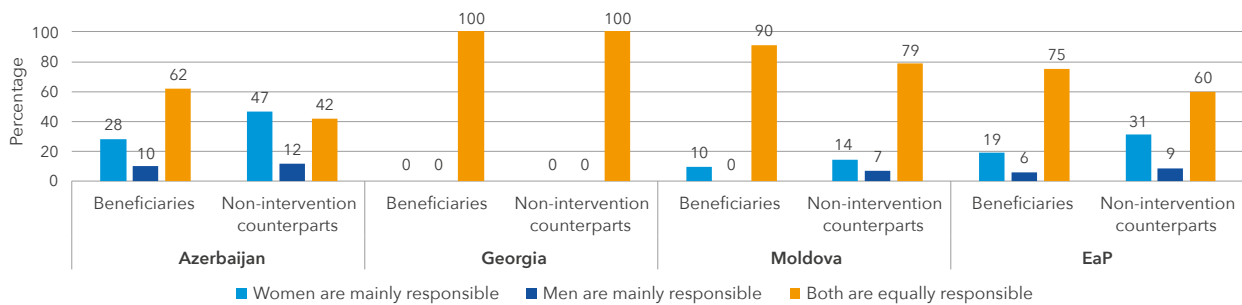


Source: *Beneficiary Survey*

4 The *Beneficiary Survey* targeted 147 beneficiary youth and 147 non-intervention counterparts: 86 beneficiary youth and 86 non-intervention counterparts in Azerbaijan, 19 beneficiary youth and 19 non-intervention counterparts in Georgia, and 42 beneficiary youth and 42 non-intervention counterparts in Moldova. *Beneficiary Survey* samples were derived using proportional stratified random sampling based on the total number of beneficiaries reached during the first two years of programme implementation in each country. Caution should therefore be exercised in analysing and comparing country-level results.

FIGURE 8

Views on Responsibility for Managing the Household

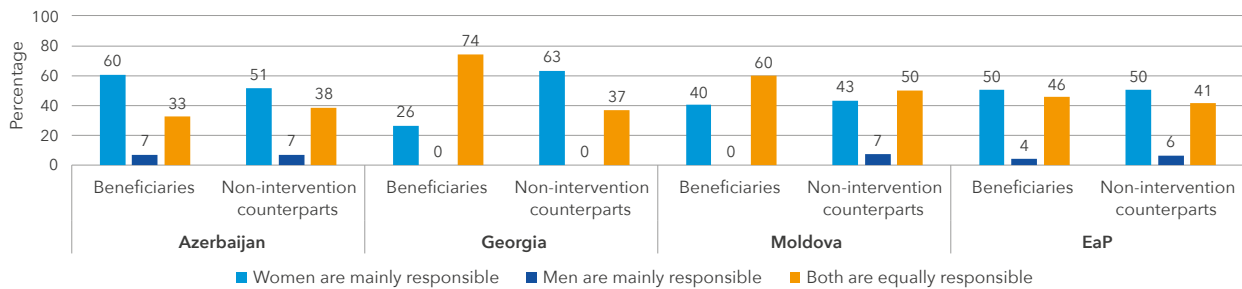


Source: *Beneficiary Survey*

While beneficiary youth generally expressed a belief in shared responsibilities for household chores, *Beneficiary Survey* results showed that practical implementation lags behind, with half reporting that most women are mainly responsible for household chores in their household (50 percent versus 50 percent, Figure 9), while just under half indicating that both women and men are equally responsible for these tasks (46 percent versus 41 percent). Childcare appears to be more evenly distributed, since most beneficiary youth and their non-intervention counterparts report that this is a shared responsibility among women and men in their households (61 percent versus 52 percent, Figure 10). However, in many households, women continue to be primarily responsible for these duties (33 percent versus 38 percent).

FIGURE 9

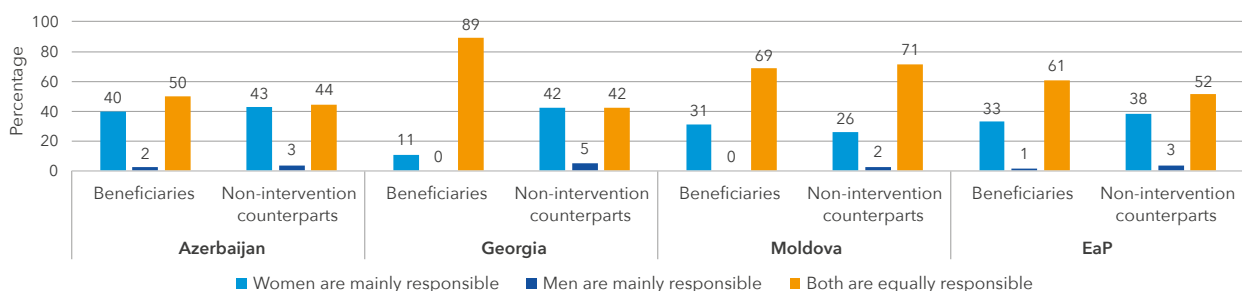
Responsibility for Looking after the Household Chores in Your Family Now



Source: *Beneficiary Survey*

FIGURE 10

Responsibility for Caring for Children and/or Older Persons in Your Family Now

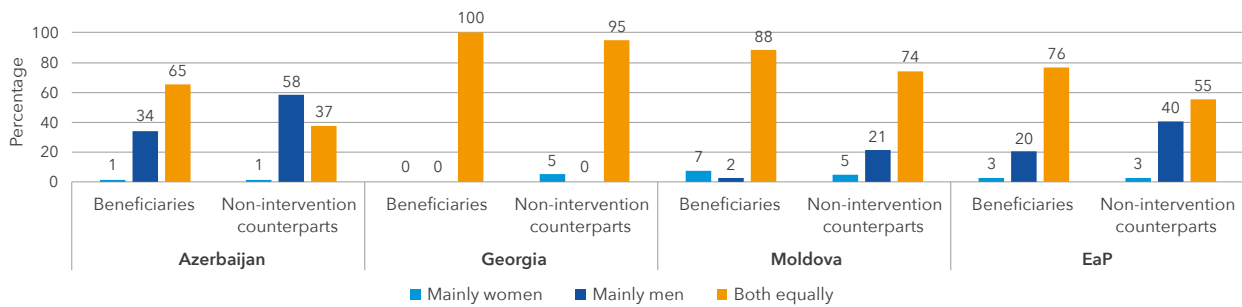


Source: *Beneficiary Survey*

As to decision-making in the home, beneficiary youth are more likely than their non-intervention counterparts to believe that men and women should be equally responsible in making decisions on day-to-day expenditures (84 percent versus 64 percent), big purchases or investments (80 percent versus 72 percent), and for having the final say (76 percent versus 55 percent, Figure 11).

FIGURE 11

Responsibility for Having the Final Say in the Home

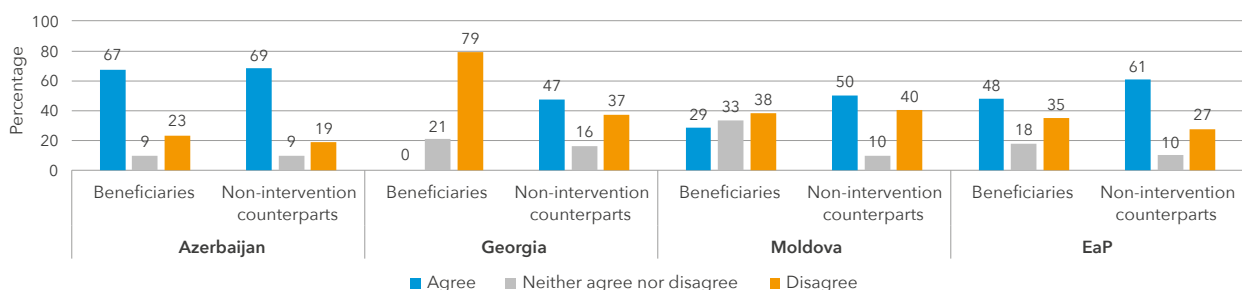


Source: *Beneficiary Survey*

Beneficiary youth are more likely than their non-intervention counterparts to express a more progressive view regarding women’s participation in the workforce, as evidenced by *Beneficiary Survey* results, with a lower likelihood of endorsing the belief that it is better for a preschool child if the mother does not work compared to non-intervention counterparts (48 percent versus 61 percent, Figure 12). However, a significant share across both population segments still adheres to this traditional gender role. In this regard, focus group discussion participants stressed that childbirth hinders women’s career development and emphasized the importance of balancing motherhood and career without restricting women’s professional growth. Support from partners and the availability of policy measures such as paternity leave or reduced working hours were deemed crucial.

FIGURE 12

Agreement with the Statement: “It is better for a preschool child if his/her mother does not work”



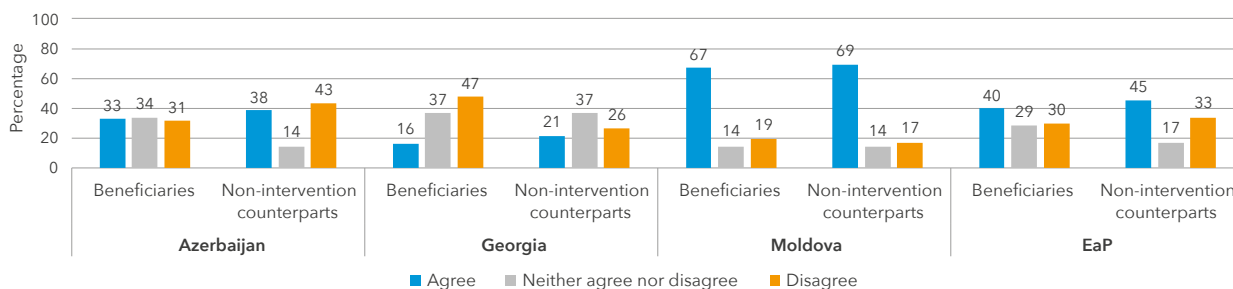
Source: *Beneficiary Survey*

The *Beneficiary Survey* revealed that around three quarters of beneficiary youth and their non-intervention counterparts agreed that jobs in any industry or sector could be done by men and women with the same success (75 percent versus 71 percent). Similar shares think

that there is no difference between women’s and men’s performance in top business (76 percent versus 65 percent) and political positions (69 percent versus 68 percent). However, less than half of respondents agree that they would be comfortable working for a female boss (40 percent versus 45 percent, Figure 13).

FIGURE 13

Agreement with the Statement: “I personally would be comfortable working for a female boss”

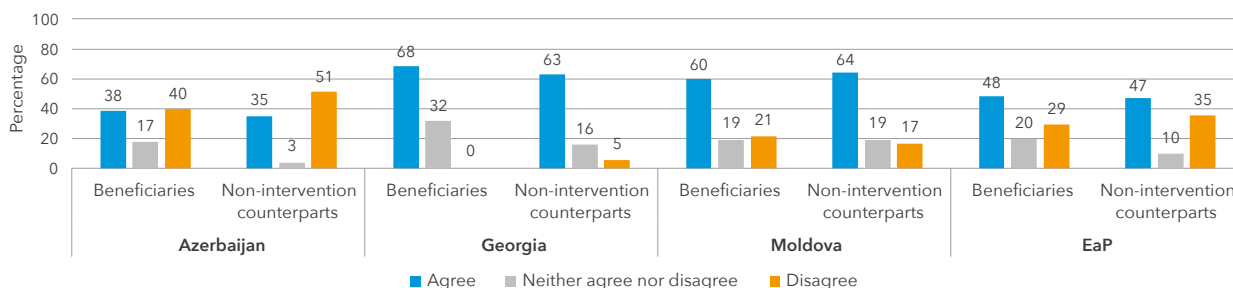


Source: *Beneficiary Survey*

Most youth participating in focus group discussions stressed that finding well-paying jobs is generally dependent on individual skills, qualifications and experience rather than gender. Yet they also acknowledged that women face persistent discrimination in the labour market, including in recruitment, access to equal pay and career advancement. In this regard, some participants cited gender discrimination in job advertisements and highlighted that women tend to face questions about family planning during recruitment processes. Participants also observed that the demand for women in certain jobs has increased, but often with lower salaries compared to men. Factors such as traditional company cultures and traditional values of superiors are seen by participants as key to explaining men’s advantages in accessing career advancement opportunities.

FIGURE 14

Agreement with the Statement: “I would like to see more women in national politics”



Source: *Beneficiary Survey*

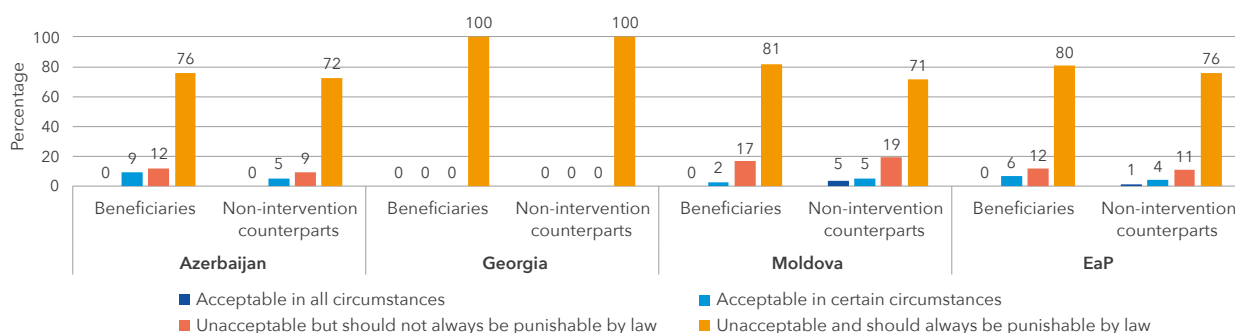
Support for women’s political representation is somewhat low, with only around half of the beneficiary youth and their non-intervention counterparts who participated in the *Beneficiary Survey* desiring to see more women in national politics (48 percent versus 47 percent, Figure 14) or local politics or community activism (57 percent versus 57 percent). In contrast,

beneficiary youth participating in focus group discussions generally viewed women’s political representation as important, with some in favour of the establishment of quotas to increase women’s participation in politics.

Beneficiary youth who participated in the *Beneficiary Survey* exhibit a slightly stronger stance against gender-based violence than their non-intervention counterparts, with a higher likelihood of considering beating a female family member unacceptable and punishable by law (80 percent versus 76 percent, Figure 15). Beneficiary youth participating in focus group discussions perceive violence against women as a pervasive societal problem, although they believe that prevalence has been decreasing over time. The lack of education and awareness of women’s rights, parental influence, traditional societal norms and alcohol abuse are seen as key contributing factors to domestic violence.

FIGURE 15

Attitudes Towards Beating a Female Family Member

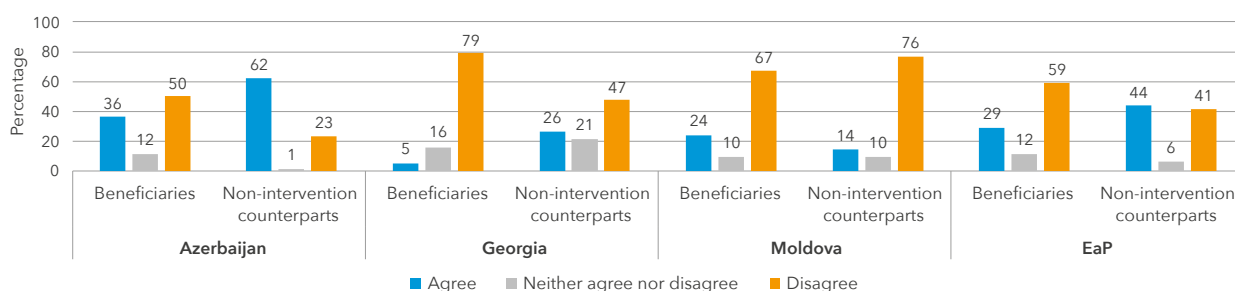


Source: *Beneficiary Survey*

Beneficiary youth participating in focus group discussions were less likely than their non-intervention counterparts to view conflicts leading to violence as private matters not deserving intervention (29 percent versus 44 percent, Figure 16) and to reject victim-blaming in cases of sexual violence (81 percent versus 63 percent, Figure 17).

FIGURE 16

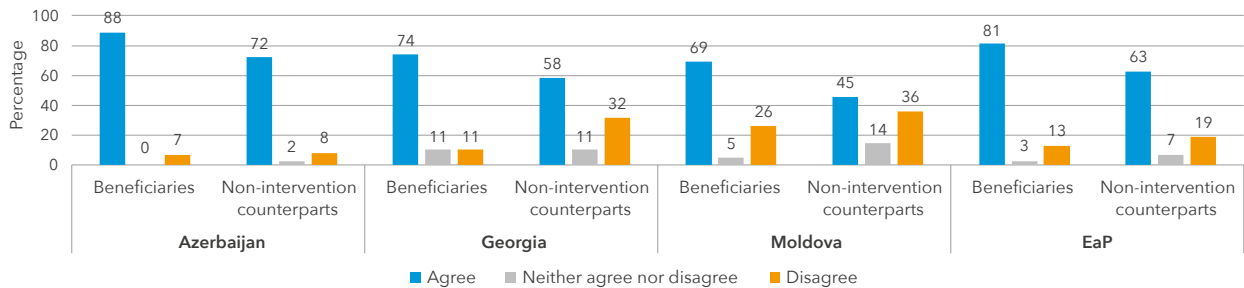
Agreement with the Statement: “Conflicts between a husband and wife, even when they lead to violence, are a private matter and others should not intervene”



Source: *Beneficiary Survey*

FIGURE 17

Agreement with the Statement: “In case of sexual violence against a woman it is unacceptable to blame her (e.g. for clothes, drinking, behaviour, reputation or anything else)”

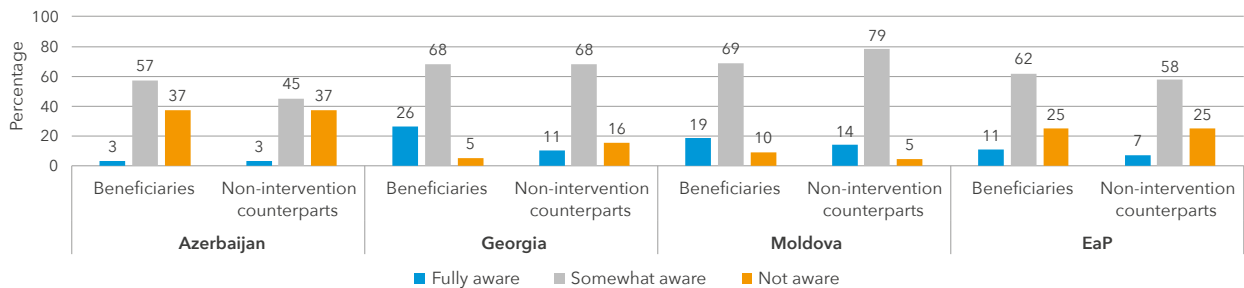


Source: *Beneficiary Survey*

Knowledge of policies to prevent and address violence against women is generally low. Few beneficiary youth and their non-intervention counterparts participating in the *Beneficiary Survey* were fully aware of laws and policies on domestic violence (11 percent versus 7 percent, Figure 18) or rape (13 percent versus 9 percent). Among youth participating in focus group discussions, knowledge of laws and regulations related to domestic violence and rape is generally limited, with implementation and enforcement seen as challenges. Some participants recommended stricter punishments for perpetrators.

FIGURE 18

Awareness of Laws and Policies on Domestic Violence



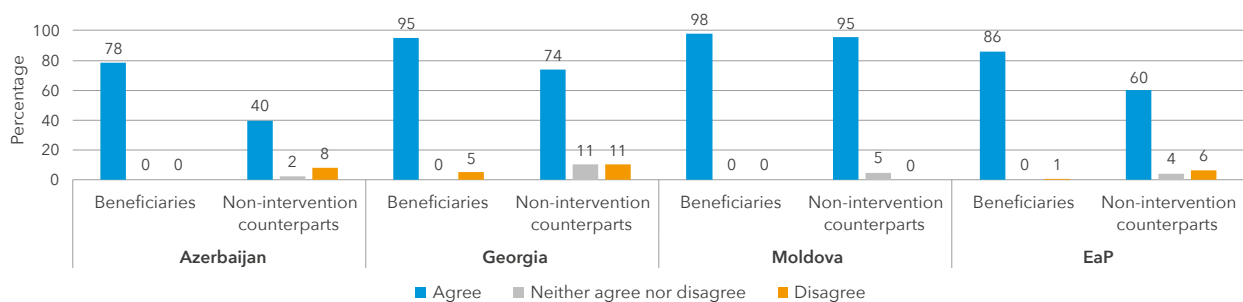
Source: *Beneficiary Survey*

Many youth who participated in focus group discussions consider that institutional support systems for women facing violence are insufficient, inefficient or inaccessible. Beyond formal support channels, participants valued intervention by family members, friends, neighbours and strangers to support domestic violence survivors. They also stressed that prevention of gender-based violence requires awareness-raising measures, education and a change in societal mentality, particularly in rural areas, and called for more open discussions on violence against women. It was acknowledged that media and other entertainment vehicles play roles in shaping attitudes and should, therefore, promote respect for women and reject violence.

Beneficiary youth demonstrate a more progressive approach towards contraception, as they are more likely to view contraception as a shared responsibility between partners compared to their non-intervention counterparts (86 percent versus 60 percent, Figure 19). They are also more likely to disagree that women carrying condoms is a sign of promiscuity (66 percent versus 37 percent, Figure 20), challenging traditional gender stereotypes. Beneficiary youth participating in focus group discussions highlighted the importance of safe sex practices to prevent both unwanted pregnancies and sexually transmitted diseases, and emphasized the use of condoms as a means of protection.

FIGURE 19

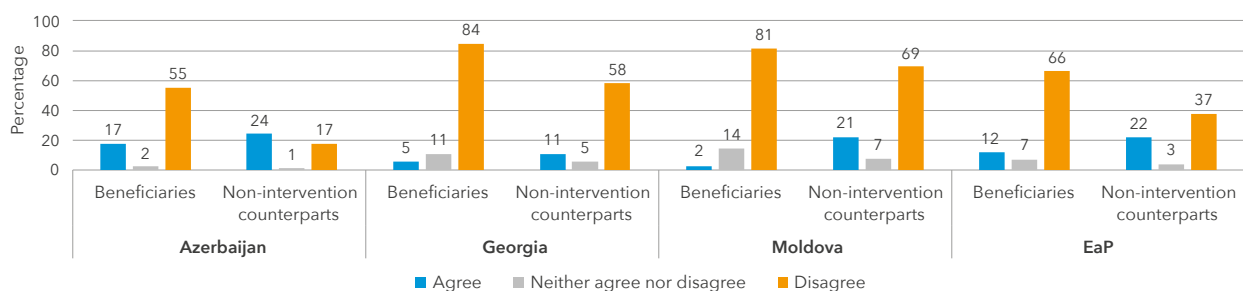
Agreement with the Statement: “Use of contraception (condoms, pills, or other) is a shared responsibility between both sexual partners”



Source: *Beneficiary Survey*

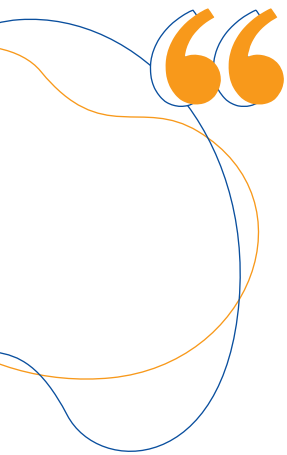
FIGURE 20

Agreement with the Statement: “When a woman is carrying condoms in her purse, it is a sign of sexual promiscuity”



Source: *Beneficiary Survey*

Lastly, beneficiary youth participating in focus group discussions report that the project allowed them to speak more openly about subjects that were deemed taboo, realizing that many others had similar thoughts and questions about these subjects too. They valued the opportunity given to more “liberal” thinkers to express their views without judgement, since they often have limited space where they can speak more openly about their opinions. They also appreciated the opportunity to meet other young people and to speak openly about matters that concerned them all, yet are often considered too taboo to discuss with their peers.



"I have more information about some issues, and I used to think that everyone knew everything about some subjects. However, I realized that it is not so, and many people do not have information. These kinds of projects are important for raising awareness in the public." Focus group discussion participant from Georgia.

"I learned about the context of information dissemination. We learned how to deliver information to the population in an appropriate manner... There were issues I have never discussed with my friends before because I used to think that it was a taboo subject. I discovered that this is not right, and I could openly talk about many issues." Focus group discussion participant from Georgia.

"I highly appreciate your project, and there are questions here that we could not ask each other. Within the framework of the project, however, we learned other people's opinions on these questions. There was also an increase in our world view." Focus group discussion participant from Azerbaijan.

Health-care professionals

Around 1,000 health professionals and family centre specialists from the six programme countries learned about the importance of engaged fatherhood, including during pregnancy and childbirth, from capacity-building workshops based on the knowledge products developed by the programme.

Beneficiary health-care professionals and their non-intervention counterparts were interviewed in Armenia, Azerbaijan, Belarus, Georgia and Moldova through the *Beneficiary Survey*, which served to measure respondents' adherence to gender norms and stereotypes.⁵ Beneficiary health-care professionals also participated in **focus group discussions**, which captured respondents' views on prevailing gender norms and stereotypes in their societies, including around the distribution of unpaid care and domestic work and decision-making in the home.

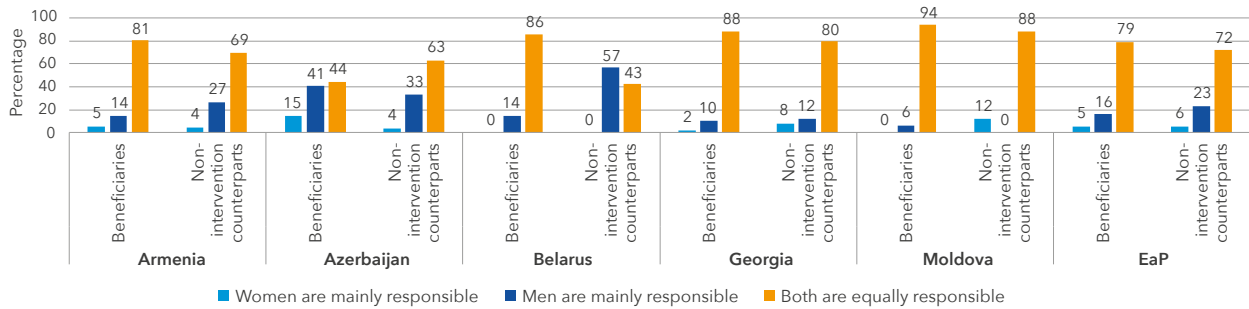
Beneficiary Survey results confirm that while most beneficiary health-care professionals and their non-intervention counterparts endorse shared responsibilities in providing for the family (79 percent versus 72 percent, Figure 21) and managing the household (70 percent versus 60 percent, Figure 22), some still adhere to traditional gender norms, seeing men as breadwinners (16 percent versus 23 percent) and women as homemakers (24 percent versus 33 percent). Views on the responsibility for providing for the family and managing the household varied among beneficiary health-care professionals participating in focus group discussions, with some suggesting that these should be divided based on traditional gender roles; others advocated

5 The *Beneficiary Survey* targeted 199 beneficiary health-care professionals and 199 non-intervention counterparts: 98 beneficiary health-care professionals and 98 non-intervention counterparts in Armenia, 27 beneficiary health-care professionals and 27 non-intervention counterparts in Azerbaijan, 7 beneficiary health-care professionals and 7 non-intervention counterparts in Belarus, 50 beneficiary health-care professionals and 50 non-intervention counterparts in Georgia, and 17 beneficiary health-care professionals and 17 non-intervention counterparts in Moldova. *Beneficiary Survey* samples were derived using proportional stratified random sampling based on the total number of beneficiaries reached during the first two years of programme implementation in each country. Caution should therefore be exercised in analysing and comparing country-level results.

for an equal distribution. Flexibility and open communication among partners were reported to be crucial for determining roles and responsibilities based on individual skills and preferences.

FIGURE 21

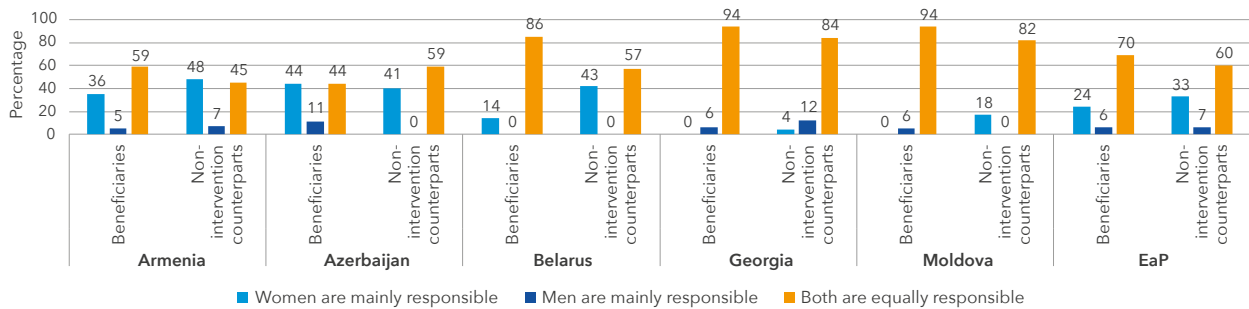
Views on Responsibility for Providing for the Family



Source: Beneficiary Survey

FIGURE 22

Views on Responsibility for Managing the Household

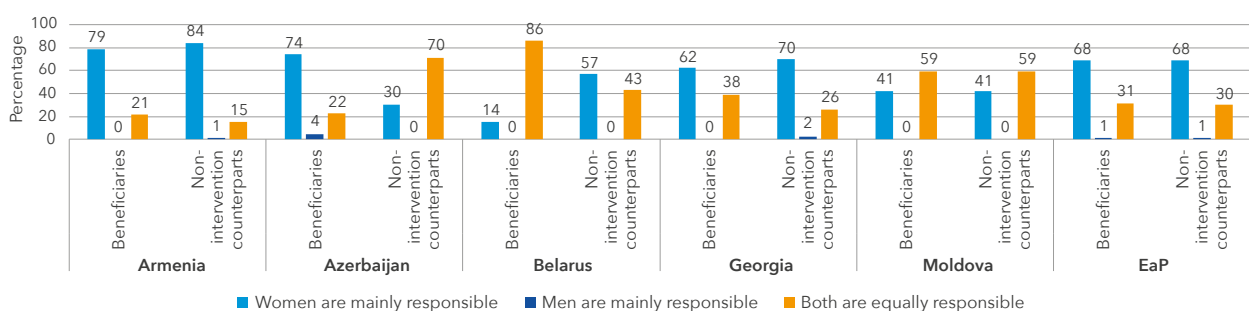


Source: Beneficiary Survey

In practice, however, two thirds of beneficiary health-care professionals and their non-intervention counterparts who participated in the *Beneficiary Survey* report that women are primarily responsible for performing household chores in their families now (68 percent versus 68 percent, Figure 23). Most, however, highlight that they and their partners are equally responsible for the care of children and/or older persons in their families (61 percent versus 65 percent, Figure 24).

FIGURE 23

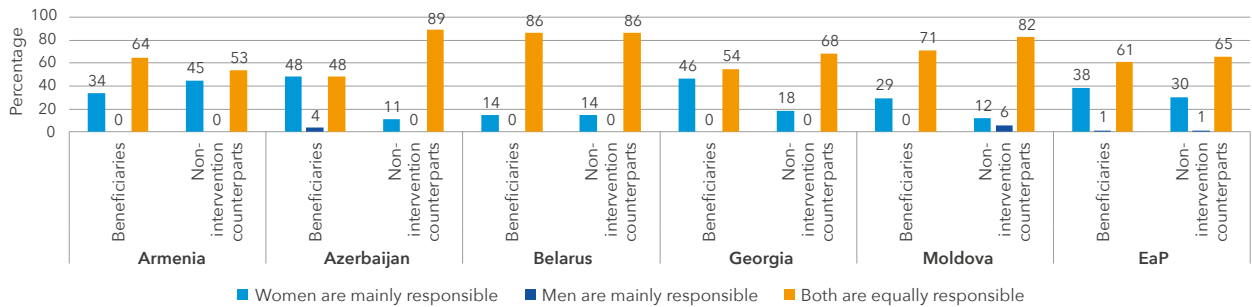
Responsibility for Looking after the Household Chores in Your Family Now



Source: Beneficiary Survey

FIGURE 24

Responsibility for Caring for Children and/or Older Persons in Your Family Now



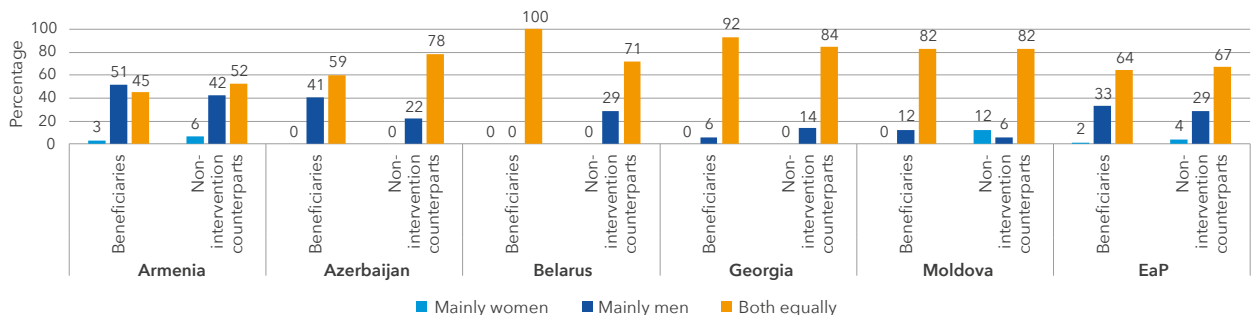
Source: Beneficiary Survey

Beneficiary health-care professionals participating in focus group discussions stressed that the involvement of men in pregnancy and childbirth has increased in recent years, with more fathers attending prenatal consultations and expressing interest. This was attributed to increased awareness, changing societal norms and exposure to different cultural practices. Yet barriers, such as long working hours, shame, indifference, fear of public opinion, lack of experience, fear of harming the child, lack of positive role models, women’s over-protection, traditional gender roles and cultural and religious beliefs, were reported to continue to prevent many men from actively participating in these processes.

A few participants also reported that the presence of mother-and-child consultation rooms in clinics was seen as excluding fathers and reinforcing gender stereotypes, and some reported that doctors perceive men’s involvement as a threat to their authority and professionalism. In order to overcome these barriers and stereotypes, participants highlighted the importance of education and awareness to further men’s active participation, including through communication campaigns, parenting courses for fathers and mothers and teaching boys about childcare and housework from a young age to break the cycle of traditional gender roles.

FIGURE 25

Responsibility for Having the Final Say in the Home



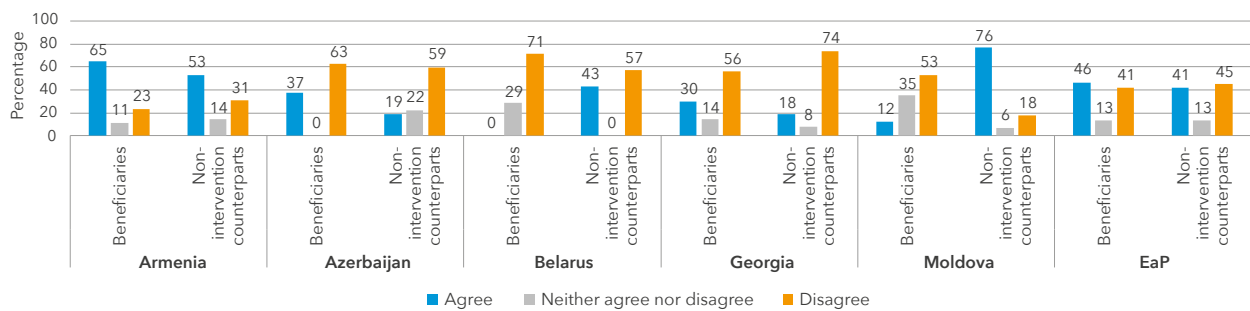
Source: Beneficiary Survey

Most beneficiary health-care professionals and their non-intervention counterparts who participated in the *Beneficiary Survey* believe that both women and men should be equally responsible for making decisions on day-to-day expenditures (84 percent versus 78 percent) and big purchases or investments (89 percent versus 87 percent), but a smaller majority view having the final say in the home as a shared responsibility (64 percent versus 67 percent, Figure 25).

Interestingly, a significant share of beneficiary health-care professionals and their non-intervention counterparts still believe in traditional roles, with less than half believing that a good wife should never question her husband’s opinions (46 percent versus 41 percent, Figure 26), while the vast majority agrees that a good husband should consider his wife’s opinions (95 percent versus 97 percent).

FIGURE 26

Agreement with the Statement: “A good wife should never question her husband’s opinions”

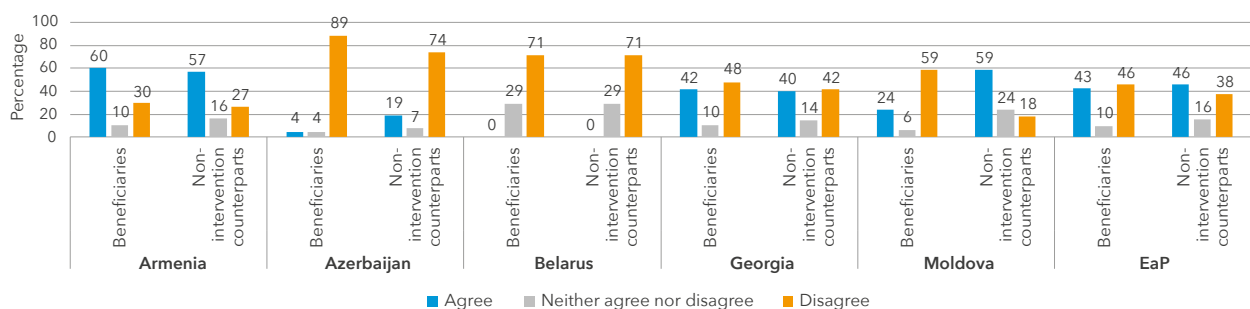


Source: *Beneficiary Survey*

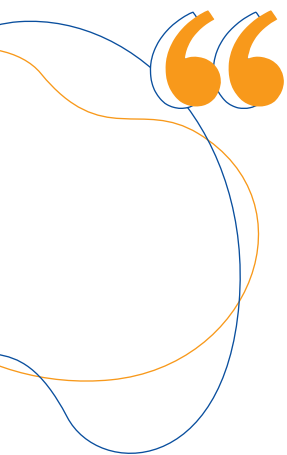
Lastly, under half of beneficiary health-care professionals and their non-intervention counterparts who participated in the *Beneficiary Survey* agree that in their countries, having at least one son is very important for the family (43 percent versus 46 percent, Figure 27), while a similar percentage disagree with this view. Yet the vast majority believe that the education of daughters and sons is of equal importance (98 percent versus 97 percent), and that any inheritance should be equally shared among them (88 percent versus 85 percent).

FIGURE 27

Agreement with the Statement: “In our country, having at least one son is seen as very important for the family”



Source: *Beneficiary Survey*



“Being a caring dad is not a shame. It is not embarrassing that you are not just a person who goes to make money; you are a person who is allowed to show emotions. Not only mothers but fathers too can hug their children. A father can take his child to developmental games with the whole family, or he can initiate them himself. It is not surprising that in the past, when my dad would take me to the park, everyone was like, “He is a hero; he took his kid to the park, he dressed her, and he did her ponytails.” Now, I see a tendency for fathers to take their children to kindergarten and pick them up, and this is normal. The father is not an assistant; he is an active participant. Nowadays, they (partners) both seat and listen and plan together for their future child. As a doctor, as a specialist, and as a woman, I can’t be happier than to see that.” Focus group discussion participant from Belarus.

“I am very happy when pregnant women are more often coming to check-ups with children’s fathers, even to the family doctor. There are many young families in which fathers get very involved. I support breastfeeding, but if there is no breastfeeding, fathers feed their babies with milk powder. There are also cases in which fathers are involved. For instance, when there is more than one child in the family with a difference of one or two years, both parents come, one with a child in their hands and the other with another child in theirs. When you ask something, both parents are aware of what happens, what the child eats and how he or she feels. I am very happy. It’s not all families, but more and more often, especially when I talk to older doctors. It’s a wonder for them because it wasn’t like that in the past, when mothers would come alone, and fathers weren’t involved.” Focus group discussion participant from the Republic of Moldova.

Perpetrators of domestic violence

In Georgia, 301 perpetrators of domestic violence completed the National Probation Agency’s behavioural correction programme thanks to the programme.

Perpetrators of domestic violence who benefited from the project and their non-intervention counterparts were interviewed in Georgia through the **Beneficiary Survey**, which served to measure respondents’ adherence to gender norms and stereotypes, including around the distribution of unpaid care and domestic work and gender-based violence.⁶

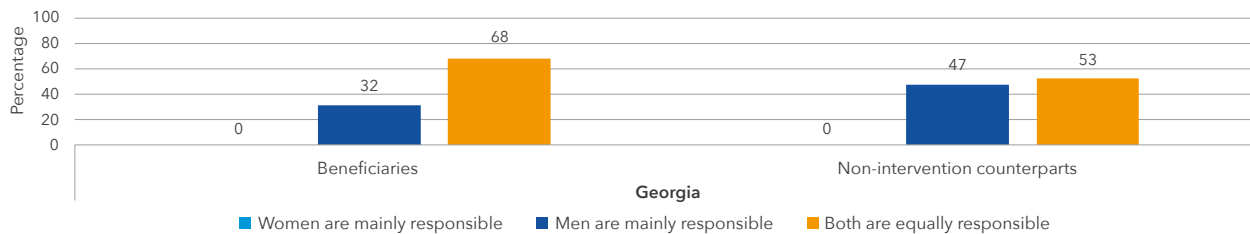
Beneficiary Survey results reveal that perpetrators of domestic violence who benefited from the project are more likely than their non-intervention counterparts to believe that women and men are equally responsible for providing for the family (68 percent versus 53 percent, Figure 28) and for managing the household (79 percent versus 63 percent, Figure 29). Some,

⁶ The *Beneficiary Survey* targeted 19 perpetrators of domestic violence who benefited from the project and 19 non-intervention counterparts in Georgia. Perpetrators of domestic violence targeted by perpetrator rehabilitation programmes were sampled among the 155 perpetrators who completed the behavioural correction programme under the *National Probation Agency* of Georgia. The response rate stood at 12.3 percent for beneficiaries and their non-intervention counterparts, primarily due to perpetrators’ refusal to participate in the *Beneficiary Survey*.

however, do not support this view and adhere to traditional gender norms and stereotypes that dictate that men are expected to be the main providers for the family (32 percent versus 47 percent). Interestingly, neither perpetrators who benefited from the project nor their non-intervention counterparts see women as mainly responsible for managing the household (0 percent versus 0 percent).

FIGURE 28

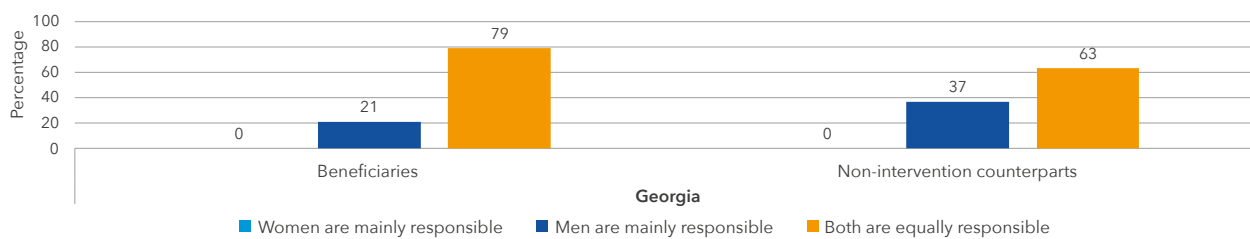
Views on Responsibility for Providing for the Family



Source: *Beneficiary Survey*

FIGURE 29

Views on Responsibility for Managing the Household

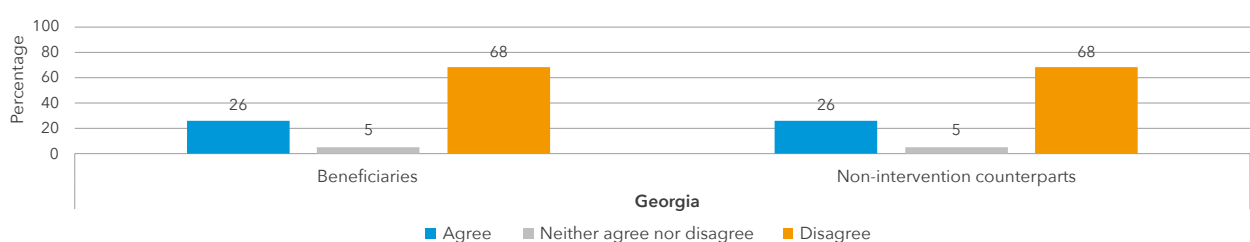


Source: *Beneficiary Survey*

Traditional norms regarding a wife’s role in decision-making prevail across both population segments. One in every four perpetrators of domestic violence who benefited from the project and their non-intervention counterparts who participated in the *Beneficiary Survey* believe that a good wife never questions her husband’s or partner’s opinions and decisions even if she disagrees with him (26 percent versus 26 percent, Figure 30). In contrast, all respondents agree that a good husband always asks for his wife’s opinion on important issues and then takes it into account (100 percent versus 100 percent).

FIGURE 30

Agreement with the Statement: “A good wife should never question her husband’s opinions”

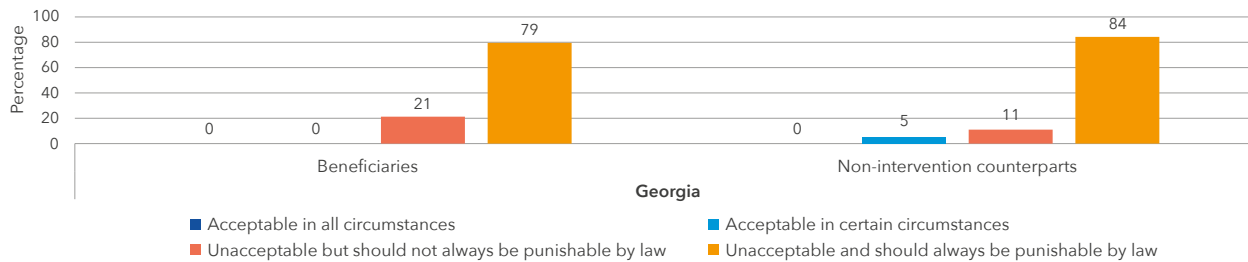


Source: *Beneficiary Survey*

There is a general consensus among perpetrators of domestic violence who benefited from the project and their non-intervention counterparts that beating a female family member is unacceptable and should always be punishable by law (79 percent versus 84 percent, Figure 31), although a minority across both segments believe it is unacceptable but that it should not always be punishable by law (21 percent versus 11 percent).

FIGURE 31

Attitudes Towards Beating a Female Family Member

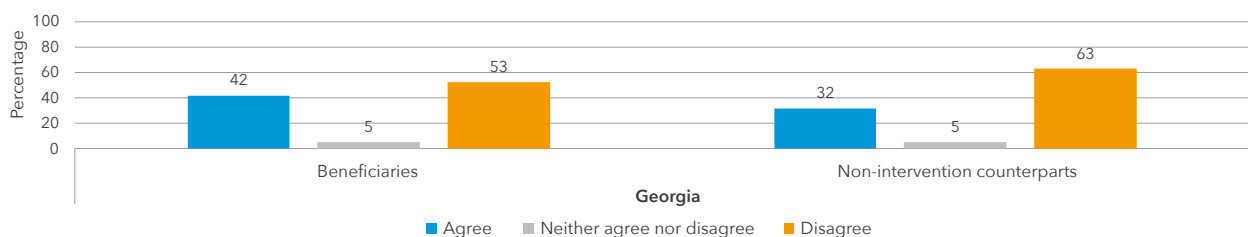


Source: *Beneficiary Survey*

Despite this general consensus on the unacceptability of domestic violence, there remains a low level of agreement on whether conflicts, even those involving violence, should remain private matters. Perpetrators of domestic violence who benefited from the project are slightly more likely than their non-intervention counterparts to agree that conflicts between a husband and a wife, even when they lead to violence, are private matters and others should not intervene. This view is supported by a relatively high share of respondents (42 percent versus 32 percent, Figure 32).

FIGURE 32

Agreement with the Statement: "Conflicts between a husband and wife, even when they lead to violence, are a private matter and others should not intervene"



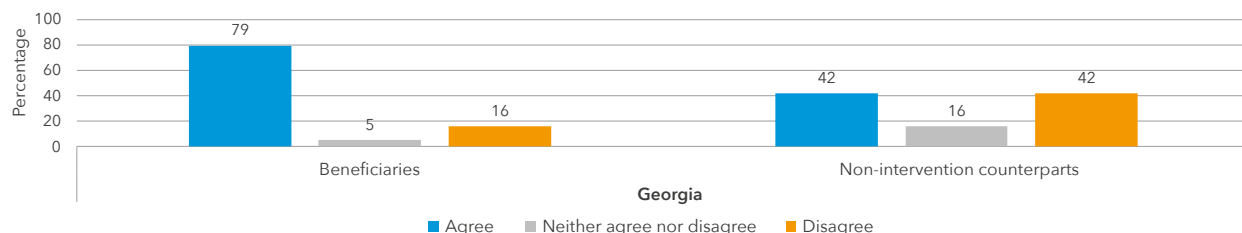
Source: *Beneficiary Survey*

The great majority of beneficiaries and their non-intervention counterparts who participated in the *Beneficiary Survey* believe that a woman who is facing violence in her family should not tolerate it and should try to stop the perpetrator at any cost (89 percent versus 95 percent). In the case of sexual violence against a woman, perpetrators of domestic violence who benefited from the project are significantly more likely than their non-intervention counterparts to agree that it is unacceptable to blame her for her clothes, drinking, behaviour, reputation or other reason (79 percent versus 42 percent, Figure 33). Nearly half of the non-intervention counterparts disagree with this view (16 percent versus 42 percent).

It is important to stress that the wide adherence to positive attitudes and beliefs witnessed among both the perpetrators of domestic violence that benefited from the programme and their non-intervention counterparts does not necessarily equate to actual changes in their behaviours and practices.

FIGURE 33

Agreement with the Statement: “In case of sexual violence against a woman it is unacceptable to blame her (e.g. for clothes, drinking, behaviour, reputation or anything else)”



Source: Beneficiary Survey

Lastly, when asked to identify the three most effective sources of support for perpetrators of domestic violence, perpetrators of domestic violence who benefited from the project were more likely than their non-intervention counterparts to cite social workers in specialized NGOs and health workers. In contrast, they were less likely to refer to psychologists, local police departments or family members.

Faith-based organization members

The programme targeted faith-based organizations and religious leaders by arranging capacity-building programmes, trainings and sensitization events, field meetings, training of trainers and other activities.

Beneficiary members of faith-based organizations in Armenia, Azerbaijan, Georgia and Moldova participated in **in-depth interviews**, where they expressed their views on prevailing gender norms and stereotypes in their societies, including those around gender-based violence and reproductive health.

Most beneficiary members of faith-based organizations held progressive views with regard to gender roles and gender equality. They acknowledged that women face societal pressure to conform to traditional roles that dictate that women belong in the household and that men should provide financially. They generally stressed that the absence of fathers in childcare and the lack of male role models have negative consequences for children’s development and family stability. In this regard, they noted the increased incidence of divorce due to women shouldering the burden of household responsibilities and feeling unsupported by unemployed husbands, while they are generally blamed for parenting failures.

A minority of beneficiary members of faith-based organizations reported negative developments related to advancements in gender equality over time, citing the breakdown of family institutions and the participation of transgender persons in sports and other fields. The assumption that there are more than two genders was considered to be a distortion of reality that belittles women.

Beneficiary members of faith-based organizations perceive gender-based violence as common. They indicated that the prevalence of violence against women is higher among older generations and in rural areas. Societal pressure, adult influence on young families, men's self-identity and economic limitations were reported to contribute to domestic violence. Beneficiary members of faith-based organizations indicated that in some instances, their organizations rely on internal laws and mediation to address domestic violence cases because the effectiveness of domestic legal frameworks is seen as limited. Some beneficiary members of faith-based organizations highlighted the need for increased prevention efforts and strengthened collaboration between various state and non-state stakeholders to effectively address domestic violence and provide support to survivors. Others, however, advocated for religious education and consciousness-raising with an emphasis on abstinence before marriage and premarital counselling to promote healthier relationships. Avoiding court involvement was seen as desirable by one beneficiary member of a faith-based organization to preserve family unity, even though it was reported to limit legal enforcement and accountability.

Harmful traditional practices were acknowledged to impact women's physical, psychological and mental well-being. Overall, beneficiary members of faith-based organizations had varied perceptions on the prevalence of early marriage and sex-selective abortions in their communities and expressed concern about these practices in the broader society. They noted that women's increased participation in education and the labour force has led to a shift in the societal perception of marriage, since the broad population is now generally supportive of the need to pursue education before getting married. It was reported that parents generally believe that getting married at a younger age poses difficulties and hinders the ability to provide for a family, yet some continue to believe that if a daughter marries into a wealthy family, it alleviates social problems and provides a sense of security.

Regarding sex-selective abortions, beneficiary members of faith-based organizations emphasized the importance of promoting the value of the girl child to drive prevention efforts, including through promoting girls' education and success, as well as the role of men in supporting women's empowerment. They emphasized that education, morality and decency are essential in stopping harmful practices, highlighting the importance of religious teachings and the care provided by the church. With regards to same-sex partnerships, one participant referred to the church's stance on gender equality and same-sex partnerships, stating that the church's role is to express love while standing firm against what it considers sin.

Lastly, the main value of the project, as expressed by beneficiary members of faith-based organizations, was the financing of activities for which they would have otherwise not have had the resources to organize them. They mentioned that there have been positive changes in their lives after participating in seminars and discussions on gender equality and

responsibilities. They reported becoming more aware of the roles and responsibilities of men in society and began actively working with men.



"[The main gender-based stereotypes in our country...] - Your place is in the kitchen. I bring the money home. It's not your job to go to fields, you have to raise the children... [...] For a woman to keep silent when a man speaks - that is absurd." In-depth interview participant from the Republic of Moldova.

"There are already some places in the countryside... [Violence] is already a tradition. For example, if a woman comes and says to another woman, 'My husband is behaving violently against me', she will not be surprised; she will accept it as something normal." In-depth interview participant from Azerbaijan.

"Concerned with the gender of a child, many abortions are being done. We distributed lists, where it is written that a life is given from God, and if a girl will be born, a mother-in-law tells a bride to interrupt pregnancy. We put buckets in hospitals. Why a baby boy is more needed than a baby girl? It is the characteristics of our generation, our ethos, the next boy is our protection, our soldier, but a baby girl will be born a soldier." In-depth interview participant from Armenia.

Women in STEM

Women who have lost or were at risk of losing their jobs as a consequence of the war in Ukraine benefited from career guidance and mentoring support. Over 140 thousand women saw the BUD platform and its educational programme developed by the INSCIENCE CSO. 735 women were selected for and received mentoring support from 188 mentors, and 25 women were hired in new jobs (mainly in STEM fields).

Women in STEM who benefited from the project in Ukraine participated in a **focus group discussion**, where they reflected on prevailing gender norms and stereotypes in their society, including employment and access to leadership positions, as well as the impacts of the ongoing war with the Russian Federation.

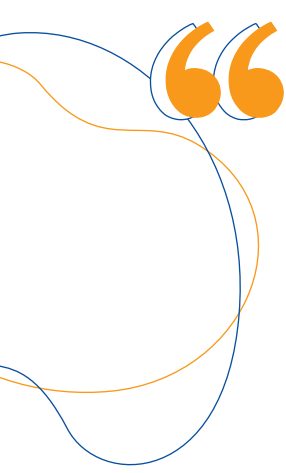
Participants noted that the war has had significant effects on gender equality. Women in STEM who benefited from the project described the demographic crisis caused by the war and raised concerns about increasing reproductive pressure on women to give birth to children. Participants acknowledged the fatigue and exhaustion women face in supporting their families, taking care of children and providing emotional support to men on the frontlines. Lastly, participants raised concerns that women's progress could be reversed after the war, similar to historical patterns where women replaced men during wartime but were then pushed aside.

Women in STEM who benefited from the project noted that it had been relatively easy to find well-paying jobs prior to the war (especially in Kyiv, where there were numerous opportunities). The public sector was seen as an easier place for women to find employment. The war,

however, was reported to have a significant impact on job stability and salaries, particularly for scientists who often faced low salaries and dismissals. Women in STEM who benefited from the project also indicated that downsizing and sanctions affected many companies, resulting in fewer job offers, particularly for junior positions.

Women in STEM who benefited from the project highlighted that women's access to careers in STEM was hindered by stereotypes and societal expectations that discouraged girls from pursuing these fields. Family influence and school environments were reported to play a role in shaping gendered career choices. Other barriers that participants cited include a lack of understanding about STEM professions and the perception that the professions require long-term planning. Role models and awareness-raising activities were identified as crucial for encouraging girls to enter male-dominated careers and professions. There was also a recognition that STEM education and job opportunities were lacking in regional centres, district centres and villages, leading to a lack of exposure to STEM fields for many people living in those areas.

Lastly, Women in STEM who benefited from the project highlighted the underrepresentation of women in higher positions in large companies and in higher educational institutions (e.g. lecturers, professors, rectors and deans). Biased hiring practices and gender-based aggression in the workplace were cited as concerns. Participants noted that the outbreak of the full-scale invasion did not lead to an increase in women's access to top positions in these domains and that opportunities for women were more limited, especially for those with family responsibilities. Suggested policies to promote equality included creating equal opportunities for men and women in childcare, such as paid paternity leave for men, and providing supportive workplace environments.



"I think men and women are more equal now. I would even compare it now with my childhood, but with the time when we started in science, we saw quite a significant gap in the interest in science between boys and girls. Both access to science, and generally what was considered to be female and male professions. And I think that even over the recent five to ten years, the situation has been improving. In particular, due to such people as Katia Shamanova and Olena Pareniuk. They act as role models for girls and keep breaking these stereotypes." Focus group discussion participant from Ukraine.

"The threshold for women to enter science is high. We lose them as students are told: you are girls, and mathematics is not for you. Why should you go to the post-graduate studies department? And let us say that [in 2022], almost no girls have been enrolled in the post-graduate studies department." Focus group discussion participant from Ukraine.



1. INTRODUCTION

From March 2020 to June 2023, UN Women and UNFPA have been implementing the first phase of the *EU for Gender Equality: Together against gender stereotypes and gender-based violence* programme in Eastern Partnership (EaP) countries (Armenia, Azerbaijan, Belarus, Georgia, Moldova and Ukraine). Through local, national and regional-level actions, the project has helped to shift harmful societal perceptions around gender stereotypes and patriarchal norms in favour of equal rights and opportunities for women and girls; increase men's involvement in the caretaking of their children and engagement in fathers' programmes; and increase the knowledge and tools available for social workers and civil society organizations (CSOs) to conduct evidence-based violence prevention programmes that target domestic violence perpetrators. UN Women and UNFPA CSO partners are leading the implementation of the project's awareness-raising and capacity-building interventions, including through the provision of grants.

Key trends in Eastern Europe illustrate that gender equality and women's empowerment are catalysts for achieving the Sustainable Development Goals (SDGs). In recent decades, a number of efforts have been undertaken in the six countries covered by the joint project to advance gender equality and promote women's rights in the economic, political and social domains. Although considerable progress has been made, a broad range of challenges persist. Evidence shows that harmful beliefs around the roles of men and women remain deeply rooted. Such norms and stereotypes perpetuate gender inequalities, discrimination and violence against women and girls.

In addition, in recent years, the region has witnessed a wave of conservative, nationalist and xenophobic sentiment and politics. Re-traditionalization, often supported by influential religious institutions, ties women's primary value to their reproductive function and domestic care work and the private sphere. In some contexts, women's reproductive rights are targeted and limited through specific pro-natal policies. In addition, constant political challenges faced by EaP countries and the ongoing war in Ukraine pose risk factors for regression in achieving gender equality and losing some hard-won gains in women's empowerment and the fight against harmful gender stereotypes.

Evidence on what works to change gender stereotypes and behaviour is growing, leading to a variety of national, regional and local-level lessons learned. In 2020, a [Baseline Study on Gender Norms and Stereotypes in the Countries of the Eastern Partnership](#) was conducted. The *Baseline Study* analysed the adherence to gender stereotypes among women, men and vulnerable population groups in EaP countries related to a wide range of thematic areas, including overarching gender perceptions, employment and leadership, household and family dynamics, gender-based violence and sexual relationships and reproductive health. The *Baseline Study* established a baseline for the joint project and ensured that interventions, including the CSO grants component, were fully informed by evidence-based analyses.

Nearly three years later, a *Follow-up Assessment* was conducted at the end of the project's first phase in order to measure progress in the implementation of CSO initiatives to overcome harmful gender norms and stereotypes and in developing gender-transformative behavioural change in project countries. The *Follow-up Assessment* aimed to shed light on the project's

influence on target beneficiaries and communities. It focused on strategic social norms interventions implemented by UN Women and UNFPA CSO partners in order to understand their effectiveness, as well as the factors driving and preventing social norms change at the individual and community levels.

The *Follow-up Assessment* findings presented in this report provide insights for future social norms programming in EaP countries and complement findings from the recent [Final Evaluation of Phase I of the Regional Joint Programme](#), which constitutes an in-depth examination of the relevance, effectiveness, efficiency, impact and sustainability of project interventions.



2.

METHODOLOGY

The *Follow-up Assessment* consists of quantitative and qualitative research components that were informed by four different tools and processes:

1. The [Baseline Study on Gender Norms and Stereotypes in the Countries of the Eastern Partnership](#), and its accompanying [Analytical Brief](#);
2. The key findings of the desk review of regional and national data sources and studies on gender norms and stereotypes;
3. The mapping of CSO interventions that raised awareness and/or strengthened the capacity of project beneficiaries during the first two years of project implementation; and
4. Consultations with UNFPA and UN Women regional and country project teams.

This section discusses the implementation of the *Follow-up Assessment* quantitative and qualitative research components, including their scope, target groups, sampling strategies and sampling frames, questionnaires, pilot testing and data collection and analysis methods. It also examines ethical considerations that were addressed before, during and after data collection, and delves into the proposed approach followed to present findings.

2.A. QUANTITATIVE RESEARCH COMPONENT

Survey of Beneficiaries of Awareness-raising and Capacity-building Interventions (*Beneficiary Survey*)

The *Survey of Beneficiaries of Awareness-raising and Capacity-building Interventions (Beneficiary Survey)* serves as the primary data collection tool under the quantitative component of the *Follow-up Assessment*. Its findings complement and are contrasted with those gathered under the *Follow-up Assessment's* qualitative component, which consists of focus group discussions (FGDs) and in-depth interviews (IDIs) with beneficiaries, CSO partners and other population groups.

Scope

The *Beneficiary Survey* was conceived of as an attitudinal survey to measure the adherence to gender norms and stereotypes among a representative sample of beneficiaries of CSO interventions in project areas and peers of these beneficiary groups that did not benefit from CSO interventions in geographic areas not targeted by the project (i.e. project beneficiaries' comparable non-intervention counterparts).⁷

The *Beneficiary Survey* did not intend to gather population data. Therefore, its results are not necessarily entirely comparable to broader population analyses. The *Beneficiary Survey* is an internal exercise that provides regional- and country-level project units with valuable information on the effectiveness of CSO interventions, the need to adjust programmatic actions and the potential to expand project coverage to new geographic areas.

⁷ The project has also contributed to the implementation of national-level mass media and social media campaigns across countries that seek to reverse harmful gender norms, stereotypes and attitudes.

The *Beneficiary Survey* was implemented in all EaP countries except Ukraine due to the ongoing war with the Russian Federation. As a result, only a limited number of strategic qualitative data collection activities were implemented in Ukraine.

Target groups

The *Beneficiary Survey* targeted seven different categories of beneficiaries: youth, fathers who attended Papa Schools/Father Groups, health-care professionals, women with disabilities, female drug users (including some recently released from detention), perpetrators of domestic violence and survivors of domestic violence (see Table 1). The *Beneficiary Survey* also interviewed the non-intervention counterparts of these target groups, with the exception of female drug users, a hard-to-reach population. The selection of these seven categories placed a lens on the project’s most prominent outcomes and interventions.

TABLE 1

Target groups of the Beneficiary Survey and countries covered

Target group	Countries covered
<i>Project beneficiaries and their non-intervention counterparts</i>	
Fathers who attended Papa Schools/ Father Groups	Armenia, Azerbaijan, Belarus, Georgia, Moldova, Ukraine
Youth	Azerbaijan, Georgia, Moldova
Health-care professionals	Armenia, Azerbaijan, Belarus, Georgia, Moldova, Ukraine
Women with disabilities	Armenia, Moldova
Female drug users	Belarus (only project beneficiaries)
Perpetrators of domestic violence	Georgia
Survivors of domestic violence	Georgia

Use of non-intervention counterparts as a counterfactual

The *Beneficiary Survey* also interviewed peers of beneficiary groups that did not benefit from CSO interventions in geographic areas not targeted by the project (non-intervention counterparts). Non-intervention counterparts were used as a counterfactual to contrast the results observed among the target population, which consists of beneficiaries of CSO interventions. This approach was selected because the project lacked a baseline survey of beneficiaries that would enable a longitudinal assessment that compares attitudes before and after CSO interventions. Moreover, an experimental form of impact evaluation was too costly and beyond the scope of the project.

It is important to note that differences in the adherence to gender stereotypes and patriarchal norms between project beneficiaries and their non-intervention counterparts cannot be attributable to the effectiveness of the project’s interventions. The project **does not intend to claim**

attribution for any of these differences. However, this comparative, cross-sectional approach does represent a cost-effective alternative to extract key programming insights. Data gathered can serve as a proxy to determine the effectiveness of CSO interventions, the need to adjust programmatic actions and the potential to expand project coverage to new geographic areas.

Lastly, it is acknowledged that cross-contamination might have occurred among non-intervention counterparts; non-intervention counterparts may have been reached by national-level project interventions (e.g. mass or social media campaigns) that could have had an impact on their attitudes towards gender stereotypes and patriarchal norms.

Sampling design

Beneficiary lists submitted by UN Women and UNFPA country offices and CSO partners, including the names and phone numbers of all beneficiaries reached during the first two years of project implementation, were used as sampling frames. UN Women and UNFPA country offices also established the socio-demographic profile of beneficiaries and relevant intervention inclusion/exclusion criteria, which were used to select non-intervention counterparts in areas not covered by the project.

Beneficiary Survey samples were derived using proportional stratified random sampling based on the total number of beneficiaries reached during the first two years of programme implementation in each country. UN Women and UNFPA country teams and local project partners compiled beneficiary lists. To the best extent possible, beneficiary samples consider a confidence level of 95 percent and a margin of error of 3.1 percent, aligning with the *Baseline Study*. Purposive sampling was used to select the sample of non-intervention counterparts, which was set at 100 percent of beneficiary samples. This approach was based on the premises of ensuring country-level representativeness of the beneficiaries reached, full alignment with the *Baseline Study*, and the inclusion of a counterfactual.

In practice, desired response rates were not achieved for some target groups for several reasons, such as some respondents' refusal to participate in the *Beneficiary Survey*, respondents not responding to calls, respondents being underage, and incorrect phone numbers. Therefore, while samples may not be representative according to the criteria described above, they reflect the best possible approximation of beneficiaries reached by the project. The proposed and final *Beneficiary Survey* samples and response rates by target group can be found in Annex 1 (see Tables 10 through 23).

Questionnaire design

To ensure methodological consistency with the *Baseline Study*, the *Beneficiary Survey* administered a selection of questions to beneficiary groups and their non-intervention counterparts. These questions, drawn from the six modules of the *Baseline Study's* structured questionnaire, were chosen based on their profiles and the nature of the interventions they were engaged in (see Table 24 and Table 25 in Annex 2). This was a cost-effective approach that focused on demonstrating the value added of CSO interventions among project beneficiaries. However, it did not allow for a complete comparability of results across all beneficiary groups and their non-intervention counterparts, since not all *Beneficiary Survey* modules were administered

to the respondents. The *Beneficiary Survey* questionnaire was translated into Armenian, Azerbaijani, Georgian, Romanian and Russian; interviews were conducted in local languages.

Data collection methods

ACT Ltd., a research company with international experience in leading multi-country quantitative and qualitative research on gender stereotypes and discriminatory attitudes, conducted the *Beneficiary Survey* interviews. In line with the *Baseline Study's* structured questionnaire data collection methodology, ACT Ltd. used computer-assisted telephone interviewing with youth, fathers who attended Papa Schools/Father Groups, health-care professionals and women with disabilities.

It was anticipated that interviews with female drug users, perpetrators of domestic violence and survivors of domestic violence would be subject to specific sensitivities. In order to create trust and optimize the number and quality of *Beneficiary Survey* interviews among these beneficiary groups and their non-intervention counterparts, ACT Ltd. and its local partners conducted computer-assisted personal interviews with the presence and support of CSO and government partners.

Beneficiary Survey interviews initially targeted a small share of beneficiaries. Once successful, coverage was gradually expanded to non-intervention counterparts to ensure consistency in the number of interviews conducted among both samples.

Completed interviews were submitted to a central database on a daily basis, and data cleaning techniques were periodically applied. ACT Ltd. submitted country and regional *Beneficiary Survey* datasets to UN Women and UNFPA for processing and analysis.

Training of enumerators

Enumerators with special knowledge and skills to conduct interviews on sensitive issues were recruited to collect *Beneficiary Survey* data. They were trained virtually on the project's goals and objectives, gender sensitivity issues, the *Beneficiary Survey* questionnaire (including question formulation and skip patterns) and ethical and safety practices.

Pilot testing

ACT Ltd. and its local partners conducted around 30 pilot *Beneficiary Survey* computer-assisted telephone interviews with a varied range of beneficiaries in Armenia, Azerbaijan, Belarus, Georgia and Moldova. These pilot interviews served to test the computer-assisted telephone interview computer program and to make final adjustments to the questionnaire. Since no major issues were identified during this process, pilot interviews were integrated into country and regional *Beneficiary Survey* datasets.

Fieldwork and continuous quality assurance

Beneficiary Survey data collection took place in May 2023. Throughout data collection, periodic meetings were held between ACT Ltd. and its local partners and fieldwork leads. Periodic meetings were also held between ACT Ltd. and the UN Women and UNFPA regional and

country teams to take stock of progress and discuss challenges encountered during fieldwork. No major issues were identified that merited the revision of the *Beneficiary Survey* questionnaire or a significant adjustment to the quantitative data collection operation.

Data analysis

The master *Beneficiary Survey* dataset was analysed based on a detailed tabulation plan (analysis used the Stata statistical package). Responses under each *Beneficiary Survey* question were tabulated by target group, country and beneficiary status (beneficiaries versus non-intervention counterparts), using absolute and relative frequency distributions. Responses were further disaggregated by sex, age, education, place of residence and income, as relevant. Quantitative data was interpreted, and findings were included in this report.

2.B. QUALITATIVE RESEARCH COMPONENT

Focus group discussions and in-depth interviews with project beneficiaries and other population groups

FGDs and IDIs were the primary data collection tools under the qualitative component of the *Follow-up Assessment*. The findings from this component complement and are contrasted with those from the quantitative component, which includes the *Beneficiary Survey* that was administered to project beneficiaries and comparable non-intervention counterparts.

Scope

FGDs and IDIs targeted beneficiary groups, other population groups and CSO partners in order to capture their views on prevailing gender norms and stereotypes in their societies and to understand how positive gender norms change could be driven at the household and community levels.

Target groups

FGDs were held with six groups of beneficiaries targeted by the *Beneficiary Survey*: youth, fathers who attended Papa Schools/Father Groups, health-care professionals, women with disabilities, female drug users and survivors of domestic violence (see Table 2). FGDs were not held with perpetrators of domestic violence, who were only administered the *Beneficiary Survey*.

In addition, FGDs targeted five other population groups, each of which provided a distinct value added: partners of fathers who attended Papa Schools/Father Groups, young women, young men, mothers of children with disabilities, and fathers of children with disabilities. The perspectives of partners of fathers who attended Papa Schools/Father Groups served to explore, among other topics, whether a redistribution in unpaid care and domestic work burdens occurred within households. *Baseline Study* FGDs targeted older women and men, but the study did not explore the adherence to gender norms and stereotypes among younger

generations. Similarly, *Baseline Study* FGDs extensively covered women with disabilities but did not delve into the specific challenges faced by mothers and fathers of children with disabilities.

Two IDIs were conducted with local advocates and CSOs in all six project countries. Two IDIs were also conducted with faith-based organization members in Armenia, Azerbaijan, Georgia and Moldova, where the project engaged them to reverse harmful gender stereotypes and patriarchal norms.

In Ukraine, the full implementation of the *Follow-up Assessment* qualitative component was not feasible due to the ongoing war with the Russian Federation; planned activities were based on extensive consultations between UN Women and UNFPA regional and country teams. The context only allowed for the implementation of one FGD with fathers who attended Papa Schools/Father Groups and one FGD that included men, expecting couples and new fathers who participated in support groups on perinatal care counselling. In addition, an FGD was held with youth engaged by the *Pisliazavtra* CSO, and an FGD was held with women in STEM, a theme of strategic priority, engaged by *InScience*. Lastly, an IDI was held with two psychologists who supported families whose members were engaged in the war, when Papa School/Father Groups were re-profiled as family-friendly solutions for building community-level public resilience.

TABLE 2

Target Groups of Focus Group Discussions and In-depth Interviews and Countries Covered

Target group	Countries covered
FOCUS GROUP DISCUSSIONS	
<i>Project beneficiaries</i>	
Fathers who attended Papa Schools/Father Groups	Armenia, Azerbaijan, Belarus, Georgia, Moldova, Ukraine
Youth	Azerbaijan, Georgia, Moldova, Ukraine
Health-care professionals	Armenia, Azerbaijan, Belarus, Georgia, Moldova
Women with disabilities	Armenia, Moldova
Female drug users	Belarus
Survivors of domestic violence	Georgia
<i>Other population groups</i>	
Partners of fathers who attended Papa Schools/Father Groups	Armenia, Azerbaijan, Belarus, Georgia, Moldova
Young women	Armenia, Azerbaijan, Belarus, Georgia, Moldova
Young men	Armenia, Azerbaijan, Belarus, Georgia, Moldova
Mothers of children with disabilities	Armenia, Azerbaijan, Belarus, Georgia, Moldova
Fathers of children with disabilities	Armenia, Azerbaijan, Belarus, Georgia, Moldova
Women in STEM	Ukraine

IN-DEPTH INTERVIEWS

Project beneficiaries

Local advocates and CSOs	Armenia, Azerbaijan, Belarus, Georgia, Moldova, Ukraine
Faith-based organization members	Armenia, Azerbaijan, Georgia, Moldova

Sampling design

For project beneficiaries, beneficiary lists submitted by UN Women and UNFPA country offices and CSO partners, including the names and phone numbers of all beneficiaries reached during the first two years of project implementation, were used as sampling frames to randomly select FGD participants. To the best possible extent, beneficiaries who participated in the *Beneficiary Survey* were not selected for participation in FGDs, although the smaller sampling frames among specific population groups did not always allow this condition to hold.

The samples of other population groups were selected using purposive sampling. ACT Ltd. and its local partners worked closely with UN Women and UNFPA regional and country offices and CSO partners to identify other population groups using existing networks.

Guidance design

To ensure the complementarity of FGDs and IDIs with the quantitative research component, as well as methodological consistency with the *Baseline Study*, FGD and IDI guidance drew from both tools and included new items. FGD and IDI guidance was structured around the same six modules of the *Beneficiary survey* and the *Baseline study*, with project beneficiaries and other population groups being administered relevant modules based on their profile and the nature of interventions they were engaged in (see Table 26 and Table 27 in Annex 3).

This cost-effective approach focused on demonstrating the value added of CSO interventions among project beneficiaries. However, it did not allow for a complete comparability of results across all beneficiary groups, since they were administered different FGD and IDI modules. FGD and IDI guidance was translated into Armenian, Azerbaijani, Georgian, Romanian, Russian and Ukrainian; discussions and interviews were held in local languages.

Data collection methods

ACT Ltd. and its local partners conducted all FGDs and IDIs virtually, except FGDs with female drug users and survivors of domestic violence. Face-to-face FGDs were held with these beneficiary groups in order to create trust and optimize the number and quality of responses. On average, FGDs were comprised by seven to eight participants across all countries.

ACT Ltd. submitted transcripts of FGD and IDI reports in English and local languages to UN Women and UNFPA for processing and analysis.

Training of moderators and specialists

FGDs were led by professional moderators; IDIs were led by professional specialists. The moderators and specialists were trained virtually on the project's goals and objectives, gender sensitivity issues, FGD and IDI guidance, and ethical and safety practices.

Fieldwork and continuous quality assurance

FGDs and IDIs took place during April and May 2023. Throughout data collection, periodic meetings were held between ACT Ltd. and its local partners and fieldwork leads. Periodic meetings were also held between ACT Ltd. and the UN Women and UNFPA regional and country teams to take stock of progress and discuss challenges encountered during fieldwork. No major issues were identified that merited the revision of FGD and IDI guidance or a significant adjustment to the qualitative data collection operation.

Data analysis

Transcripts of FGD and IDI reports were analysed using a two-step process. First, major and recurring themes within each target group and module were identified. Second, these common patterns and insights were summarized and integrated with quantitative analyses.

2.C. ETHICAL CONSIDERATIONS

Data collection activities and data handling procedures were performed by ACT Ltd. in compliance with ethical standards for survey implementation, including informed consent, anonymity and confidentiality.

Before the collection of data and before interviews began, written, informed consent was obtained from all *Beneficiary Survey*, FGD and IDI participants. Each participant was thoroughly informed about their rights, including the right to refuse to participate or to withdraw from the process at any point (even if the interview had already started) and the right not to share any personal information that the participant was not willing to share for any reason. Participants were also informed about data processing standards. The anonymity of the answers provided was ensured. During data collection, respondents were allowed not to answer specific questions and stop the interview at any time. After data collection, respondents were able to access their personal data and answers and had the right to request removing any answers provided prior to the publication of this report.

2.D. PRESENTATION OF FINDINGS

Integrated quantitative and qualitative data analysis by population group

This report presents the findings from the quantitative and qualitative research components of the *Follow-up Assessment* by population group. The approach accommodates the varied nature of the project beneficiaries, the non-intervention counterparts, other population groups, local advocates and CSOs covered, as well as the wide range of awareness-raising and capacity-building initiatives implemented by CSOs across and within countries.

Findings for each population group are presented by module. Key messages reflecting common patterns across countries are outlined, followed by the presentation of country and

regional-level data. Regional aggregates based on the *Beneficiary Survey* are presented, specifying the number of EaP countries covered in order to ensure an accurate dissemination of findings.

Since both the quantitative and qualitative research components address common research questions and hypotheses, findings from the *Beneficiary Survey*, FGDs and IDIs are presented jointly. This integrated approach seeks to provide deep and engaging insights into prevailing gender stereotypes and negative norms and practices in targeted and non-targeted communities and into how these may be overcome. Quantitative data – the ‘what’ – will be combined with qualitative data – the ‘why’ and ‘how’ – to improve the reporting of findings. The report highlights relevant quotes from FGD and IDI participants.

Comparability of Beneficiary Survey results with Baseline Study structured questionnaire results

In this report, the analysis of the *Beneficiary Survey* results focuses on comparing findings among project beneficiaries with those of their non-intervention counterparts. References to findings from the *Baseline Study*'s structured questionnaire, which covered a representative sample of the national population, are made in specific cases with the agreement of UN Women and UNFPA country offices.

The purpose of the *Baseline Study*'s structured questionnaire was to measure adherence to gender stereotypes and patriarchal norms among the general adult (18+) population. Its results contributed to setting national project baselines and informing CSO interventions.

Fundamental differences in the scope and population groups targeted do not allow for a full comparison of results from the *Beneficiary Survey* with those of the *Baseline Study*; the project does not intend to pursue such a comparison during this *Follow-up Assessment*.

From a programming perspective, differences in the adherence to gender stereotypes and patriarchal norms between the general and specific subpopulations benefitting from CSO interventions might provide learning insights on the effectiveness of programming efforts, the need to adjust programming activities and the potential for expansion to other geographic areas.

It could be argued that *Beneficiary Survey* results for non-intervention counterparts could be compared to *Baseline Study* results for the general adult population if both population groups were randomly selected. However, a selection bias may have been introduced when selecting population samples for both surveys.



3.

FINDINGS

This section presents integrated findings from the quantitative and qualitative research components by population group, emphasizing their adherence to harmful gender norms and stereotypes.

3.A. LOCAL ADVOCATES AND CSOs

Beneficiary local advocates and CSOs were interviewed in Armenia, Azerbaijan, Belarus, Georgia, Moldova and Ukraine through in-depth interviews and focus group discussions. Participants were administered Module 1 on overarching gender perceptions, Module 2 on employment and leadership, Module 4 on gender-based violence and Module 5 on reproductive health.

Summary of findings from in-depth interviews

Module 1. Overarching gender perceptions

Participants highlighted that visible progress towards gender equality, especially among younger generations, has occurred, noting increased awareness of women's rights, greater representation of women in various spheres, enhanced educational and professional opportunities, and fathers taking more active roles in parenting. However, they noted that gender gaps prevail, particularly in male-dominated spaces, such as politics and local government and in achieving a more equitable distribution of household chores and childcare responsibilities. Many women are reported to face financial discrimination, limited access to health care and institutionalized gender inequality. Participants also cited the prevalence of domestic violence, including femicide, early marriage and discrimination against the LGBT community, as concerns.

Participants identified prevailing gender norms and stereotypes in their societies, including men being generally perceived as breadwinners and women as caretakers, the belief that women should only work when there is a financial need, the belief that a woman's opinion is of lower value and patriarchal attitudes in relation to violence. Deep-rooted stereotypes were reported to impact inheritance rights, with women often giving up their rights due to societal expectations. Participants stressed regional differences, with traditional values being more prevalent in rural areas compared to urban centres.

Participants described effective steps to overcome gender norms and stereotypes, including promoting gender-equal values among child, young and adult students and teachers, creating inclusive environments in schools, promoting female role models in female- and male-dominated fields and leadership positions, adopting changes in legislation (particularly with regards to addressing domestic violence), introducing quotas for women in ministerial positions and pursuing a shift towards gender-equal attitudes among public authorities. Participants also stressed the role of media and advertising in perpetuating stereotypes, suggesting the need for stricter regulations in this field.

Some participants noted that there is a dissonance between declared and actual gender norms and values, with people claiming to support gender equality but still adhering to old

patterns of behaviour. This leads to gaps between perceptions and reality. Older generations, including both men and women, are seen as continuing to transmit traditional ideas about gender roles; support for gender equality is more prevalent among youth.

Participants acknowledged that some population groups oppose gender equality, including some clergy members, conservative groups, wealthy individuals with higher social status and population groups with lower levels of education, some of whom express their views on social media or within state institutions. Some acknowledged that these groups tend to be driven by concerns of Europeanization and fear of losing traditional values. Some participants also noted that proactive feminists and organizations supporting gender equality and populations that are furthest behind need additional support and resources to continue their work.

Module 5. Reproductive health

Participants see domestic violence against women, including physical abuse, verbal humiliation and control over finances and relationships, as prevalent in their communities. Some stressed that domestic violence remains hidden and that it is encouraged by mass media sensationalism. They noted that many people do not associate themselves with domestic violence because they have a narrow understanding of it, focusing only on extreme cases. Participants also indicated that tolerance towards violence is high in society and that there is a need to address it through awareness-raising campaigns, strengthened institutional support measures and education from early ages that involves students, parents and schools.

Some participants also noted the prevalence of harmful practices such as early marriage, sex-selective abortions, and gender-biased inheritance practices. Difficulties in eradicating them include a lack of strict legislation and accountability, deeply rooted attitudes and traditions, justifications based on cultural norms, resistance from conservative elders and challenges in expressing and implementing views against discrimination. Participants advocated for awareness-raising measures, stricter laws, increased information and enhanced cooperation with young people, as well as for individuals to take responsibility in uncovering and addressing cases.

Some participants perceive the limited education and understanding of sexual reproductive health and contraception as a problem, emphasizing the limited discussion and knowledge of these topics in society. Some participants noted that the presence of husbands during childbirth is sometimes discouraged, which can lead to conflicts in families. They emphasized the importance of early education and educating certain groups of professionals, such as doctors and health-care professionals, on gender equality to foster a more equal and inclusive society. Comprehensive sexuality education from an early age is also seen as key to challenging gender stereotypes and promoting healthy sexual relationships.

Self-reported impacts of the project on beneficiaries' lives

Focus group discussion participants indicated that project activities have brought positive changes to their lives, including increased knowledge, diplomacy skills, a deeper understanding of gender stereotypes and a realization of the need to support changes in societal norms and attitudes. Participants also reported that the project expanded their networks, exposure

and personal growth, and improved communication, influence and visibility within their communities. Some expressed positive surprise at how well community members received the project. Others appreciated the space given to disseminating positive messages and validating and empowering male community members who believe in gender equality.

Spotlight on Ukraine: Summary of findings from focus group discussions held with youth engaged by the *Pisliavtra* CSO

Module 1. Overarching gender perceptions

Focus group discussion participants had mixed views on whether gender equality had improved or regressed during the war. Some mentioned negative changes, such as prioritizing men in queues or excluding women from discussions related to warfare and military equipment. Participants noted that gender roles in professions were becoming less rigid and that both men and women were venturing into diverse career paths. For instance, some recognized changing trends in traditionally gendered professions, such as women entering fields like cargo work, while men were becoming cashiers and manicurists.

Participants noted that the war has created economic challenges, making it difficult for both men and women alike to find employment and support their families. Some believe that men may suffer from toxic masculinity, facing societal pressure to be strong, earn money and be on the front lines, which can negatively impact their well-being.

The responsibility for supporting families and household tasks was seen as a joint effort, with different roles based on individual abilities and opportunities and family contexts. Some participants highlighted that men's involvement in childcare has increased during the war, with some men taking on the role of primary caregivers in their families. Others, however, noted that the war negatively affected the balance of responsibilities at home, as men were predominantly involved in the military. The war, however, did not significantly change household dynamics for those whose partners did not serve, as they continued with a shared responsibility approach.

Module 2. Employment and leadership

Focus group discussion participants reported that it was relatively easy to find well-paying jobs in their communities before the war, but that there was a significant change in job availability after the war broke out. Some participants noted changes in employer behaviour, with some taking advantage of the surplus of job seekers to impose stricter conditions and lower salaries. They mentioned that salaries decreased while living costs, including prices for food, medicine, and utilities, increased. Some participants emphasized the importance of self-motivation, adaptability and creativity in finding job opportunities during challenging times.

In discussing measures to support women in continuing their careers, men's access to paternity leave was seen as key, although deemed a not well-known or popular entitlement. Participants mentioned the concept of the state providing a babysitter for working parents (a 'municipal babysitter'). However, participants raised concerns about their low salary and the decision to entrust the care of a child to someone else.

Participants mentioned their perception that STEM fields are not traditionally women's domains, but agreed that individual interest and motivation play a significant role in career choices. Participants highlighted gender disparities in top positions in politics and corporate sectors, expressing the belief that men are often prioritized for such roles due to stereotypes such as inherent strength and reliability. Participants agreed economic growth was limited during the war, leading to a lack of job opportunities and reduced chances for women to occupy leadership positions in the private sector.

Participants saw access to education as relatively barrier-free, with entrance based on grades and knowledge rather than gender or other factors. However, participants highlighted instances of discrimination and harassment against girls and women in educational institutions, including sexualization, biased grading and appearance-based criticisms. The pandemic was seen as a potential factor in reducing discrimination by shifting education online. Recommendations to address these issues included establishing equal relationships between teachers and students and promoting awareness of children's rights.

Module 4. Gender-based violence

Focus group discussion participants acknowledged that domestic violence is a widespread issue in society and noted that the prevalence of domestic violence might have increased during the full-scale war. They speculated that increased stress, alcohol consumption and heightened emotions could contribute to a rise in cases. However, they also mentioned that this topic may not be as widely discussed during the war due to a sense of national unity and a focus on other pressing issues.

Participants highlighted how women often endure abuse due to fear of being left without financial support or being unable to provide for their children. A lack of economic independence and societal expectations for women's roles were identified as factors contributing to domestic abuse. In this regard, participants emphasized the importance of awareness-raising measures to encourage women to speak out and seek help. The significance of addressing the culture of victim-blaming and promoting a supportive environment for survivors was also noted.

The effectiveness of existing laws addressing domestic violence and rape was questioned. Suggestions for improvement included stricter punishment for perpetrators, publicizing cases and removing the stigma associated with reporting abuse. Participants also mentioned the necessity of establishing specialized hotlines and protection services, as well as making police departments more accessible to survivors. Participants emphasized the need for legal protections and guarantees for women, including secure shelters and effective restraining orders, as well as the need for comprehensive sexual education in schools to promote healthy relationships and consent.

Module 5. Reproductive health

Some participants mentioned that the war had influenced the age of marriage, noting that many people rushed into marriage due to the uncertain circumstances brought on by the war. For instance, the war had pushed some couples to get married quickly when one partner went

to serve in the military. Under normal circumstances, gender differences exist in marital age, with men expected to marry later when they are financially stable, while women often marry earlier.

There were differing opinions on the importance of having at least one son in the family, with some considering it important for continuing the family name, while others did not see it as significant.

The acceptability of same-sex relationships also varied among participants. Some believed that everyone has the right to love who they choose. Others were reported being against public displays of affection among same-sex partners.

The responsibility for avoiding pregnancy was generally seen as a shared responsibility between both partners. Abortion during the first three months of pregnancy is considered acceptable, depending on individual circumstances such as age, financial status and readiness for parenthood.

Key takeaways

Harmful gender norms and stereotypes

Beneficiaries identified specific gender norms and stereotypes present in society, such as the perception of men as breadwinners and women as caretakers, the devaluation of women's opinions, and patriarchal attitudes related to violence, all calling for the implementation of holistic and multi-dimensional strategies.

Strategies for change

Participants suggested a range of effective strategies to overcome harmful gender norms and stereotypes, including promoting gender-equal values in education among students of all ages and teachers, promoting female role models in fields and leadership positions traditionally dominated by men, introducing legislative changes to address and raise awareness on domestic violence, increasing women's participation in politics and the corporate sector and expanding access to comprehensive sexuality education from early ages in order to challenge gender stereotypes and promote healthy sexual relationships.

Generational gaps in attitudes towards gender equality

Beneficiaries highlighted a generational gap, noting that older generations often adhere to traditional gender roles, while support for gender equality is more pronounced among the youth. Future interventions need to incorporate an inter-generational lens and/or specifically target older generations.

Geographic gaps in attitudes towards gender equality

Beneficiaries acknowledged regional variations in adherence to harmful gender norms and stereotypes, with traditional values being more entrenched in rural areas compared to urban centres. This understanding of regional nuances is essential for targeted interventions.

Opposition to gender equality

Beneficiaries identified groups that oppose gender equality, including some clergy members, conservative groups and individuals with higher social status or lower education levels.

Understanding these opposition groups is crucial for crafting effective strategies to engage them, considering their concerns and motivations.

Support for feminist organizations

Beneficiaries acknowledged the need for further support and resources for proactive feminists and organizations working towards gender equality and with populations that are furthest behind, particularly in contexts where the populations are at risk or marginalized.

Media and advertising impacts

Beneficiaries recognized the role of media and advertising in perpetuating stereotypes and called for stricter regulations in these areas.

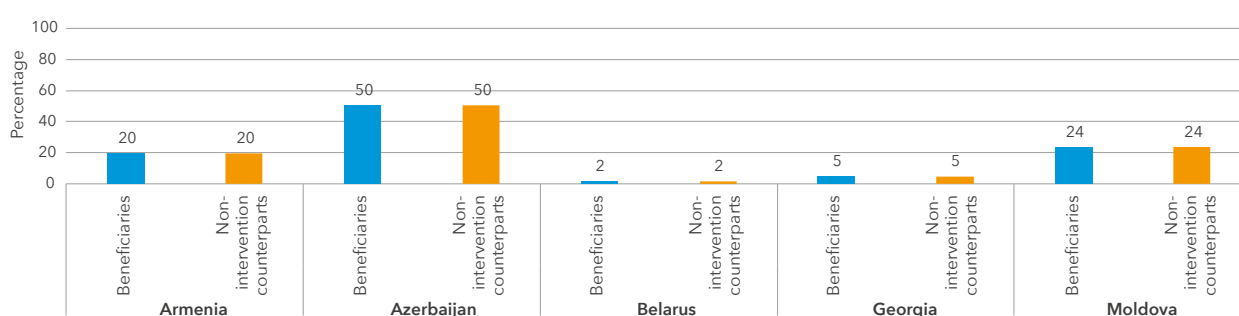
3.B. FATHERS WHO ATTENDED PAPA SCHOOLS/FATHER GROUPS

Beneficiary fathers and their non-intervention counterparts were interviewed in Armenia, Azerbaijan, Belarus, Georgia, Moldova and Ukraine through the *Beneficiary Survey* and focus group discussions (only beneficiaries). Participants were administered Module 1 on overarching gender perceptions and Module 3 on household and the family.

The *Beneficiary Survey* targeted 364 beneficiary fathers and 364 of their non-intervention counterparts. Half of surveyed beneficiary fathers and their non-intervention counterparts live in Azerbaijan, while around a quarter reside in Armenia and Moldova, respectively (Figure 34).

FIGURE 34

Beneficiary Survey Respondents by Country: Fathers Who Attended Papa Schools/Father Groups



Source: *Beneficiary Survey*

Just under half of beneficiary fathers and their non-intervention counterparts are aged 30 to 39 years old. The vast majority are married and have children. Beneficiary fathers are more likely than their non-intervention counterparts to have participated in higher education. Most beneficiary fathers and their non-intervention counterparts are working full-time or self-employed. Their geographic location can be seen in Table 3.

TABLE 3

Geographic Location of Beneficiaries and Their Non-intervention Counterparts by Country: Fathers Who Attended Papa Schools/Father Groups

Country	Beneficiaries	Non-intervention counterparts
Armenia	Lori, Shirak and Tavush	Aragatsotn, Gegharkunik, Syunik and Vayots Dzor
Azerbaijan	Qazakh – Tovuz, Nakhchivan, Ganja-Dashkasan, Baku, Karabakh, Mərkəzi Aran and Absheron -Xızı	Dakhlik Shirvan, Shirvan-Salyan, Sheki-Zagatala, Kelbajar-Lachyn, Guba-Khachmaz and Mil-Mughan regions
Belarus	Minsk and Gomel	Mogilev, Vitebsk, Grodno and Brest
Georgia	Imereti and Tbilisi	Samegrelo-Zemo Svaneti and Shida Kartli
Moldova	Straseni and Falesti	Glodeni, Hincesti, Causeni, Cimislia, Soldanesti, Singerei, Calarasi, Telenesti, Drochia, Criuleni and Donduseni

Source: *Beneficiary Survey*

Summary of findings from the Beneficiary Survey and focus group discussions

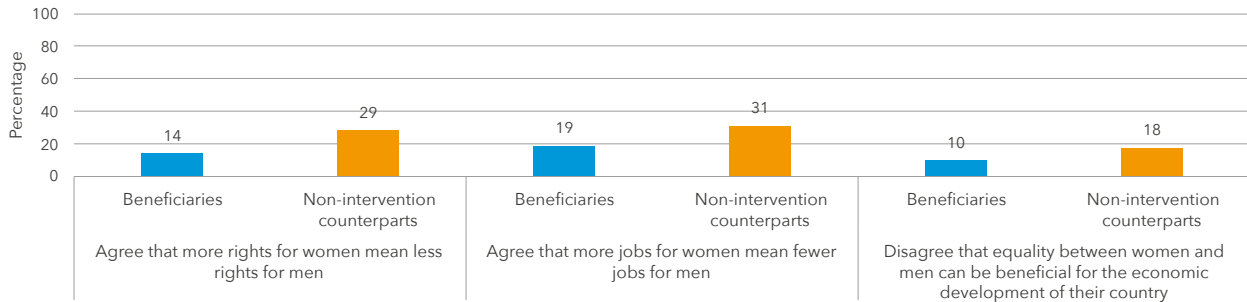
Module 1. Overarching gender perceptions

The bulk of beneficiary fathers and their non-intervention counterparts are supportive of equal rights and opportunities for both women and men, and views of gender equality as highly beneficial for individuals and society as a whole (Figure 35). Among those that do not endorse this perspective, *Beneficiary Survey* results reveal that beneficiary fathers are less likely than their non-intervention counterparts to agree that more rights for women mean less rights for men or that more jobs for women mean fewer jobs for men. Beneficiary fathers are also less likely to disagree that equality between women and men can be beneficial for their country's economic development compared to their non-intervention counterparts.

Focus group discussion participants generally emphasized the importance of gender equality for the development of society and the economy. Most agreed that there has been progress towards gender equality, with women currently having more rights and opportunities than previous generations. Positive changes mentioned included increased access to education, jobs and leadership positions, as well as independence and more power and control in relationships. Some, however, highlighted that traditional gender norms remain widespread, such as the expectation that women should primarily take care of the household and children, and acknowledged persistent societal judgments on women's behaviours and choices.

FIGURE 35

Attitudes Towards Women’s Rights and Opportunities: Fathers Who Attended Papa Schools/ Father Groups



Source: *Beneficiary Survey*

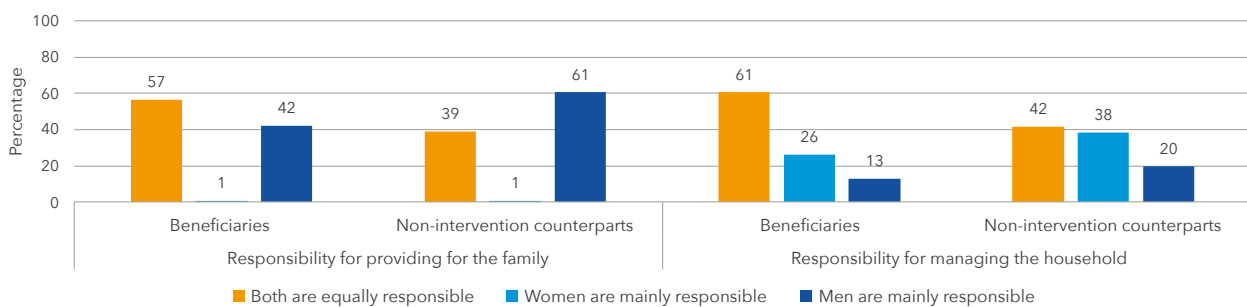
Note: The *Baseline Study* conducted across the six EaP countries in October 2020 revealed that 23 percent of the general population agrees that more rights for women mean fewer rights for men, 21 percent agrees that more jobs for women mean fewer jobs for men, and 12 percent disagrees that equality between women and men can be beneficial for the economic development of their country.

Beneficiary fathers are more likely than their non-intervention counterparts to believe that women and men are equally responsible for providing for the family and for managing the household (Figure 36). Many other beneficiaries and their non-intervention counterparts, however, do not support this view and adhere to traditional gender norms and stereotypes that dictate that men are expected to be the main providers for the family, while women are expected to be primarily responsible for managing the household and caring for children.

Focus group discussion participants generally acknowledged that the responsibility for providing for the family and managing the household varies naturally and should be based on individual circumstances and capabilities. Participants emphasized the importance of financial stability and the ability to provide a healthy environment for children. Overall, however, opinions were divided, with some believing in women’s and men’s equal responsibility and others alluding to traditional expectations that men should primarily provide for the family as the household head and that women should primarily be responsible for housework.

FIGURE 36

Attitudes Towards Responsibility for Providing For the Family and For Managing the Household: Fathers Who Attended Papa Schools/Father Groups



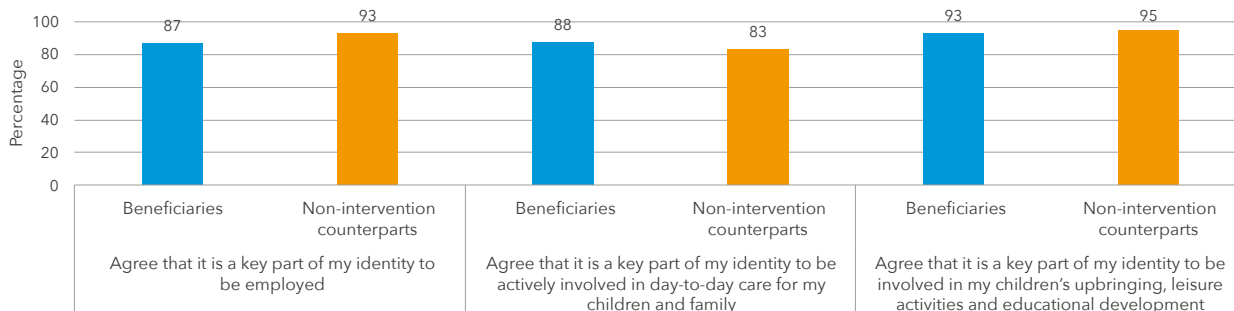
Source: *Beneficiary Survey*

Note: The *Baseline Study* conducted across the six EaP countries in October 2020 revealed that 55 percent of the general population believes that both women and men are equally responsible for providing for the family, and 45 percent believes that both women and men are equally responsible for managing the household.

Most beneficiary fathers and their non-intervention counterparts value participating in the labour market and being actively involved in childcare and their children’s upbringing (Figure 37).

FIGURE 37

Views on Key Personality Traits: Fathers Who Attended Papa Schools/Father Groups



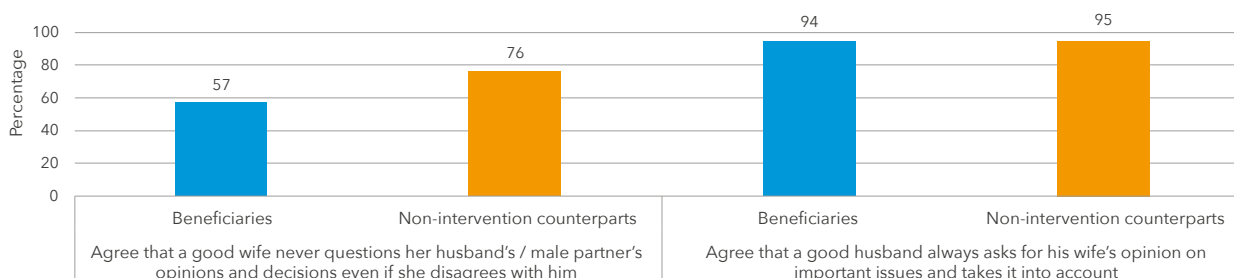
Source: *Beneficiary Survey*

Note: The *Baseline Study* conducted across the six EaP countries in October 2020 revealed that 87 percent of the general population agrees that it is a key part of their identity to have a job, 79 percent agrees that it is a key part of their identity to be actively involved in day-to-day care for their children and family, and 89 percent agrees that it is a key part of their identity to be involved in their children’s upbringing, leisure activities and educational development.

Beneficiary fathers are less likely than their non-intervention counterparts to believe that a good wife never questions her husband’s or partner’s opinions and decisions, even if she disagrees with him, although a majority supports this view (Figure 38). Most beneficiary fathers and their non-intervention counterparts, however, agree that a good husband always asks for his wife’s opinion on important issues and then takes it into account.

FIGURE 38

Adherence to Good Wife and Good Husband Stereotypes: Fathers Who Attended Papa Schools/Father Groups



Source: *Beneficiary Survey*

Note: The *Baseline Study* conducted across the six EaP countries in October 2020 revealed that 52 percent of the general population agrees that a good wife never questions her husband’s/male partner’s opinions and decisions even if she disagrees with him, and 87 percent agrees that a good husband always asks for his wife’s opinion on important issues and then takes it into account.

Module 3. Household and Family

Beneficiary Survey results confirm that beneficiary fathers are more likely than their non-intervention counterparts to report that they and their partners are equally responsible for

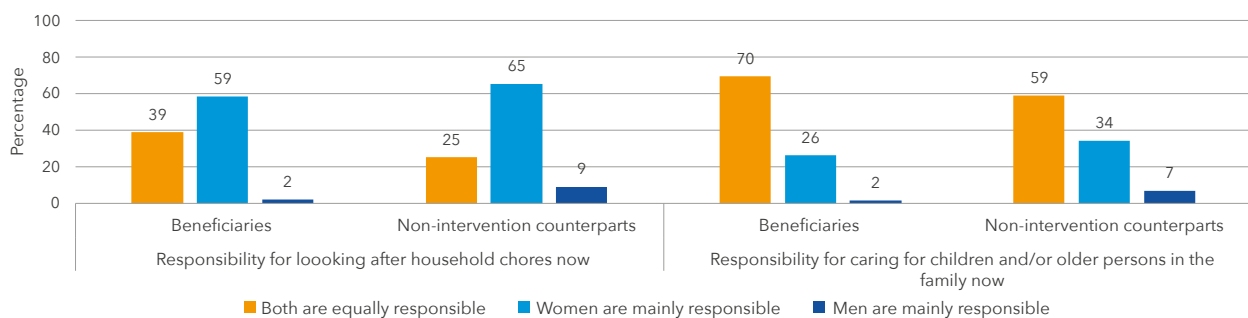
looking after household chores in their families now, although this view is only supported by a minority of respondents (Figure 39). In fact, most beneficiary fathers and their non-intervention counterparts state that women are primarily responsible for performing unpaid domestic tasks in their families now. In contrast, most highlighted that they and their partners are jointly responsible for the care of children and/or older persons in their families.

Focus group discussions confirmed that the distribution of household duties and responsibilities depends on factors such as work schedules and personal preferences. Most participants, however, acknowledged that their wives take the lead on household tasks, including cooking, cleaning and childcare. Childcare responsibilities are generally more likely to be equitably shared between parents, although mothers often take more responsibility for younger children.

Participants frequently cited the lack of time or availability due to work commitments as a key factor limiting their involvement in unpaid care and domestic work. Indeed, they reported being able to take on more of these chores when they had free time or when their wives were busy. Satisfaction with the division of household chores was generally high, with many participants expressing contentment and no desire for change. Differing opinions were observed on whether certain household duties are gender-specific. Some participants believed that physical tasks should be handled by men, while others saw no inherent gender-based division of these responsibilities. One participant believed that women should be responsible for household tasks for their own well-being.

FIGURE 39

Distribution of Unpaid Care and Domestic Work Responsibilities: Fathers Who Attended Papa Schools/Father Groups



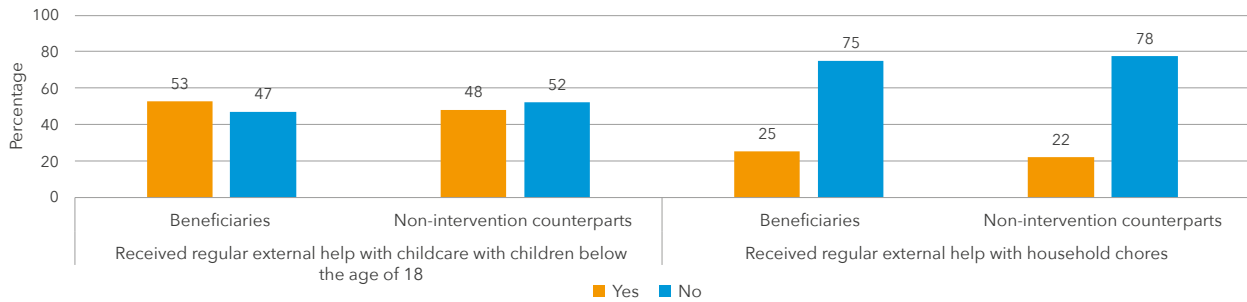
Source: *Beneficiary Survey*

Note: The *Baseline Study* conducted across the six EaP countries in October 2020 revealed that 30 percent of the general population reports that both they and their partners are responsible for looking after household chores now, and 38 percent reports that both they and their partners are equally responsible for caring for children and/or older persons in the family now.

The availability of regular, external help with household chores and childcare can support women, men and couples to reconcile their family and work life. However, **three quarters of beneficiary fathers and their non-intervention counterparts report having no access to regular external help with household chores. Around half report lacking regular external childcare help (Figure 40).**

FIGURE 40

Availability of External Support with Domestic Work and Childcare: Fathers Who Attended Papa Schools/Father Groups



Source: *Beneficiary Survey*

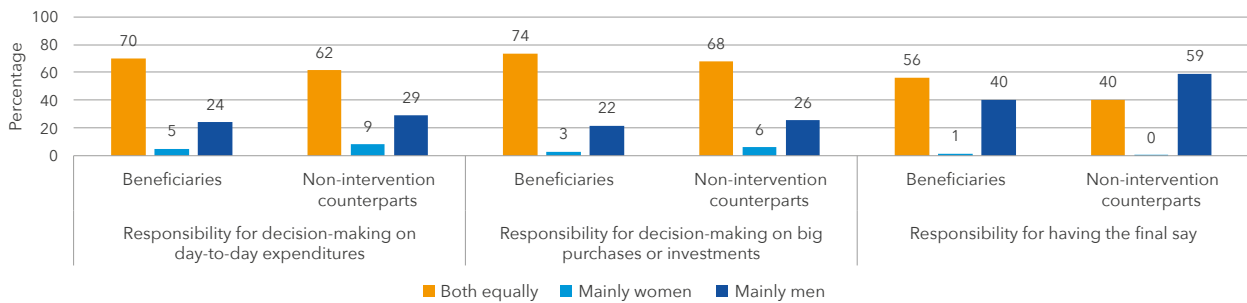
Note: The *Baseline Study* conducted across the six EaP countries in October 2020 revealed that 43 percent of the general population received regular external help with childcare with children below the age of 18, and 26 percent received external help with household chores.

Knowledge about legal provisions regarding paternity leave varied among focus group participants. Suggestions for improving paternity leave included ensuring full salary coverage, making it compulsory for private-sector employers and increasing eligibility based on the age of the child. Some participants had declined to use paternity leave due to financial or work-related reasons or due to their wives’ inactivity or breastfeeding status.

Beneficiary fathers are more likely than their non-intervention counterparts to believe that men and women should be equally responsible in making decisions on day-to-day expenditures and big purchases or investments and for having the final say in the home (Figure 41). However, across both population segments, many think that it is mainly men who should have the final say. Focus group discussion participants indicated that decisions within the household are generally made collaboratively, with some highlighting the need to compromise or reach a consensus. In some contexts, however, the final decision-making authority was reported to rest with men. Respect for the elderly was also mentioned as a factor in decision-making, particularly when living with parents.

FIGURE 41

Attitudes towards Decision-making in the Home: Fathers Who Attended Papa Schools/Father Groups



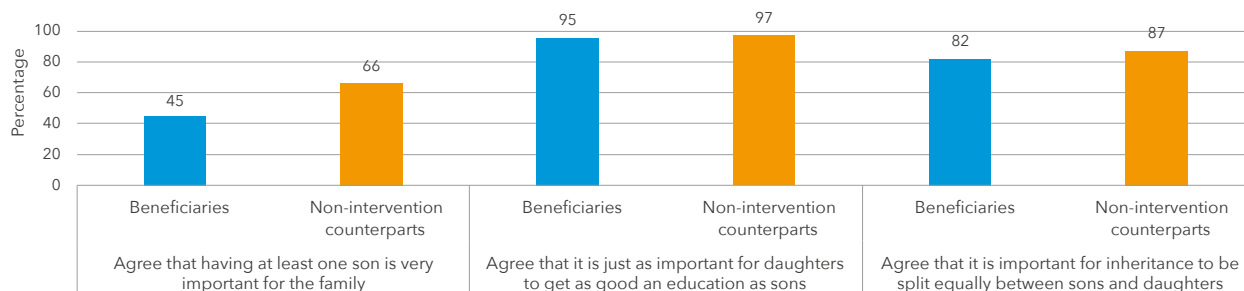
Source: *Beneficiary Survey*

Note: The *Baseline Study* conducted across the six EaP countries in October 2020 revealed that 70 percent of the general population believes that both men and women should be equally responsible in making decisions on day-to-day expenditures, 77 percent believes that both men and women should be equally responsible in making decisions on big purchases or investments, and 51 percent believes that both men and women should be equally responsible for having the final say in the home.

Beneficiary fathers are less likely than their non-intervention counterparts to agree that in their countries, having at least one son is very important for the family, although many support this perspective (Figure 42). The vast majority of beneficiary fathers and their non-intervention counterparts believe that the education of daughters and sons is of equal importance and that any inheritance should be equally shared among them, with minor differences observed across both population segments.

FIGURE 42

Attitudes towards Son Preference: Fathers Who Attended Papa Schools/Father Groups



Source: *Beneficiary Survey*

Note: The *Baseline Study* conducted across the six EaP countries in October 2020 revealed that 49 percent of the general population agrees that in their countries, having at least one son is very important for the family, 90 percent believes that the education of daughters and sons is of equal importance, and 82 percent believes that any inheritance should be equally shared among them.

Self-reported impacts of the project on beneficiaries' lives

Focus group participants highlighted the centrality of projects like Papa Schools/Father Groups in promoting gender equality and strengthening family bonds. After attending project courses and activities together with their partners, participants reported feeling more like a team and approached pregnancy and childbirth as a joint project. They engaged in decision-making together, attended appointments and tests together, and provided mutual support, factors that were reported to have had positive impacts on their relationships. Participants also noted that the courses helped them navigate modern medical advice and protocols, which differed from the advice passed down by their mothers and grandmothers.

Participants generally expressed how the programme helped them value their role as fathers in their children's upbringing much more than before the programme. They also expressed great appreciation for the opportunities offered during the programme to spend quality time with their children – and the resulting strengthened bond with them. Fathers also highlighted how, as a result of the programme, they are now more aware of the need to spend their leisure time doing activities with their children, having conversations with them and getting to know them more.

Spotlight on Ukraine: Summary of findings from focus group discussions with fathers who attended Papa Schools/Father Groups, and men, expecting couples and new fathers who participated in support groups on perinatal care counselling

Module 1. Overarching gender perceptions

Focus group discussion participants highlighted positive progress towards gender equality compared to their childhood, such as increased access to education and acceptance of women in traditionally male-dominated professions. Factors such as improved economic conditions and European integration are reported to explain these gains. However, the war has severely disrupted labour markets. Participants noted that before the war, men had more job opportunities, but when the war broke out, many lost their jobs and were unable to provide for their families.

The war is also reported to have changed the roles of men and women, with women taking on more caregiving responsibilities and men feeling disconnected from their families and struggling with psychological trauma. Participants also reported that the war has led to increased aggression and conflicts in families, resulting in divorces and family crises, while at the societal level, they noted there is a sense of unity among men and women as they work together, cooperate and support each other.

Module 3. Household and family

Participants noted that the frequency and distribution of household tasks changed after the war began. Some fathers took on more household chores and learned new skills, as the increased time availability due to the war allowed them to contribute more to household tasks. Family collaboration and seeking everyone's opinions in decision-making were reported to have become more prevalent after the war began, particularly due to increased financial pressures and the need to work harder to meet the rising costs of living. In this regard, participants emphasized the importance of involving all family members in decision-making, particularly regarding daily tasks like meal planning.

Participants highlighted the importance of fathers being involved in childcare and bonding with their children from an early stage. Yet they recognized that traditional gender roles still played a significant role in caregiving responsibilities. Participants expressed varied opinions on paternity leave; some fathers view it as an important entitlement and had the opportunity to enjoy it, while others mentioned the need for improved legislation and policies in this area. For some, their status as independent entrepreneurs affected their approach to taking leave.

Spotlight on Ukraine: Summary of findings from an in-depth interview with two psychologists that supported families whose members engaged in the war, when Papa School/Father Groups were re-profiled as family-friendly solutions for building community-level public resilience

Module 1. Overarching gender perceptions

Participants noted that although women's opportunities and roles in society had expanded since their childhood, stereotypes related to family responsibilities, such as men being seen as the sole breadwinners, persist. Participants indicated that law enforcement agencies and older generations, including older generations of teachers in particular, are resistant to changing gender norms and are reported to hold on to traditional views. They acknowledged that overcoming harmful gender norms and stereotypes requires comprehensive education and psychoeducational work.

Participants argued that the war forced partners to rethink traditional gender roles and responsibilities and adapt to new challenges and circumstances. They indicated that the war led to a recognition of the importance of partners in family life, but at the same time, it has revealed moments of inequality, such as men facing difficulties in caring for children and women lacking driving licenses when faced with an emergency.

Participants also stressed that the war created challenges in preserving and restoring relationships, particularly for families dealing with the trauma of civilian recruitment. Challenges are also expected in families as they reunite after the war, with conflicts, trauma, power dynamics and the need for relationship restoration, highlighting again the need for comprehensive psychoeducational support.

Module 4. Gender-based violence

Participants noted that the exhaustion caused by the war and a lack of resources and knowledge are seen as contributors to the prevalence of domestic violence. They indicated that there is a risk of violence becoming normalized and devalued, leading to an increase in its occurrence. The return of soldiers from the frontlines in particular is perceived to result in negative incidents and the use of psychological and physical violence.

The lack of a systematic and comprehensive approach to working with traumatic experiences was reported as a challenge. Participants noted that response systems and support structures have been disrupted, causing a need for rebuilding and retraining specialists. Rehabilitation centres for families in crisis exist in regional centres, but there is a need for more widespread, comprehensive support for civilians. In addition, conveying knowledge and teaching effective communication techniques were seen as essential for reducing domestic violence.

Key takeaways

Attitudes towards gender equality

The project successfully influenced beneficiary fathers' attitudes towards gender equality. They are more likely to support equal rights and opportunities for both men and women, and they generally reject the notion that women's rights undermine men's rights.

Responsibility for providing for the family and shouldering the unpaid care and domestic work burden

Beneficiary fathers are more inclined to believe in shared responsibilities for providing for the family and managing the household. This suggests a significant shift away from traditional gender norms where men were primarily seen as providers. The project contributed to a more equitable distribution of household chores among beneficiary fathers and their partners. While traditional gender roles still persist, there is a growing recognition of joint responsibility in childcare. Future efforts should continue to promote the idea of shared responsibility for both household chores and childcare, emphasizing the benefits of such an approach.

Promotion of active fatherhood

The project encouraged beneficiary fathers to actively participate in childcare and their children's upbringing. This marks progress towards breaking down stereotypes that limit men's involvement in parenting.

Encouragement of joint decision-making

The project influenced beneficiary fathers to view decision-making within the household as a collaborative effort rather than solely the domain of men. Future efforts should prioritize trainings on effective communication to support joint decision-making within households.

Paternity leave policies

The project supported increased awareness of paternity leave and its importance among beneficiary fathers. Efforts should focus on working with policymakers to improve paternity leave policies, including full salary coverage and mandatory provisions for private-sector employers to encourage fathers to take paternity leave.

Son preference

Beneficiary fathers are less likely to prioritize having at least one son, indicating a move towards valuing girl and boy children equally.

Psychoeducational support

Future efforts need to recognize the need for comprehensive psychoeducational support, especially in conflict and post-conflict settings, in order to address issues related to gender roles, family dynamics and domestic violence. There is a need to continue supporting communities in reintegrating soldiers returning from conflict areas, as this can impact family dynamics and gender roles.

3.C. PARTNERS OF FATHERS WHO ATTENDED PAPA SCHOOLS/FATHER GROUPS

Partners of beneficiary fathers who attended Papa Schools/Father Groups were interviewed in Armenia, Azerbaijan, Belarus, Georgia, Moldova and Ukraine through focus group discussions. Participants were administered Module 1 on overarching gender perceptions and Module 3 on household and family.

Summary of findings from focus group discussions

Module 1. Overarching gender perceptions

Focus group discussion participants acknowledged that men and women are more equal today compared to the past, especially in the professional and leadership spheres, although disadvantages such as unequal job opportunities and unequal pay prevail. While progress has been made, some participants noted that not everyone has embraced these changes and that gender roles still vary among individuals and generations.

Compared to their childhood, participants see increased involvement of fathers in childcare and a shift towards more freedom and independence for women. Some participants highlighted that there is a greater value placed on fatherhood today, less stigma around divorce and that women are seen as independent and capable. Participants also emphasized the need for men to be more involved in parenting and childcare, including taking paternity and parental leave and sharing responsibilities after divorce.

Some participants believed that men should primarily be responsible for the family's needs and decision-making, while others advocated for shared responsibilities and decision-making between both partners based on individual capabilities and preferences. Gender roles and the belief in a man's natural role as the head of the family were mentioned as reasons for the traditional division of productive and reproductive responsibilities.

Module 3. Household and family

Participants generally noted that the division of chores and responsibilities in their families was based on physical capabilities and work schedules, emphasizing the importance of open communication, understanding and acceptance of each one's roles. Some female participants noted that most household burdens, such as cooking, cleaning and laundry, fall on them, citing that long working hours, partners' exhaustion and societal pressures prevent their husbands' involvement in traditionally female-dominated tasks. Although concerns about disrupting the balance in relationships were raised, some participants emphasized the importance of support from partners in sharing this workload and being actively engaged in childcare. They highlighted that anyone can perform any household task regardless of gender.

Others, however, were content with the traditional distribution of roles and responsibilities, indicating, for instance, that feeding and clothing children are tasks that belong to mothers.

Where available, the awareness of paternity leave varied among participants. Some were aware of it but did not utilize it due to company policies or financial concerns, while others expressed a lack of interest in using such an entitlement. Some participants expressed the need to allow both parents to have access to paid leave after the birth of a child and suggested that paternity leave should be paid by the state to alleviate financial burdens on families. Overall, participants highlighted the need for greater support for working parents, citing the lack of support from state institutions, such as flexible working hours and accessible childcare options, as a significant challenge.

Self-reported impacts of the project on beneficiaries' lives

Focus group discussion participants stressed that the involvement of partners in father's groups generally led to positive changes, such as increased interest and knowledge in child-care and first aid training, the development of emotional bonds between fathers and children, spending quality time with the family, improved communication among partners and ability to control emotions. Some, however, noted that changes were not yet significant or noticeable in their everyday lives.

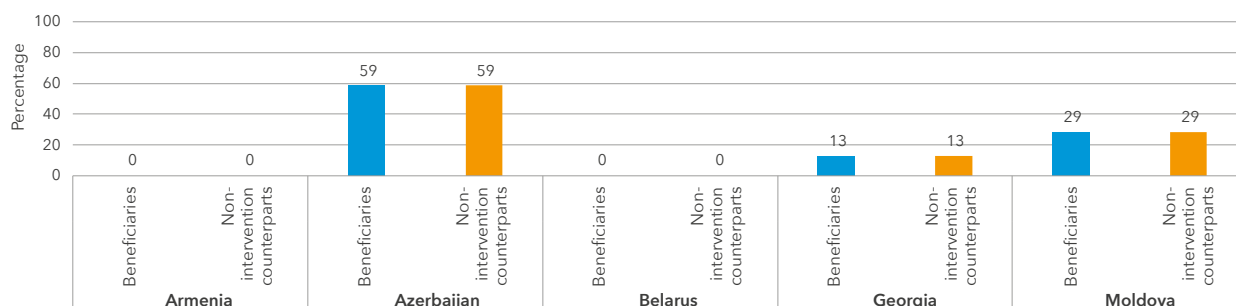
3.D. YOUTH

Beneficiary youth and their non-intervention counterparts were interviewed in Azerbaijan, Georgia and Moldova through the *Beneficiary Survey* and focus group discussions (only beneficiaries). Participants were administered Module 1 on overarching gender perceptions, Module 2 on employment and leadership, Module 3 on household and family, Module 4 on gender-based violence and Module 5 on reproductive health.

The *Beneficiary Survey* targeted 147 beneficiary youth (74 female, 73 male) and 147 non-intervention counterparts (57 female, 90 male). Over half of surveyed beneficiary youth and their non-intervention counterparts live in Azerbaijan, while over a quarter reside in Moldova (Figure 43).

FIGURE 43

Beneficiary Survey Respondents by Country: Youth



Source: *Beneficiary Survey*

The great majority of beneficiary youth and their non-intervention counterparts are aged 18 to 29 years old; most are single and have no children. Over half of beneficiary youth and their non-intervention counterparts have not completed a higher education programme, while a smaller share has only completed secondary education. Under half of beneficiary youth and their non-intervention counterparts are currently students, while under a quarter are working full-time. Many others are unemployed. Their geographic location can be seen in Table 4.

TABLE 4

Geographic Location of Beneficiaries and Their Non-intervention Counterparts by Country: Youth

Country	Beneficiaries	Non-intervention counterparts
Azerbaijan	Baku and Absheron-Xizi	Ganja-Dashkasan, Mil-Mughan, Shirvan-Salyan, and Qazakh-Tovuz
Georgia	Guria, Imereti and Tbilisi	Samegrelo-Zemo Svaneti and Shida Kartli
Moldova	Straseni and Falesti	Hincesti, Singerei, Soldanesti, Donduseni, Calarasi, Glodeni, Drochia, Causeni, Cimislia, Ungheni, Telenesti and Criuleni

Source: *Beneficiary Survey*

Summary of findings from the *Beneficiary Survey* and focus group discussions

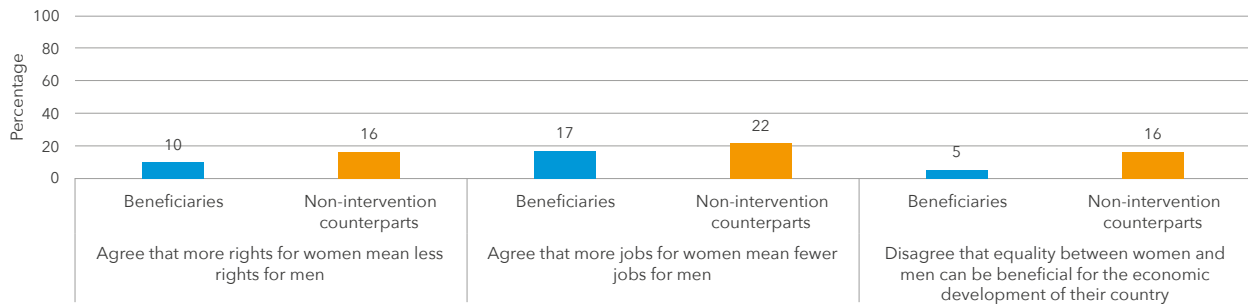
Module 1. Overarching gender perceptions

The bulk of beneficiary youth and their non-intervention counterparts is supportive of equal rights and opportunities for women and men and views gender equality as highly beneficial for individuals and society as a whole (Figure 44). Among the minority that does not endorse this perspective, *Beneficiary Survey* results reveal that beneficiary youth are less likely than their non-intervention counterparts to agree that more rights for women mean fewer rights for men or that more jobs for women mean fewer jobs for men. Beneficiary youth are also less likely to disagree that equality between women and men can be beneficial for the economic development of their country.

Focus group discussion participants observed positive changes in gender equality compared to their childhood, such as increased access to employment and leadership positions as well as more equal approaches to raising children. They also noted that gender equality is more prioritized and actively discussed today than in their childhood. Yet some also acknowledged the challenges and barriers that still exist, such as limited access to education in some regions and lingering sexism.

FIGURE 44

Attitudes Towards Women’s Rights and Opportunities: Youth



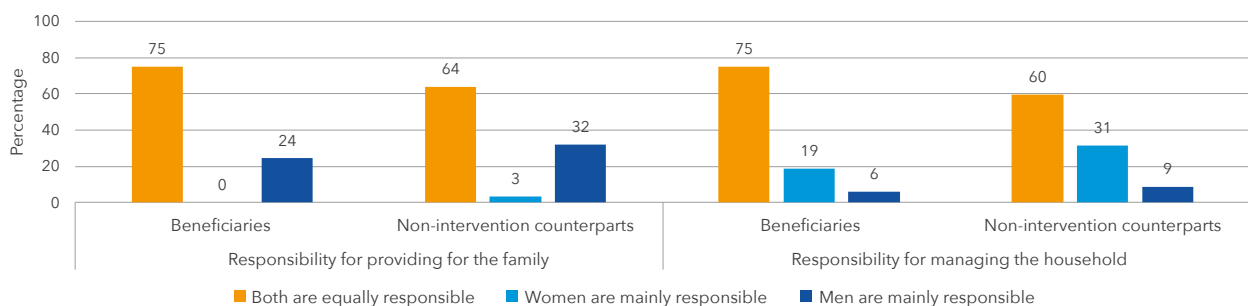
Source: *Beneficiary Survey*

Note: The *Baseline Study* conducted across the six EaP countries in October 2020 revealed that 23 percent of the general population agrees that more rights for women mean fewer rights for men, 21 percent agrees that more jobs for women mean fewer jobs for men, and 12 percent disagrees that equality between women and men can be beneficial for the economic development of their country.

Beneficiary youth are more likely than their non-intervention counterparts to believe that women and men are equally responsible for providing for the family and for managing the household (Figure 45). Some, however, do not support this view and adhere to traditional gender norms and stereotypes that dictate that men are expected to be the main providers for the family, while women are expected to be primarily responsible for managing the household and caring for children. Focus group discussion participants had varying views on the responsibility for providing for the family and managing the household, with some advocating for equal responsibility among partners and others referring to traditional roles based on individual skills and preferences. Among the latter, some recognized the value of women’s roles in raising children and acknowledged the need for more flexibility in balancing work and family responsibilities. Overall, many participants agreed that the division of these responsibilities should be determined based on individual abilities and circumstances and acknowledged the importance of open discussions and negotiations among partners to this end.

FIGURE 45

Attitudes Towards Responsibility for Providing for the Family and for Managing the Household: Youth



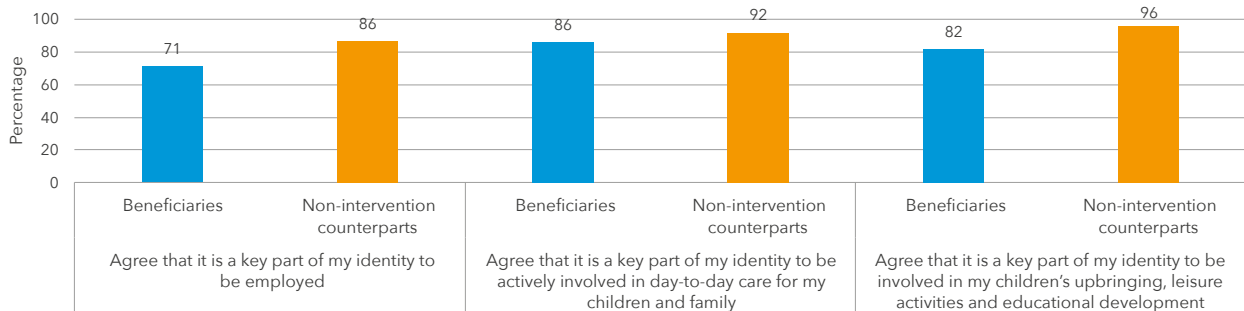
Source: *Beneficiary Survey*

Note: The *Baseline Study* conducted across the six EaP countries in October 2020 revealed that 55 percent of the general population believes that both women and men are equally responsible for providing for the family, and 45 percent believes that both women and men are equally responsible for managing the household.

Most beneficiary youth and their non-intervention counterparts value participating in the labour market and being actively involved in childcare and their children’s upbringing (Figure 46).

FIGURE 46

Views on Key Personality Traits: Youth



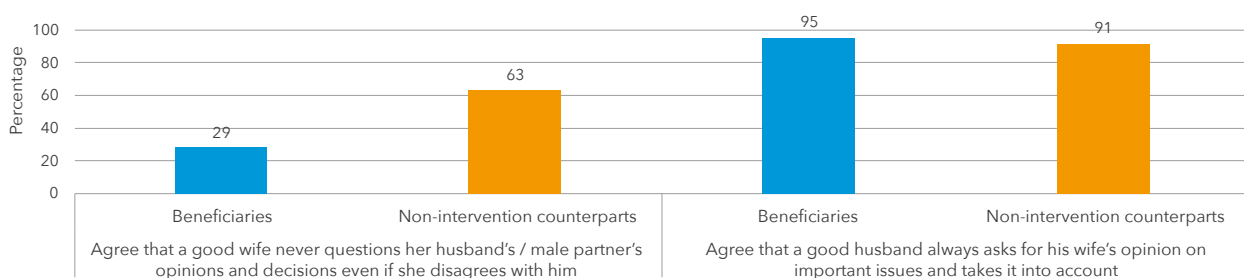
Source: *Beneficiary Survey*

Note: The *Baseline Study* conducted across the six EaP countries in October 2020 revealed that 87 percent of the general population agrees that it is a key part of their identity to have a job, 79 percent agrees that it is a key part of their identity to be actively involved in day-to-day care for their children and family, and 89 percent agrees that it is a key part of their identity to be involved in their children’s upbringing, leisure activities and educational development.

Beneficiary youth are less likely than their non-intervention counterparts to believe that a good wife never questions her husband’s or partner’s opinions and decisions, even if she disagrees with him (Figure 47). A majority of non-intervention counterparts support this view. Most beneficiary youth and their non-intervention counterparts, however, agree that a good husband always asks for his wife’s opinion on important issues and then takes it into account.

FIGURE 47

Adherence to Good Wife and Good Husband Stereotypes: Youth



Source: *Beneficiary Survey*

Note: The *Baseline Study* conducted across the six EaP countries in October 2020 revealed that 52 percent of the general population agrees that a good wife never questions her husband’s/male partner’s opinions and decisions even if she disagrees with him, and 87 percent agrees that a good husband always asks for his wife’s opinion on important issues and then takes it into account.

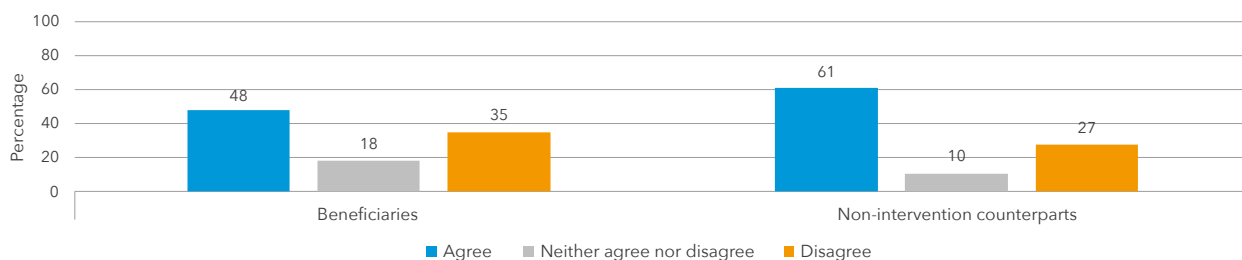
Module 2. Employment and leadership

Beneficiary Survey results confirm that beneficiary youth are less likely than their non-intervention counterparts to agree that it is better for a preschool child if his/her mother does not work, although large shares across both population segments adhere to this view (Figure 48).

Focus group discussion participants believe that childbirth hinders women’s career development, but they emphasized the importance of balancing motherhood and career without restricting women’s professional growth. In this regard, they deemed the support from partners and entitlements and the availability of policy measures such as paternity leave or reduced working hours as crucial.

FIGURE 48

Adherence to Good Mother Stereotypes: Youth



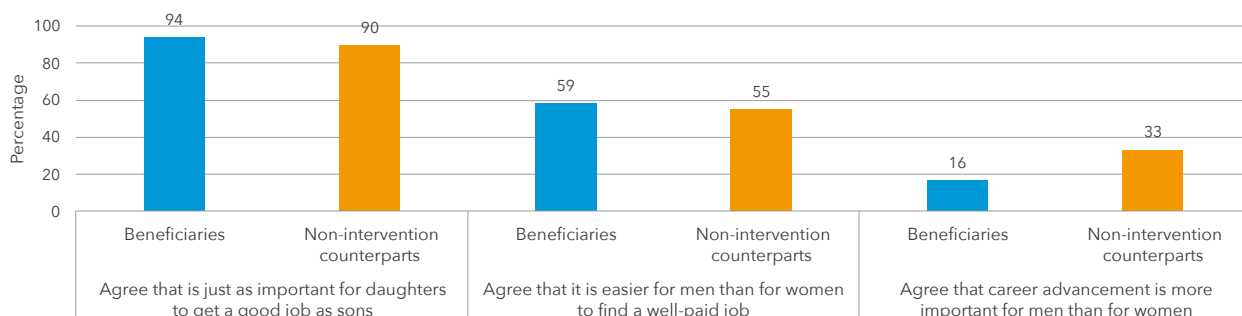
Source: *Beneficiary Survey*

Note: The *Baseline Study* conducted across the six EaP countries in October 2020 revealed that 55 percent of the general population agrees that it is better for a preschool child if his/her mother does not work.

The vast majority of beneficiary youth and their non-intervention counterparts believe that it is just as important for their daughters to get good jobs as it is for their sons. Many acknowledged limitations that hinder women’s full participation and advancement in the workforce (Figure 49). Just over half of beneficiary youth and their non-intervention counterparts agreed that, in most cases, men find it easier than women to find well-paying jobs. Relatedly, beneficiary youth are significantly less likely than their non-intervention counterparts to agree that career advancement is more important for men than for women.

FIGURE 49

Attitudes Towards Career Progression: Youth



Source: *Beneficiary Survey*

Note: The *Baseline Study* conducted across the six EaP countries in October 2020 revealed that 91 percent of the general population agrees that it is important for their daughters to get good jobs as it is for their sons, and 46 percent agrees that career advancement is more important for women than for men.

Most focus group discussion participants stressed that finding well-paying jobs is generally dependent on individual skills, qualifications and experience rather than on gender. They also

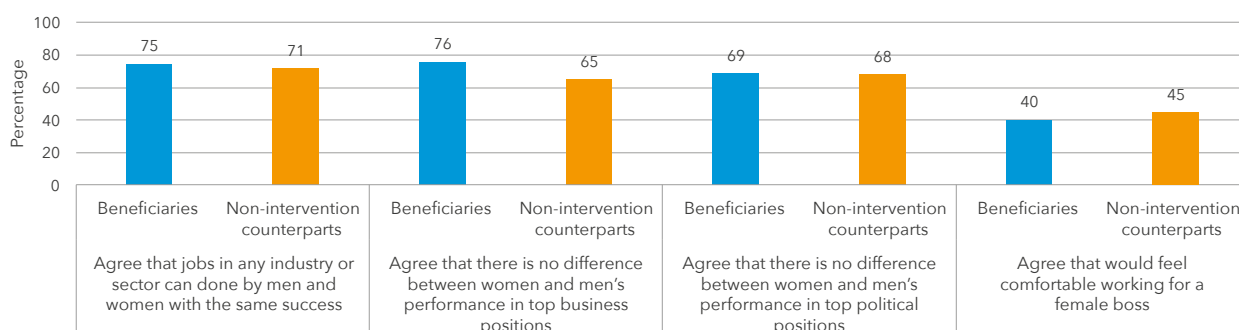
acknowledged the persistent discrimination faced by women in the labour market, including in recruitment, access to equal pay and career advancement. In this regard, some participants cited gender discrimination in job advertisements and highlighted that women tend to face questions about family planning during recruitment processes. Participants also observed that although the demand for women in certain jobs has increased, these jobs often offer lower salaries to women compared to those offered to men. Factors such as traditional company cultures and the traditional values of superiors are seen as key to explaining men’s advantage in accessing career advancement opportunities.

Around three quarters of beneficiary youth and their non-intervention counterparts agree that jobs in any industry or sector can be done by men and women with the same success.

Similar shares think that there is no difference between women’s and men’s performance in top business and political positions (Figure 50). However, only close to half of respondents agree that they would be comfortable working for a female boss. Focus group discussion participants generally believe that intellectual jobs can be performed by both men and women but that women may not be able to perform as well as men in physically demanding roles in certain industries. No significant barriers were identified for women in STEM education or jobs.

FIGURE 50

Attitudes Towards Job Competence and Supervision by a Female Boss: Youth

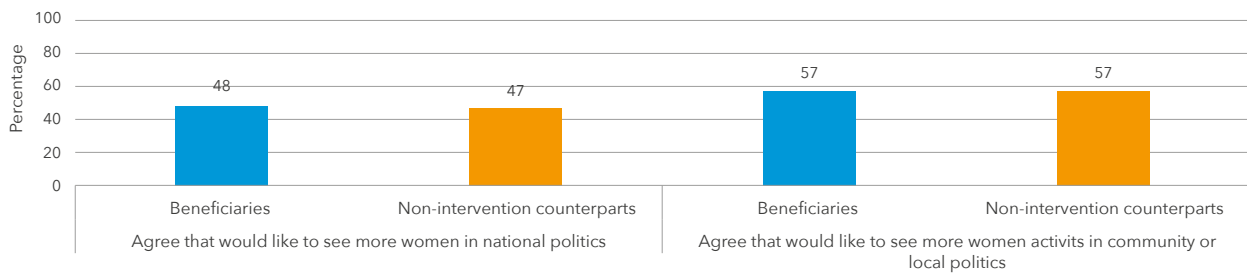


Source: *Beneficiary Survey*

Note: The *Baseline Study* conducted across the six EaP countries in October 2020 revealed that 67 percent of the general population agrees that jobs in any industry or sector can be done by men and women with the same success, 65 percent thinks that there is no difference between women’s and men’s performance in top business positions, 50 percent thinks that there is no difference between women’s and men’s performance in top political positions, and 41 percent agrees that they would be comfortable working for a female boss.

Only around half of beneficiary youth and their non-intervention counterparts would like to see more women in national politics and in local politics or community activism, although support is somewhat stronger for the latter positions (Figure 51).

Focus group discussion participants viewed women’s political representation as important and supported the idea of quotas to increase women’s participation in politics. Overall, leadership positions in politics and the corporate sector are considered accessible to both men and women, with no significant difference in performance.

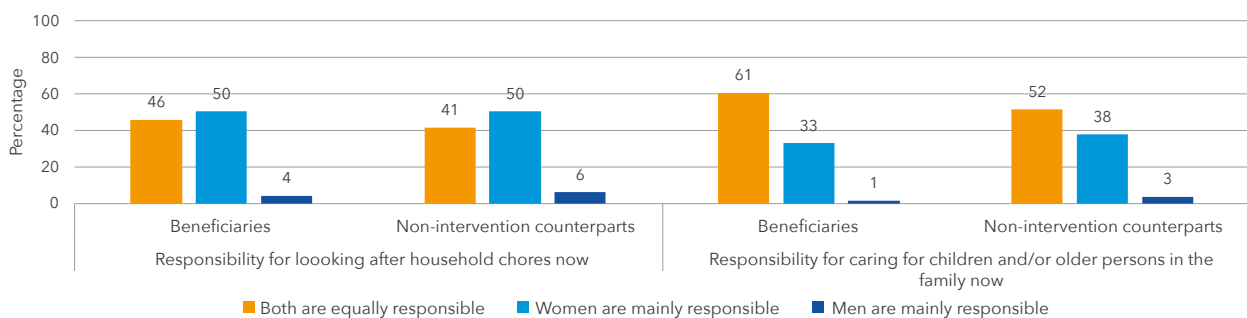
FIGURE 51**Views on More Women in National and Local Politics: Youth**

Source: *Beneficiary Survey*

Note: The *Baseline Study* conducted across the six EaP countries in October 2020 revealed that 48 percent of the general population agrees that they would like to see more women in national politics, and 55 percent agrees that they would like to see more women in local politics or community activism. This question, however, was not asked to respondents from Belarus.

Module 3. Household and Family

Beneficiary Survey data reveals that youth are more likely than their non-intervention counterparts to report that they and their partners are equally responsible for looking after household chores in their families now, although less than half of respondents support this view (Figure 52). In fact, half of beneficiary youth and their non-intervention counterparts state that women are primarily responsible for performing unpaid domestic tasks in their families now. In contrast, a majority of beneficiary youth and their non-intervention counterparts highlight that they and their partners are equally responsible for the care of children and/or older persons in their families.

FIGURE 52**Distribution of Unpaid Care and Domestic Work Responsibilities: Youth**

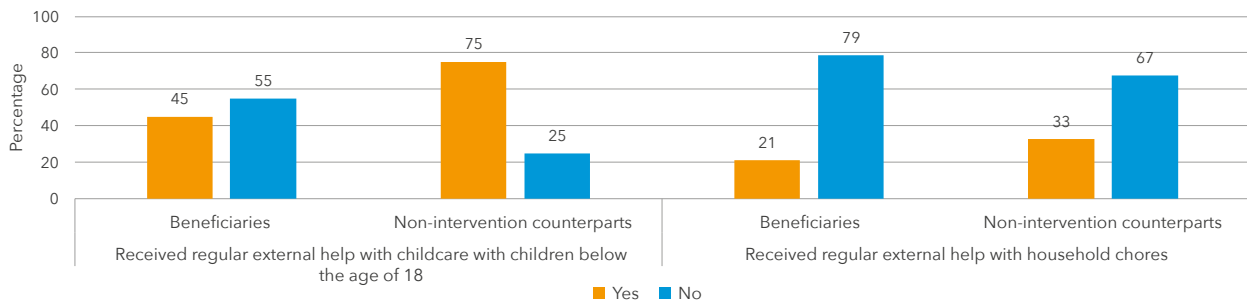
Source: *Beneficiary Survey*

Note: The *Baseline Study* conducted across the six EaP countries in October 2020 revealed that 30 percent of the general population reports that both they and their partners are responsible for looking after the household chores now, and 38 percent reports that both they and their partners are equally responsible for caring for children and/or older persons in the family now.

The availability of regular, external help with household chores and childcare can support women, men and couples in reconciling their family and work lives. However, **most beneficiary youth and their non-intervention counterparts report having no access to regular external help with household chores, and around half report lacking regular external childcare help (Figure 53).**

FIGURE 53

Availability of External Support with Domestic Work and Childcare: Youth



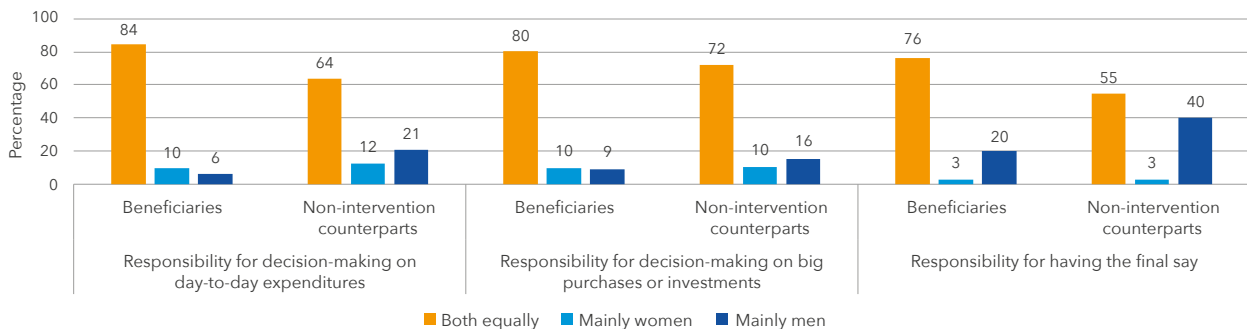
Source: *Beneficiary Survey*

Note: The *Baseline Study* conducted across the six EaP countries in October 2020 revealed that 43 percent of the general population received regular external help with childcare with children below the age of 18, and 26 percent received external help with household chores.

Beneficiary youth are more likely than their non-intervention counterparts to believe that men and women should be equally responsible in making decisions on day-to-day expenditures, big purchases or investments and having the final say in the home (Figure 54).

FIGURE 54

Attitudes Towards Decision-making in the Home: Youth



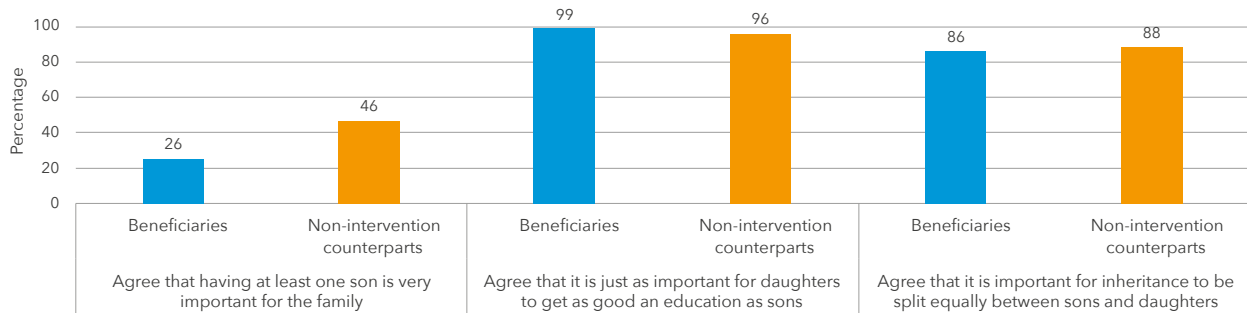
Source: *Beneficiary Survey*

Note: The *Baseline Study* conducted across the six EaP countries in October 2020 revealed that 70 percent of the general population believes that both men and women should be equally responsible in making decisions on day-to-day expenditures, 77 percent believes that both men and women should be equally responsible in making decisions on big purchases or investments, and 51 percent believes that both men and women should be equally responsible for having the final say in the home.

Beneficiary youth are significantly less likely than their non-intervention counterparts to agree that in their countries, having at least one son is very important for the family (Figure 55). Yet the vast majority of beneficiary youth and their non-intervention counterparts believe that the education of daughters and sons is of equal importance and that any inheritance should be equally shared among them (minor differences were observed across both population segments). Several focus group discussion participants also reaffirmed that having a son is often valued in society, alluding to traditional values and the need to pass on the family name, yet some found this belief irrelevant and highlighted the importance of having a good child regardless of gender.

FIGURE 55

Attitudes Towards Son Preference: Youth



Source: *Beneficiary Survey*

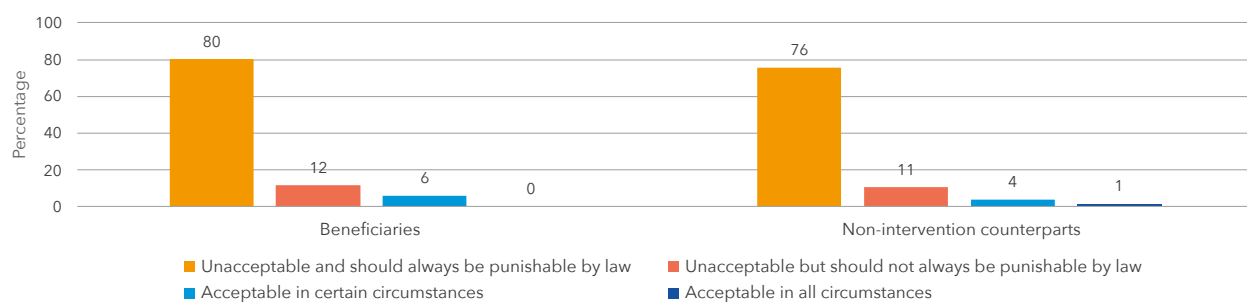
Note: The *Baseline Study* conducted across the six EaP countries in October 2020 revealed that 49 percent of the general population agrees that in their countries, having at least one son is very important for the family, 90 percent believes that the education of daughters and sons is of equal importance, and 82 percent believes that any inheritance should be equally shared among their children.

Module 4. Gender-based violence

Beneficiary Survey results reveal that around three quarters of beneficiary youth and their non-intervention counterparts think that beating a female family member is unacceptable and should always be punishable by law (Figure 56). Around one in ten believe that although it is unacceptable, it should not always be punishable by law. Focus group discussion participants perceive violence against women as a pervasive problem for society, although they believe that its prevalence has been decreasing over time. Key contributing factors to incidences of domestic violence include the lack of education and awareness of women’s rights, parental influence, traditional societal norms and alcohol abuse.

FIGURE 56

Tolerance Towards Beating a Female Family Member: Youth



Source: *Beneficiary Survey*

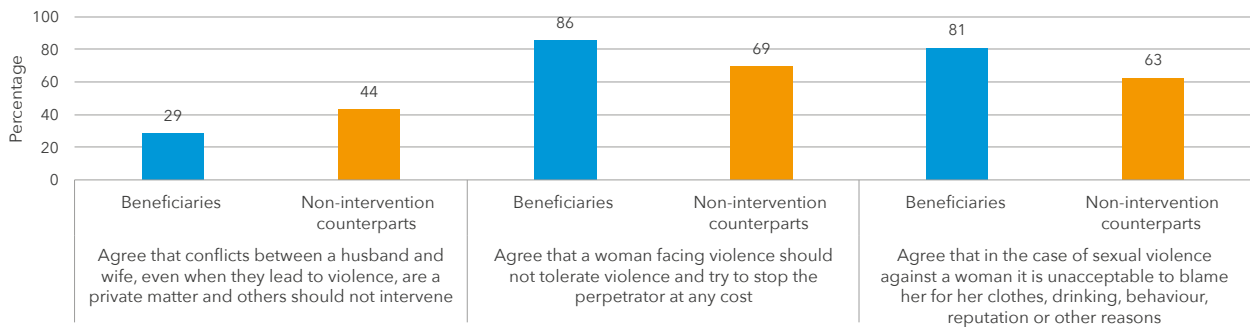
Note: The *Baseline Study* conducted across the six EaP countries in October 2020 revealed that 60 percent of the general population thinks that beating a female family member is unacceptable and should always be punishable by law.

Beneficiary youth are less likely than their non-intervention counterparts to agree that conflicts between a husband and a wife, even when they lead to violence, are private matters and others should not intervene (Figure 57). Beneficiary youth are more likely to believe that a woman who is facing violence in her family should not tolerate violence and should

try to stop the perpetrator at any cost. In cases of sexual violence against a woman, although beneficiary youth are more likely than their non-intervention counterparts to agree that it is unacceptable to blame her for her clothes, drinking behaviour, reputation or other reasons; most respondents support this view.

FIGURE 57

Views Towards Domestic and Sexual Violence: Youth



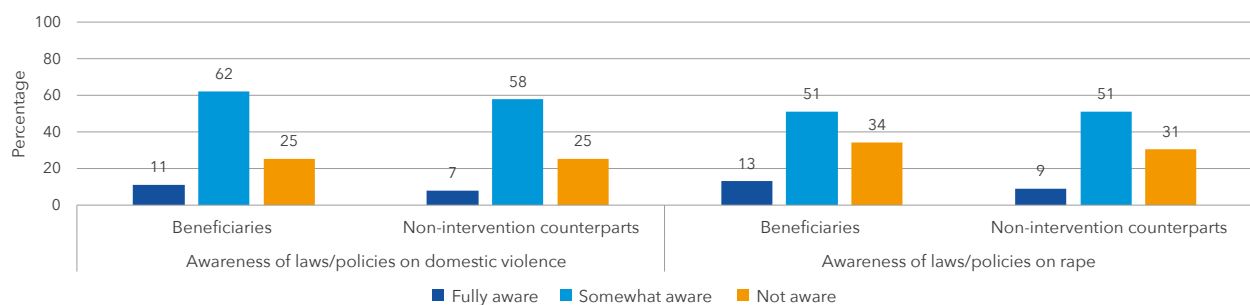
Source: *Beneficiary Survey*

Note: The *Baseline Study* conducted across the six EaP countries in October 2020 revealed that 49 percent of the general population agrees that conflicts between a husband and a wife, even when they lead to violence, are private matters and others should not intervene; 74 percent agrees that a woman who is facing violence in her family should not tolerate violence and should try to stop the perpetrator at any cost; and 52 percent agrees that in the case of sexual violence against a woman, it is unacceptable to blame her for her clothes, drinking behaviour, reputation or other reason, a view supported by most respondents.

Over half of beneficiary youth and their non-intervention counterparts report being somewhat aware of laws and policies on domestic violence (Figure 58). Few are fully aware of such frameworks. The level of awareness of laws and policies on rape is somewhat lower among both population segments, with smaller fractions of beneficiary women and their non-intervention counterparts being somewhat aware and a slightly higher share that reports being fully aware of them. Around two thirds of respondents’ rate policies on domestic violence and rape as somewhat efficient. Among focus group discussion participants, knowledge of laws and regulations related to domestic violence and rape is generally limited, with implementation and enforcement seen as a challenge. Some participants recommended stricter punishments for perpetrators.

FIGURE 58

Awareness of Laws/policies on Domestic Violence and Rape: Youth



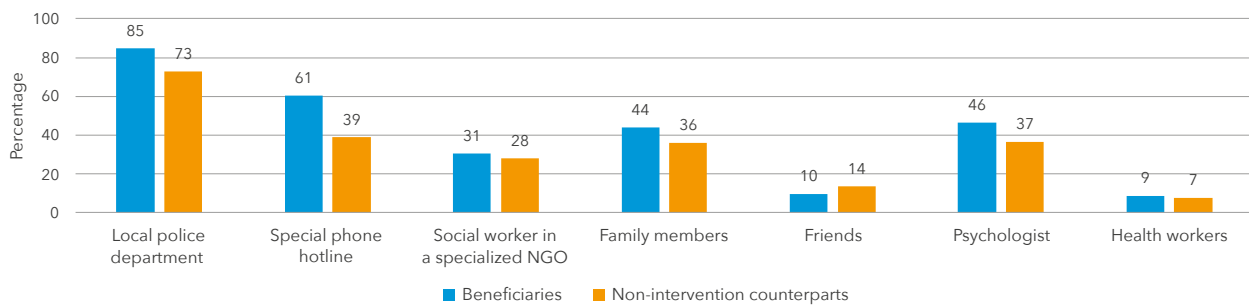
Source: *Beneficiary Survey*

Note: The *Baseline Study* conducted across the six EaP countries in October 2020 revealed that 12 percent of the general population is fully aware of laws/policies on domestic violence and 14 percent is fully aware of laws/policies on rape.

When asked to identify the three most effective sources of support for domestic violence survivors, beneficiary youth were more likely than their non-intervention counterparts to cite local police department's special phone hotlines, psychologists, family members, social workers in specialized NGOs and health workers (Figure 59). In contrast, they were less likely to refer to friends as key sources of support. Many focus group discussion participants consider institutional support systems for women facing violence as insufficient, inefficient or inaccessible. Beyond formal support channels, participants valued intervention from family members, friends, neighbours and strangers to support domestic violence survivors.

FIGURE 59

Effective Sources of Support for Domestic Violence Survivors: Youth

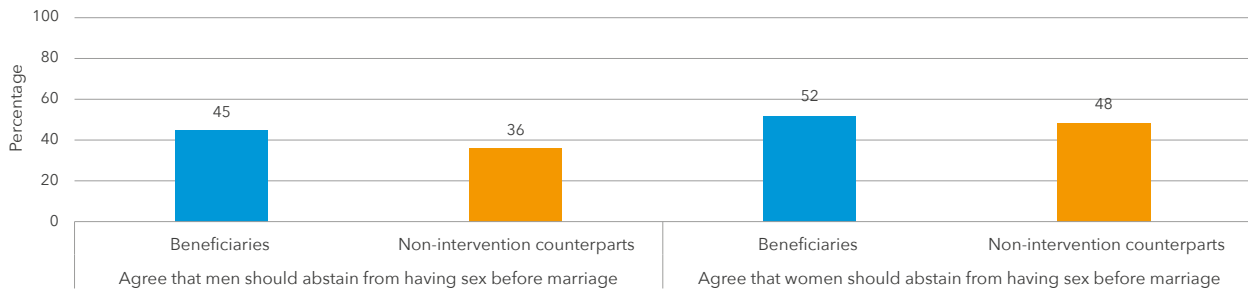


Source: *Beneficiary Survey*

Focus group discussion participants also stressed that prevention of gender-based violence requires awareness-raising measures, education and a change in societal mentality, particularly in rural areas. Participants believe that it is important for individuals to speak up for and give support to those facing violence, and that there is a need for more open discussions on violence against women. Lastly, it was acknowledged that media and entertainment play a role in shaping attitudes and that it should promote respect for women and reject violence.

Module 5. Reproductive health

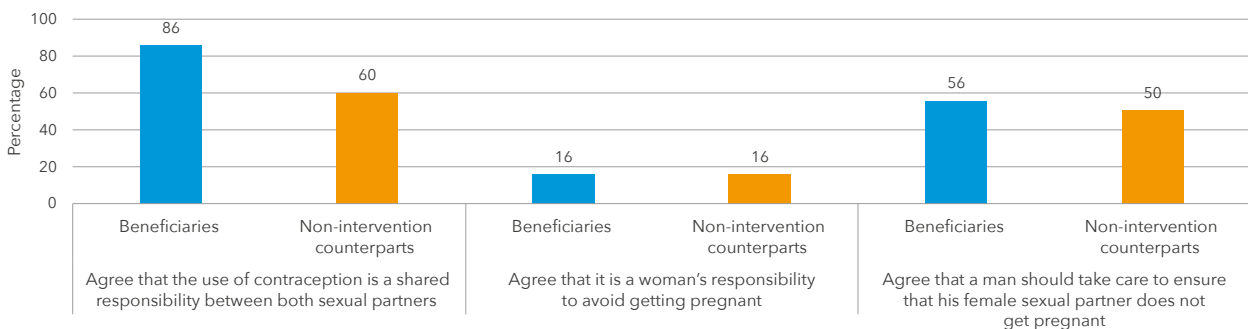
Beneficiary Survey results reveal that nearly half of beneficiary youth and one third of non-intervention counterparts agree that men should abstain from having sex before marriage (Figure 60). In contrast, a higher share agrees that women should abstain from having sex before marriage. Focus group discussion participants had varying opinions on whether men should abstain from sex before marriage, with some stating that there is no need for abstinence, others viewing it as an individual choice, and others citing religious and moral reasons in support of abstinence. Some participants viewed early sexual relationships and children born out of wedlock as immoral and contributing to societal problems.

FIGURE 60**Attitudes Towards Premarital Sex: Youth**

Source: *Beneficiary Survey*

Note: The *Baseline Study* conducted across the six EaP countries in October 2020 revealed that 31 percent of the general population agrees that men should abstain from having sex before marriage and 54 percent agrees that women should abstain from having sex before marriage.

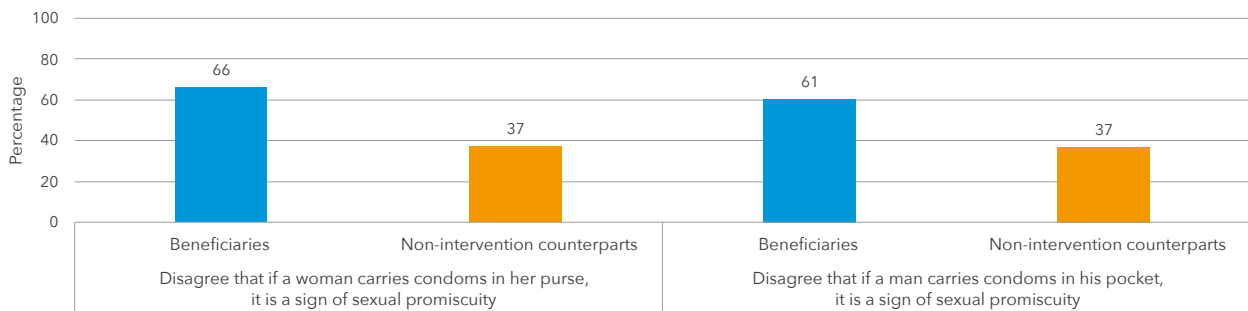
Beneficiary youth are significantly more likely than their non-intervention counterparts to believe that the use of contraception is a shared responsibility between both sexual partners (Figure 61). Relatedly, a minority of beneficiary youth and their non-intervention counterparts agree that it is a woman’s responsibility to avoid getting pregnant; a majority agree that a man should take care to ensure that his female sexual partner does not get pregnant. Views were also mixed among focus group discussion participants, but overall, they highlighted the importance of safe sex practices to prevent both unwanted pregnancies and sexually transmitted diseases, emphasizing the use of condoms as a means of protection.

FIGURE 61**Views on Responsibility Towards Pregnancy: Youth**

Source: *Beneficiary Survey*

Note: The *Baseline Study* conducted across the six EaP countries in October 2020 revealed that 80 percent of the general population believes that the use of contraception is a shared responsibility between both sexual partners, 54 percent agrees that it is a woman’s responsibility to avoid getting pregnant and 66 percent agrees that a man should take care to ensure that his female sexual partner does not get pregnant.

Compared to non-intervention counterparts, beneficiary youth are more likely to disagree that a woman carrying condoms in her purse is a sign of sexual promiscuity (Figure 62). This pattern is also observed when beneficiary youth and their non-intervention counterparts were asked about a man carrying condoms in his pocket instead.

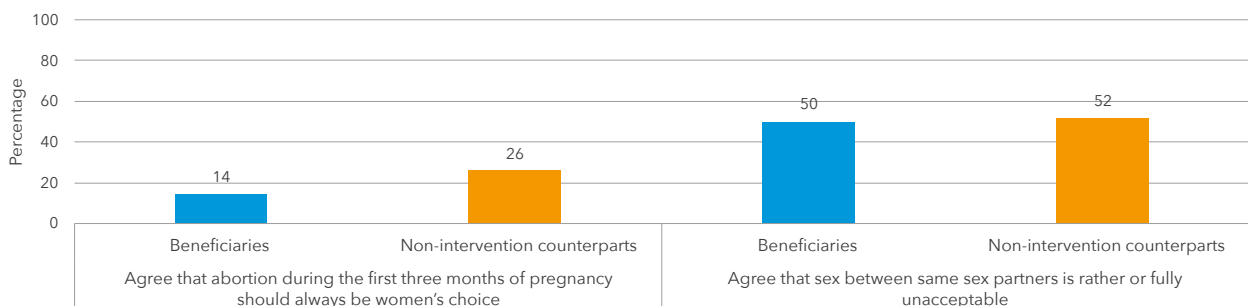
FIGURE 62**Attitudes Towards Carrying Condoms: Youth**

Source: *Beneficiary Survey*

Note: The *Baseline Study* conducted across the six EaP countries in October 2020 revealed that 48 percent of the general population disagrees that if a woman carries condoms in her purse, it is a sign of sexual promiscuity; 57 percent disagrees that if a man carries condoms in his pocket, it is a sign of sexual promiscuity.

Beneficiary youth are less likely than their non-intervention counterparts to believe that abortion during the first three months of pregnancy should always be a woman’s choice. This view is supported by a minority of respondents (Figure 63).

Around half of beneficiary youth and their non-intervention counterparts find sex between same-sex partners either rather or fully unacceptable. Focus group discussion participants also expressed differing views on abortion, with some believing that it is a sin and should be avoided, while others deeming it justifiable in certain circumstances, such as economic hardship or the inability to provide for a child. They noted that in some contexts, sex-selective abortions are becoming a significant problem, resulting in a majority male population. Those who argue that abortion should always be a woman’s choice cite the direct consequences of abortion (or lack thereof) on her physical and mental health. Most focus group discussion participants generally saw same-sex sexual relationships as unacceptable due to traditional family values, societal norms and religious beliefs, expressing their discomfort and opposition to such relationships. Some, however, supported individuals’ freedom of choice to enter same-sex relationships.

FIGURE 63**Views on Abortion and Homosexuality: Youth**

Source: *Beneficiary Survey*

Note: The *Baseline Study* conducted across the six EaP countries in October 2020 revealed that 22 percent of the general population agrees that abortion during the first three months of pregnancy should always be a woman’s choice, and 77 percent agrees that sex between same-sex partners is either rather or fully unacceptable.

Self-reported project impacts on beneficiaries' lives

Focus group discussion participants confirmed that the project allowed them to speak more openly about subjects that were deemed taboo, realizing that many others had similar thoughts and questions about these subjects. They valued the opportunity given to more 'liberal' thinkers to express their views without judgement, since they often have limited spaces where they can speak more openly about their opinions. Participants also appreciated the opportunity to meet other young people and to speak openly about taboo subjects that usually are not discussed with peers but concern them all.

Key takeaways

Attitudes towards gender equality

The project has succeeded in fostering more positive attitudes towards gender equality among beneficiary youth. Efforts should be made to reach the minority of youth who do not endorse gender equality principles and adhere to traditional gender norms and stereotypes, especially in rural areas. Future efforts should continue to promote gender equality as a positive and beneficial concept for society, targeting rural areas to generate more comprehensive change.

Career development and work-life balance

Beneficiary youth are supportive of women's participation in the labour market and believe that childbirth should not hinder women's career development. They acknowledge the importance of work-life balance and family-friendly policies to support women remaining in the labour force and their professional growth. Efforts should be made to mobilize support from policymakers and organizations to implement such policies.

Responsibility for shouldering the unpaid care and domestic work burden

Findings confirm that unpaid care and domestic work burdens remain unequally distributed between partners. The division of unpaid care duties is less polarized, but still far from equal.

Addressing domestic violence

Although beneficiary youth exhibit low levels of tolerance for domestic violence, continued efforts are needed to raise awareness about this pervasive issue, its consequences and available legal protections for survivors.

Shared responsibility for reproductive health

The project has successfully promoted the idea of shared responsibility in reproductive health, including contraception and pregnancy prevention. It has also challenged stereotypes related to premarital sex and the use of contraceptives. Future efforts should focus on mobilizing policymakers to support comprehensive reproductive health education, including safe sex practices and the responsible use of contraceptives. Addressing stereotypes around premarital sex and contraception is also essential.

Women’s leadership and politics and the corporate sector

The project has supported changes in perceptions regarding women’s roles in leadership positions in politics and business. Most beneficiaries agree that women can perform equally well in leadership roles as men, but there is much room for improvement in accepting female bosses and in supporting women’s increased representation in politics.

Open dialogue on sensitive topics

Beneficiary youth value the opportunity to participate in open discussions on sensitive topics related to gender, domestic violence and sexual and reproductive health. This calls for the creation of more safe spaces where youth can freely express their views and concerns without judgement.

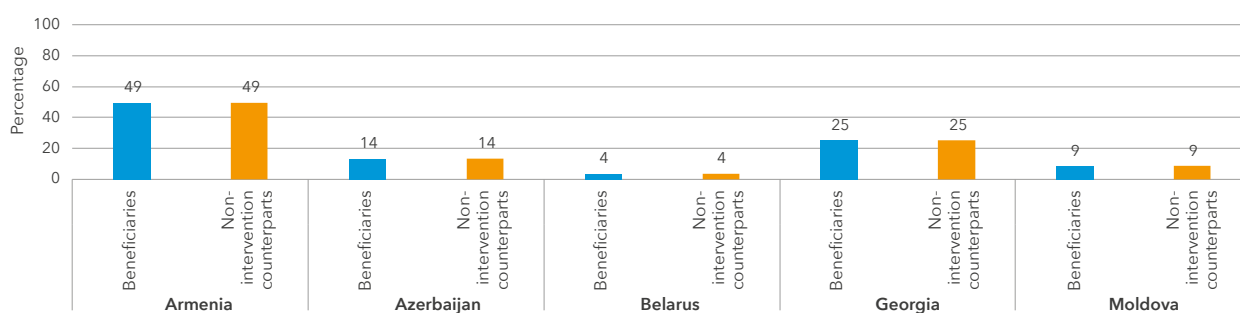
3.E. HEALTH-CARE PROFESSIONALS

Beneficiary health-care professionals and their non-intervention counterparts were interviewed in Armenia, Azerbaijan, Belarus, Georgia and Moldova through the *Beneficiary Survey* and focus group discussions (only beneficiaries). Participants were administered Module 1 on overarching gender perceptions and Module 3 on household and the family.

The *Beneficiary Survey* targeted 199 beneficiary health-care professionals (189 female, 10 male) and 199 non-intervention counterparts (173 female, 26 male). Half of the surveyed beneficiary health-care professionals and their non-intervention counterparts live in Armenia, while around a quarter reside in Georgia (Figure 64).

FIGURE 64

Beneficiary Survey Respondents by Country: Health-care Professionals



Source: *Beneficiary Survey*

Most beneficiary health-care professionals and their non-intervention counterparts are aged 40 to 49 years old. The vast majority are married, and nearly half have two children. Most have completed a higher education degree and are working full-time. Their geographic location can be seen in Table 5.

TABLE 5

Geographic Location of Beneficiaries and Their Non-intervention Counterparts by Country: Health-care Professionals

Country	Beneficiaries	Non-intervention counterparts
Armenia	Lori, Shirak and Tavush	Aragatsotn, Armavir, Yerevan, Kotayk, Ararat, Gegharkunik, Syunik, and Vayots Dzor
Azerbaijan	Baku	Absheron -Xızı
Belarus	Minsk	Minsk, Mogilev, Gomel and Vitebsk regions
Georgia	Imereti, Guria and Tbilisi	Shida Kartli, Samegrelo-Zemo Svaneti and Samtskhe-Javakheti
Moldova	Straseni and Falesti	Soldanesti, Criuleni, Donduseni, Singerei, Glodeni, Hincesti and Telenesti

Source: *Beneficiary Survey*

Summary of findings from the *Beneficiary Survey* and focus group discussions

Module 1. Overarching gender perceptions

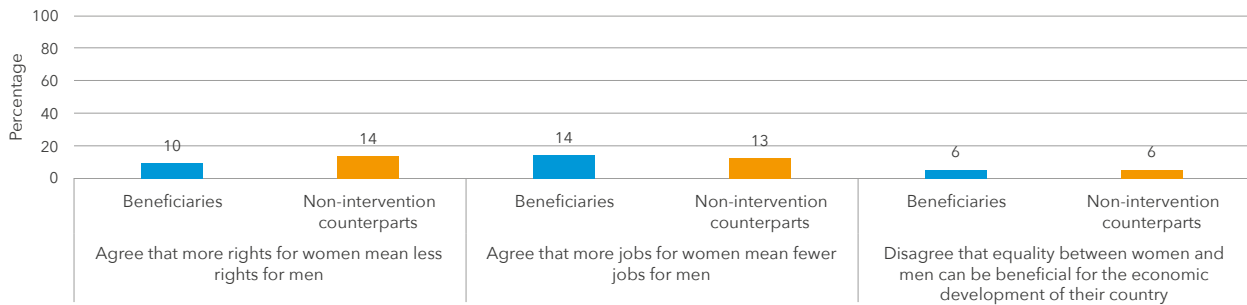
The bulk of beneficiary health-care professionals and their non-intervention counterparts are supportive of equal rights and opportunities for both women and men and view gender equality as highly beneficial for individuals and society as a whole (Figure 65). Among the few that do not endorse this perspective, *Beneficiary Survey* results reveal that beneficiary health-care professionals are less likely than their non-intervention counterparts to agree that more rights for women mean fewer rights for men and equally likely to agree that more jobs for women mean fewer jobs for men. A very small share of respondents disagree that equality between women and men can be beneficial for their country's economic development.

Focus group discussion participants expressed that progress has been made towards achieving gender equality. Positive changes that were noted include increased access to jobs and leadership positions, increased involvement of men in childcare and household chores, increased acceptance of paternity leave and decreased prevalence of violence against women (note, however, that participants believed that many cases of violence against women continue to go unreported).

Some participants acknowledged that gender norms and stereotypes are becoming less rigid, allowing individuals to pursue a wider variety of careers, and some acknowledged that shared responsibilities in childcare and household management benefit families and improve relationships between partners. Some participants acknowledged prevailing gender gaps in access to education and employment and noted differences in progress towards achieving gender equality between urban and rural areas.

FIGURE 65

Attitudes Towards Women’s Rights and Opportunities: Health-care Professionals



Source: *Beneficiary Survey*

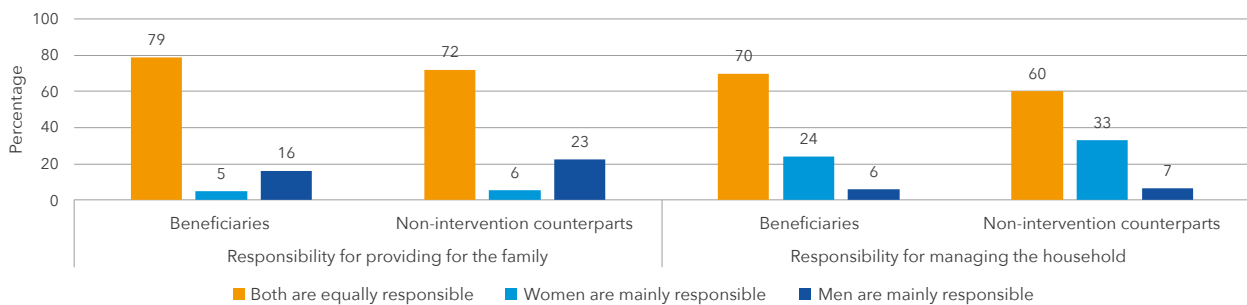
Note: The *Baseline Study* conducted across the six EaP countries in October 2020 revealed that 23 percent of the general population agrees that more rights for women mean fewer rights for men, 21 percent agrees that more jobs for women mean fewer jobs for men, and 12 percent disagrees that equality between women and men can be beneficial for the economic development of their country.

Beneficiary health-care professionals are more likely than their non-intervention counterparts to believe that women and men are equally responsible for providing for the family and for managing the household (Figure 66). Some, however, do not support this view and adhere to traditional gender norms and stereotypes that dictate that men are expected to be the main providers for the family and that women are expected to be primarily responsible for managing the household and caring for children.

Views on the responsibility for providing for the family and managing the household varied among focus group discussion participants. Some suggested that these responsibilities should be divided based on traditional gender roles, while others advocated for an equal distribution. Flexibility and open communication among partners were seen as crucial for determining roles and responsibilities based on individual skills and preferences.

FIGURE 66

Attitudes Towards Responsibility for Providing for the Family and for Managing the Household: Health-care Professionals



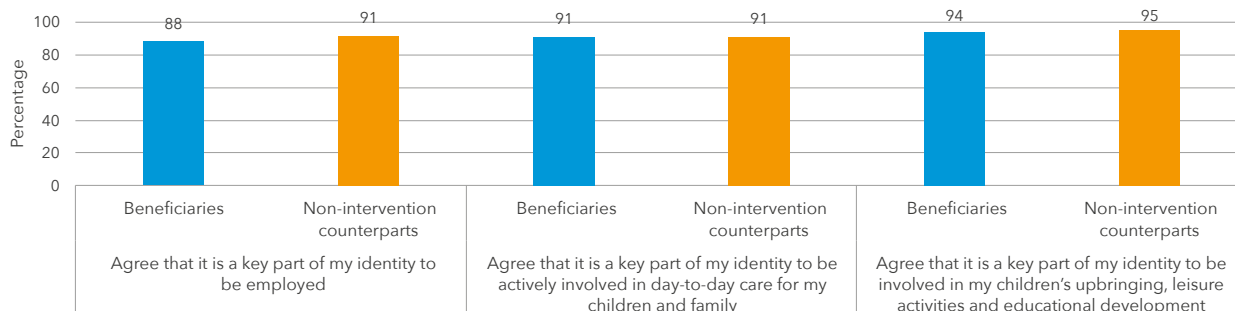
Source: *Beneficiary Survey*

Note: The *Baseline Study* conducted across the six EaP countries in October 2020 revealed that 55 percent of the general population believes that both women and men are equally responsible for providing for the family, and 45 percent believes that both women and men are equally responsible for managing the household.

Most beneficiary health-care professionals and their non-intervention counterparts see both participating in the labour market and being actively involved in childcare and their children’s upbringing as key to their identity (Figure 67).

FIGURE 67

Views on Key Personality Traits: Health-care Professionals



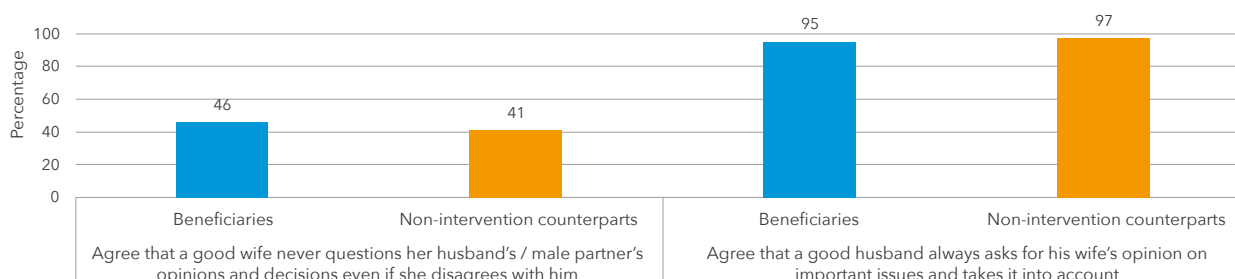
Source: *Beneficiary Survey*

Note: The *Baseline Study* conducted across the six EaP countries in October 2020 revealed that 87 percent of the general population agrees that it is a key part of their identity to have a job, 79 percent agrees that it is a key part of their identity to be actively involved in day-to-day care for their children and family, and 89 percent agrees that it is a key part of their identity to be involved in their children’s upbringing, leisure activities and educational development.

Under half of beneficiary health-care professionals and their non-intervention counterparts believe that a good wife never questions her husband’s or male partner’s opinions and decisions, even if she disagrees with him (Figure 68). The vast majority of beneficiary health-care professionals and their non-intervention counterparts, however, agree that a good husband always asks for his wife’s opinion on important issues and then takes it into account.

FIGURE 68

Adherence to Good Wife and Good Husband Stereotypes: Health-care Professionals



Source: *Beneficiary Survey*

Note: The *Baseline Study* conducted across the six EaP countries in October 2020 revealed that 52 percent of the general population agrees that a good wife never questions her husband’s/male partner’s opinions and decisions even if she disagrees with him, and 87 percent agrees that a good husband always asks for his wife’s opinion on important issues and then takes it into account.

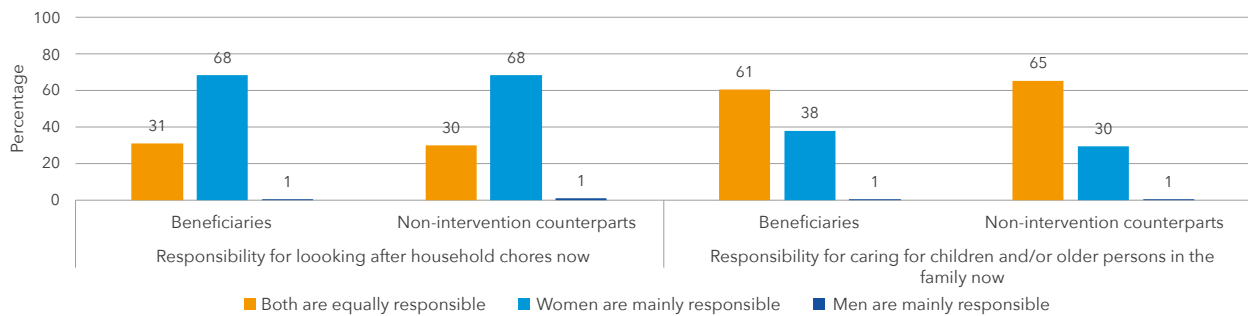
Module 3. Household and Family

Beneficiary Survey results confirm that beneficiary health-care professionals are equally likely as their non-intervention counterparts to report that they and their partners are equally responsible for looking after household chores in their families now, a view that is supported

by a minority of respondents (Figure 69). In fact, two thirds of beneficiary health-care professionals and their non-intervention counterparts state that women are primarily responsible for performing unpaid domestic tasks in their families now. In contrast, most highlight that they and their partners are equally responsible for the care of children and/or older persons in their families.

FIGURE 69

Distribution of Unpaid Care and Domestic Work Responsibilities: Health-care Professionals



Source: *Beneficiary Survey*

Note: The *Baseline Study* conducted across the six EaP countries in October 2020 revealed that 30 percent of the general population reports that both they and their partners are responsible for looking after the household chores now, and 38 percent reports that both they and their partners are equally responsible for caring for children and/or older persons in the family now.

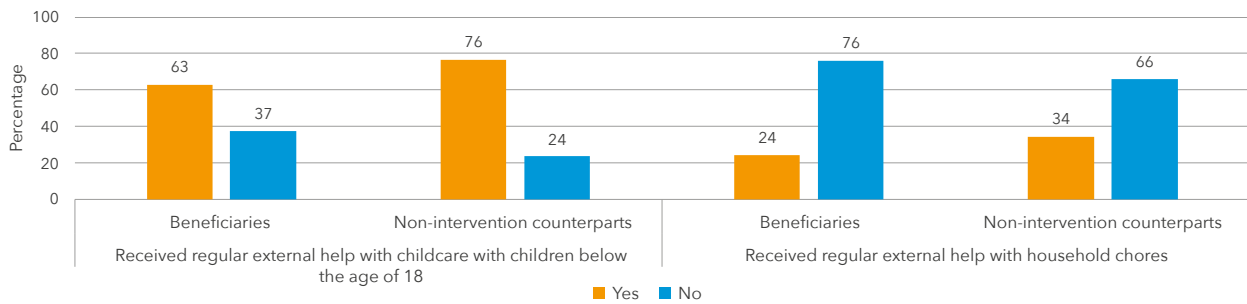
Focus group discussion participants stressed that the involvement of men in pregnancy and childbirth has increased in recent years, with more fathers attending prenatal consultations and expressing interest in prenatal care. This is attributed to increased awareness, changing societal norms and exposure to different cultural practices. Yet participants reported that barriers such as long working hours, indifference, shame/fear of public opinion, lack of experience, fear of harming the child, lack of positive role models, women’s over-protection, traditional gender roles and cultural and religious beliefs continue to prevent many men from actively participating in these processes. Further, a limited number of participants reported that the presence of mother-and-child consultation rooms in clinics was seen as excluding fathers and reinforcing gender stereotypes and that doctors can perceive men’s involvement as a threat to their authority and professionalism.

In order to overcome these barriers and stereotypes, participants highlighted the importance of education and awareness to further men’s active participation, including through communication campaigns, parenting courses for fathers and mothers and teaching boys about child-care and housework from a young age to break the cycle of traditional gender roles. Women, in particular, were identified as key agents of change for achieving increased involvement by fathers.

The availability of regular, external help with household chores and childcare can support women, men and couples in reconciling their family and work lives. **Most beneficiary health-care professionals and their non-intervention counterparts report having no access to regular external help with household chores, but the majority acknowledged receiving childcare help (Figure 70).**

FIGURE 70

Availability of External Support with Domestic Work and Childcare: Health-care Professionals



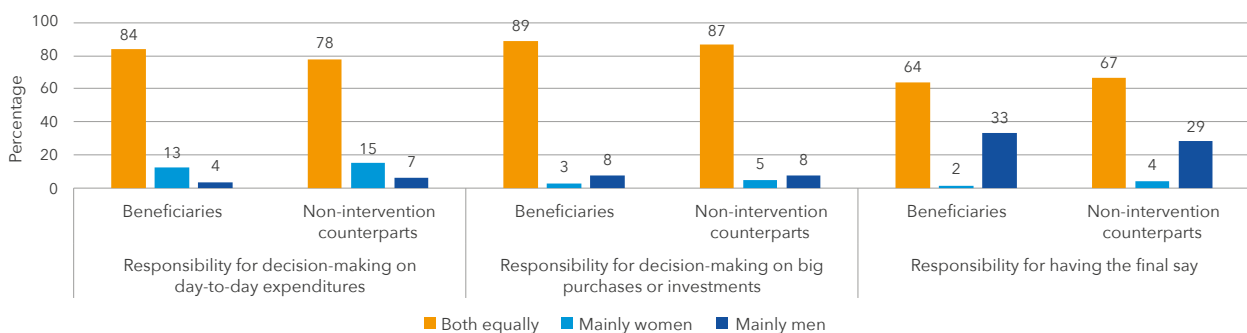
Source: *Beneficiary Survey*

Note: The *Baseline Study* conducted across the six EaP countries in October 2020 revealed that 43 percent of the general population received regular external help with childcare with children below the age of 18, and 26 percent received external help with household chores.

Most beneficiary health-care professionals and their non-intervention counterparts believe that both men and women should be equally responsible in making decisions on day-to-day expenditures and big purchases or investments. A smaller majority view having the final say in the home as a shared responsibility (Figure 71). Decision-making regarding daily expenses and major purchases or investments was approached differently by focus group participants. Some believed in women’s ability to handle budgeting and cost-saving, while others emphasized the importance of making joint decisions and considering each other’s opinions in resolving household and financial matters.

FIGURE 71

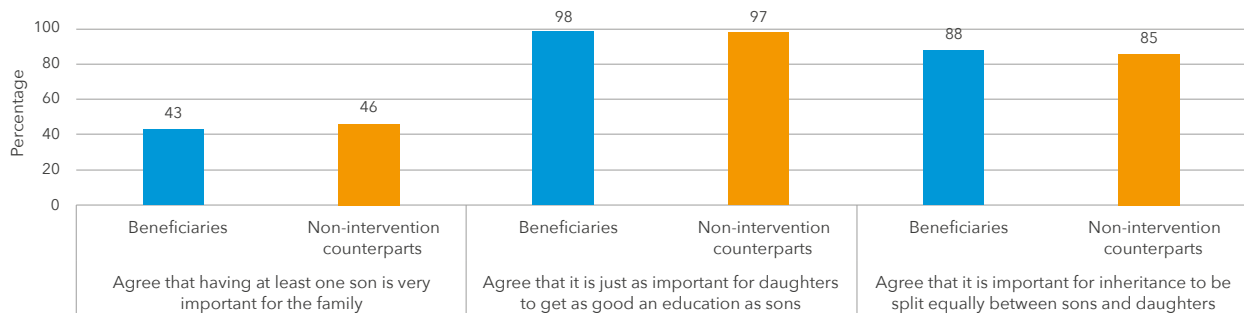
Attitudes Towards Decision-making in the Home: Health-care Professionals



Source: *Beneficiary Survey*

Note: The *Baseline Study* conducted across the six EaP countries in October 2020 revealed that 70 percent of the general population believes that both men and women should be equally responsible in making decisions on day-to-day expenditures, 77 percent believes that both men and women should be equally responsible in making decisions on big purchases or investments, and 51 percent believes that both men and women should be equally responsible for having the final say in the home.

Under half of beneficiary health-care professionals and their non-intervention counterparts agree that in their countries, having at least one son is very important for the family; a similar percentage disagrees with this view (Figure 72). Yet the vast majority of beneficiary health-care professionals and their non-intervention counterparts believe that the education of daughters and sons is of equal importance and that any inheritance should be equally shared among them. Minor differences were observed across both population segments.

FIGURE 72**Attitudes Towards Son Preference: Health-care Professionals**

Source: *Beneficiary Survey*

Note: The *Baseline Study* conducted across the six EaP countries in October 2020 revealed that 49 percent of the general population agrees that in their countries, having at least one son is very important for the family, 90 percent believes that the education of daughters and sons is of equal importance, and 82 percent believes that any inheritance should be equally shared among them.

Self-reported impacts of the project on beneficiaries' lives

The question of “*What aspects of your life have changed as a result of your participation in the project’s activities?*” was not posed to health-care professionals who participated in focus group discussions.

Key takeaways**Attitudes towards gender equality**

The project successfully contributed to fostering support for equal rights and opportunities for both women and men in the community of health-care professionals. They recognize the benefits of gender equality for individuals and society.

Responsibility for providing for the family and shouldering the unpaid care and domestic work burden

Beneficiary health-care professionals are more likely to believe in shared responsibilities for providing for the family and managing the household, challenging the stereotype that men should be the sole providers. Future efforts should continue to promote the idea of shared responsibility for both household chores and childcare, emphasizing the benefits of such an approach.

Promotion of active fatherhood

The project has encouraged the involvement of men in childcare, including attending prenatal consultations, a significant step in breaking down traditional gender roles. It is important to address the remaining barriers to participation, including cultural beliefs and a lack of positive role models.

Involve women as agents of change

Women have a pivotal role in advocating for fathers’ increased involvement in childcare and housework. Future efforts need to engage women in partnership with health-care professionals as agents of change in promoting gender equality in this regard.

Gender stereotypes in health-care settings

Gender stereotypes prevail in health-care settings and need to be addressed, such as the perception that fathers' involvement is a threat to medical authority. There is a need for further work on creating inclusive spaces for fathers to participate in prenatal care and childbirth.

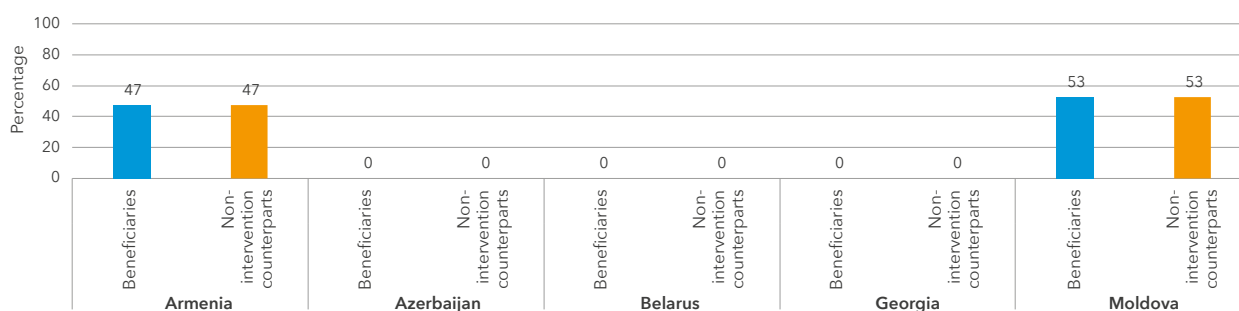
3.F. WOMEN WITH DISABILITIES

Beneficiary women with disabilities and their non-intervention counterparts were interviewed in Armenia and Moldova through the *Beneficiary Survey* and focus group discussions (only beneficiaries). Participants were administered Module 1 on overarching gender perceptions, Module 3 on household and family, Module 4 on gender-based violence and Module 5 on reproductive health.

The *Beneficiary Survey* targeted 55 beneficiary women with disabilities and 55 non-intervention counterparts. Around half of the surveyed beneficiary women with disabilities and their non-intervention counterparts live in Armenia; the other half reside in Moldova (Figure 73).

FIGURE 73

Beneficiary Survey Respondents by Country: Women with Disabilities



Source: *Beneficiary Survey*

Beneficiary women with disabilities tend to be younger than their non-intervention counterparts. The majority across both groups do not have children. Beneficiary women with disabilities are more likely than their non-intervention counterparts to have completed secondary special education or higher education. Beneficiary women with disabilities are more likely than their non-intervention counterparts to work full time and less likely to be unable to work due to disability. Their geographic location can be seen in Table 6.

TABLE 6

Geographic Location of Beneficiaries and Their Non-intervention Counterparts by Country: Women with Disabilities

Country	Beneficiaries	Non-intervention counterparts
Armenia	Lori, Shirak and Tavush	Kotayk, Syunik, Armavir, Gegharkunik and Aragatsotn
Moldova	Straseni and Falesti	Criuleni, Soldanesti, Telenesti, Ialoveni, Donduseni, Singerei, Glodeni, Hincesti and Cimisia

Source: *Beneficiary Survey*

Summary of findings from the *Beneficiary Survey* and focus group discussions

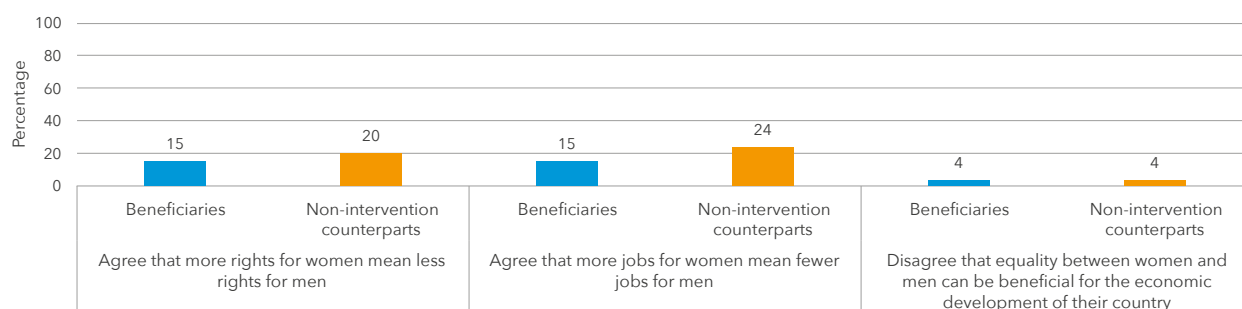
Module 1. Overarching gender perceptions

The bulk of beneficiary women with disabilities and their non-intervention counterparts is supportive of equal rights and opportunities for both women and men and views gender equality as highly beneficial for individuals and society as a whole (Figure 74). Among the few that do not endorse this perspective, *Beneficiary Survey* results reveal that beneficiary women with disabilities are less likely than their non-intervention counterparts to agree that more rights for women mean fewer rights for men and that more jobs for women mean fewer jobs for men. A very small share of respondents disagree that equality between women and men can be beneficial for the economic development of their country.

Compared to their childhood, focus group discussion participants agree that there has been progress towards gender equality through increased access to employment and leadership opportunities for women in various sectors, including education, government and police, and through greater decision-making power. Participants mentioned that historically, men have made almost all decisions, but that now women also have the right to make decisions.

FIGURE 74

Attitudes Towards Women’s Rights and Opportunities: Women with Disabilities



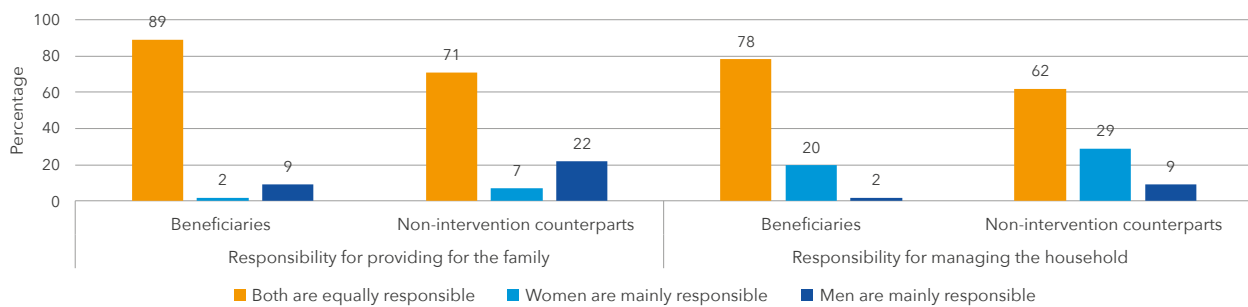
Source: *Beneficiary Survey*

Note: The *Baseline Study* conducted across the six EaP countries in October 2020 revealed that 23 percent of the general population agrees that more rights for women mean fewer rights for men, 21 percent agrees that more jobs for women mean fewer jobs for men, and 12 percent disagrees that equality between women and men can be beneficial for the economic development of their country.

Beneficiary women with disabilities are more likely than their non-intervention counterparts to believe that women and men are equally responsible for providing for the family and for managing the household (Figure 75). Some others, however, do not support this view and adhere to traditional gender norms and stereotypes that dictate that men are expected to be the main providers for the family, while women are expected to be primarily responsible for managing the household and caring for children.

FIGURE 75

Attitudes Towards Responsibility for Providing for the Family and for Managing the Household: Women with Disabilities



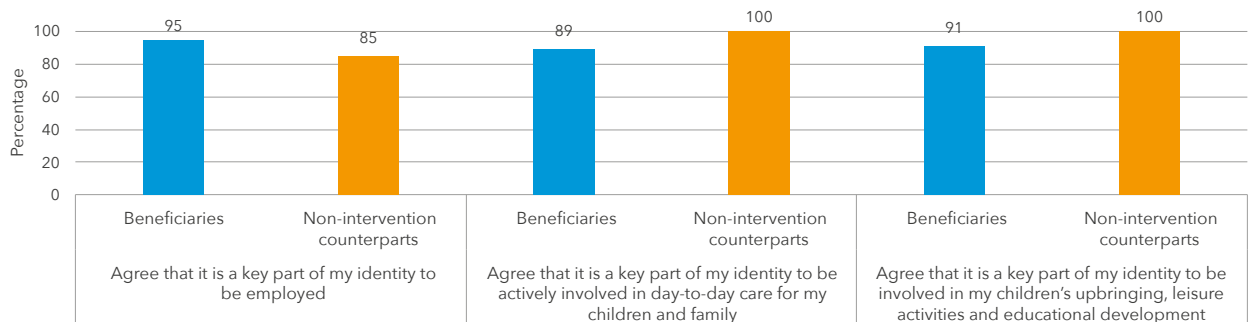
Source: *Beneficiary Survey*

Note: The *Baseline Study* conducted across the six EaP countries in October 2020 revealed that 55 percent of the general population believes that both women and men are equally responsible for providing for the family; 45 percent believes that both women and men are equally responsible for managing the household.

Most beneficiary women with disabilities and their non-intervention counterparts value participating in the labour market and being actively involved in childcare and their children’s upbringing (Figure 76).

FIGURE 76

Views on Key Personality Traits: Women with Disabilities



Source: *Beneficiary Survey*

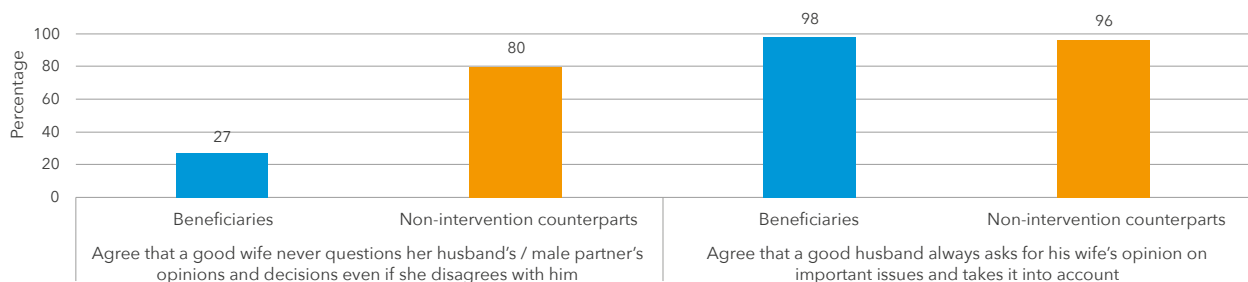
Note: The *Baseline Study* conducted across the six EaP countries in October 2020 revealed that 87 percent of the general population agrees that it is a key part of their identity to have a job, 79 percent agrees that it is a key part of their identity to be actively involved in day-to-day care for their children and family, and 89 percent agrees that it is a key part of their identity to be involved in their children’s upbringing, leisure activities and educational development.

Compared to their non-intervention counterparts, beneficiary women with disabilities are significantly less likely to believe that a good wife never questions her husband’s or partner’s

opinions and decisions, even if she disagrees with him (Figure 77). Most beneficiary women with disabilities and their non-intervention counterparts, however, agree that a good husband always asks for his wife’s opinion on important issues and then takes it into account. Most focus group discussion participants believed that both women and men should be equally responsible for providing for the family financially, yet in terms of household management, participants generally felt that women were better suited for that role or highlighted the importance of men *supporting* their wives.

FIGURE 77

Adherence to Good Wife and Good Husband Stereotypes: Women with Disabilities



Source: *Beneficiary Survey*

Note: The *Baseline Study* conducted across the six EaP countries in October 2020 revealed that 52 percent of the general population agrees that a good wife never questions her husband’s/male partner’s opinions and decisions, even if she disagrees with him, and 87 percent agrees that a good husband always asks for his wife’s opinion on important issues and then takes it into account.

Module 2. Employment and leadership

Focus group discussions confirmed that women with disabilities face difficulties in accessing well-paying jobs due to discrimination from recruiters, who are likely to claim they do not meet job requirements, and the lack of necessary equipment to get to and in the workplace, such as transportation and ramps. Mothers with a child with disabilities are reported to have even fewer opportunities for employment, as they often need to provide constant care for their children.

Participants highlighted the lack of inclusive learning and physical barriers faced by students with disabilities in schools and universities. Transportation was identified as a particularly major barrier, especially in rural areas. Participants also reported episodes of discrimination against women and girls with disabilities in schools and universities, such as being told not to touch desks to avoid infection. This lack of understanding and acceptance from fellow students makes it harder for them to participate fully in education and society. As a result, participants believe that it is important for parents to educate their children about disabilities and for schools to hold meetings to combat stereotypes and misconceptions.

Module 3. Household and Family

Beneficiary Survey data confirms that beneficiary women with disabilities are less likely than their non-intervention counterparts to report that they and their partners are equally responsible for looking after household chores in their families now, a view that is supported

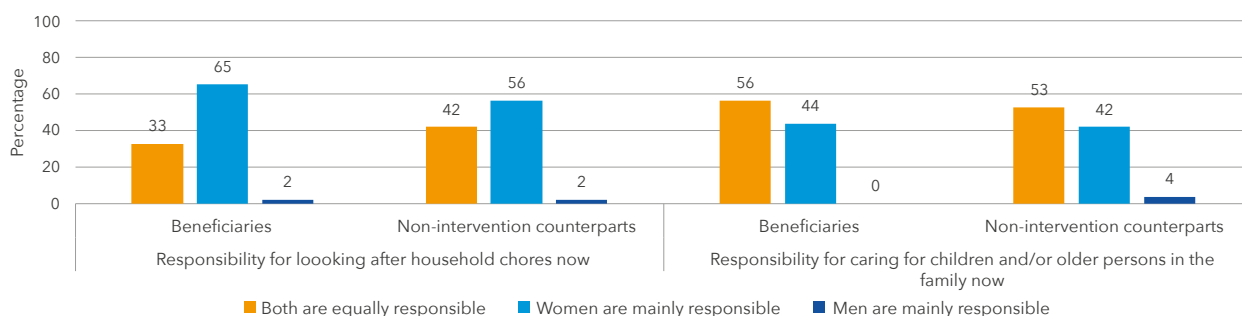
by a minority of respondents (Figure 78). In fact, most beneficiary women with disabilities and their non-intervention counterparts state that women are primarily responsible for performing unpaid domestic tasks in their families now. In contrast, over half of beneficiary women with disabilities and their non-intervention counterparts highlight that they and their partners are equally responsible for the care of children and/or older persons in their families.

Some focus group discussion participants mentioned doing all household chores by themselves, while others indicated that these are often managed through collaboration and mutual agreement with other family members. External help is sometimes sought, such as assistance from relatives, particularly when physical disabilities impede the independent performance of certain tasks. The distribution of childcare responsibilities is also reported to vary, with some participants taking more care of their children due to their partners being away.

Participants generally expressed satisfaction with the division of labour in their families, although some expressed a desire for more shared responsibilities. Participants' disabilities or their children's disabilities are generally accepted and supported by their partners and immediate family members. Some initially faced challenges and negative attitudes from distant relatives or outsiders, but they worked to educate and raise awareness about disability.

FIGURE 78

Distribution of Unpaid Care and Domestic Work Responsibilities: Women with Disabilities



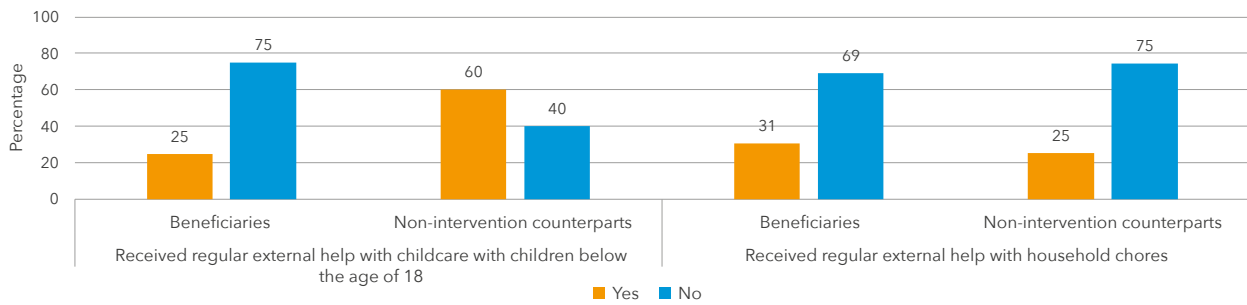
Source: *Beneficiary Survey*

Note: The *Baseline Study* conducted across the six EaP countries in October 2020 revealed that 30 percent of the general population reports that both they and their partners are responsible for looking after the household chores now, and 38 percent reports that both they and their partners are equally responsible for caring for children and/or older persons in the family now.

The availability of regular, external help with household chores and childcare can support women, men and couples to reconcile their family and work life. **Most beneficiary women with disabilities and their non-intervention counterparts, however, report having no access to regular external help with household chores, while beneficiary women with disabilities are significantly less likely to report lacking regular external childcare help, compared to their non-intervention counterparts (Figure 79).**

FIGURE 79

Availability of External Support with Domestic Work and Childcare: Women with Disabilities



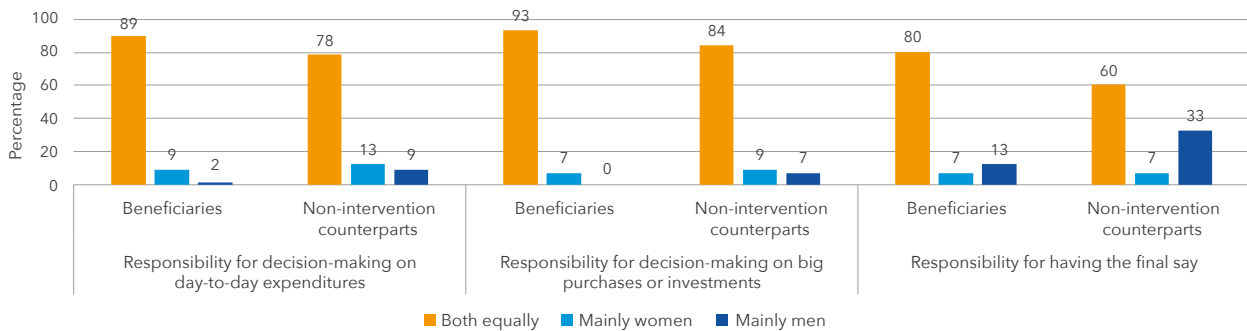
Source: *Beneficiary Survey*

Note: The *Baseline Study* conducted across the six EaP countries in October 2020 revealed that 43 percent of the general population received regular external help with childcare with children below the age of 18; 26 percent received external help with household chores.

Most beneficiary women with disabilities and their non-intervention counterparts believe that both men and women should be equally responsible in making decisions on day-to-day expenditures and big purchases or investments and for having the final say in the home. A smaller majority across both segments views having the final say in the home as a shared responsibility between women and men (Figure 80). Most focus group discussion participants highlighted that decisions on day-to-day expenditures and major purchases are often made together, with both partners engaging in discussions and aiming to reach a consensus.

FIGURE 80

Attitudes Towards Decision-making in the Home: Women with Disabilities



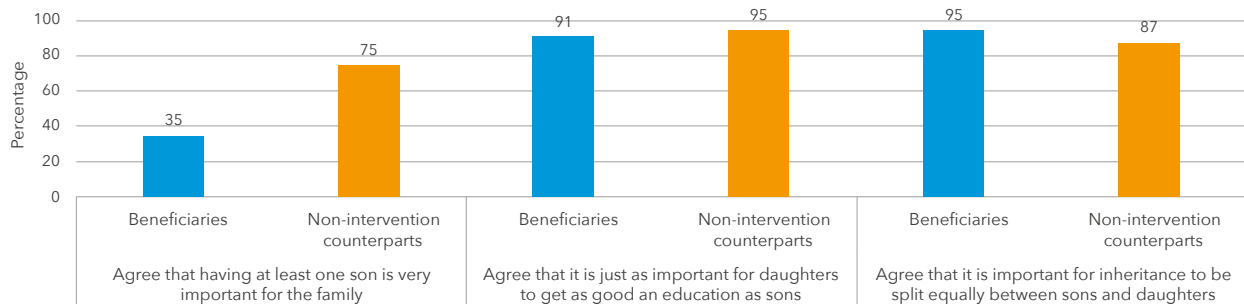
Source: *Beneficiary Survey*

Note: The *Baseline Study* conducted across the six EaP countries in October 2020 revealed that 70 percent of the general population believes that both men and women should be equally responsible in making decisions on day-to-day expenditures, 77 percent believes that both men and women should be equally responsible in making decisions on big purchases or investments, and 51 percent believes that both men and women should be equally responsible for having the final say in the home.

Beneficiary women with disabilities are significantly less likely than their non-intervention counterparts to agree that in their countries, having at least one son is very important for the family (Figure 81). However, the vast majority of beneficiary women with disabilities and their non-intervention counterparts believe that the education of daughters and sons is of equal importance and that any inheritance should be equally shared among them (minor differences were observed across both population segments).

FIGURE 81

Attitudes Towards Son Preference: Women with Disabilities



Source: *Beneficiary Survey*

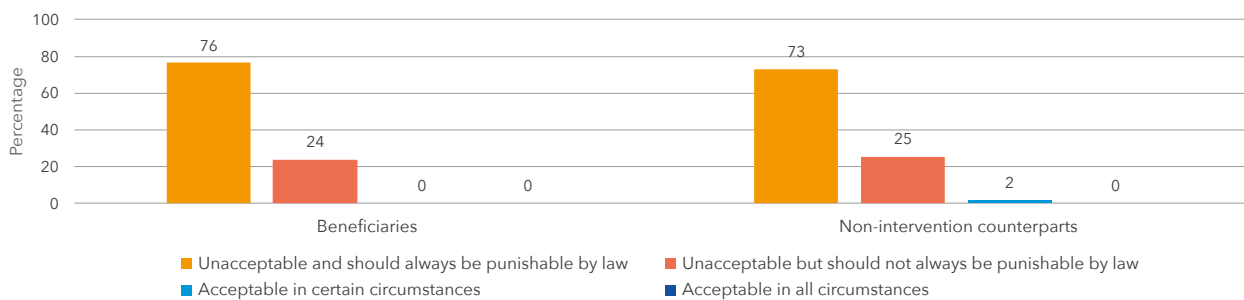
Note: The *Baseline Study* conducted across the six EaP countries in October 2020 revealed that 49 percent of the general population agrees that in their countries, having at least one son is very important for the family, 90 percent believes that the education of daughters and sons is of equal importance, and 82 percent believes that any inheritance should be equally shared among them.

Module 4. Gender-based violence

Beneficiary Survey results reveal that around three quarters of beneficiary women with disabilities and their non-intervention counterparts think that beating a female family member is unacceptable and should always be punishable by law (Figure 82). Around a quarter believe that it is unacceptable, but that it should not always be punishable by law.

FIGURE 82

Tolerance Towards Beating a Female Family Member: Women with Disabilities



Source: *Beneficiary Survey*

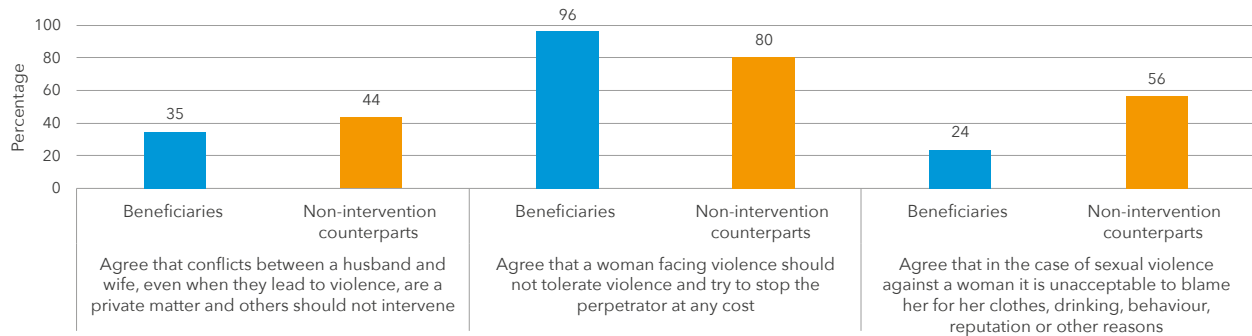
Note: The *Baseline Study* conducted across the six EaP countries in October 2020 revealed that 60 percent of the general population thinks that beating a female family member is unacceptable and should always be punishable by law.

Beneficiary women with disabilities are less likely than their non-intervention counterparts to agree that conflicts between a husband and a wife, even when they lead to violence, are private matters and that others should not intervene (Figure 83). Beneficiary women with disabilities are also more likely to believe that a woman who is facing violence in her family should not tolerate the violence and should try to stop the perpetrator at any cost. Non-intervention counterparts are more likely to believe that women who face violence should tolerate that violence for the sake of keeping their family together. In the case of sexual violence against a woman, beneficiary women with disabilities are less likely than their non-intervention counterparts to agree that it is unacceptable to blame her for her clothes, drinking, behaviour,

reputation or other reason; over half of beneficiary women disagree with this view, compared to one third of their non-intervention counterparts.

FIGURE 83

Views Towards Domestic and Sexual Violence: Women with Disabilities



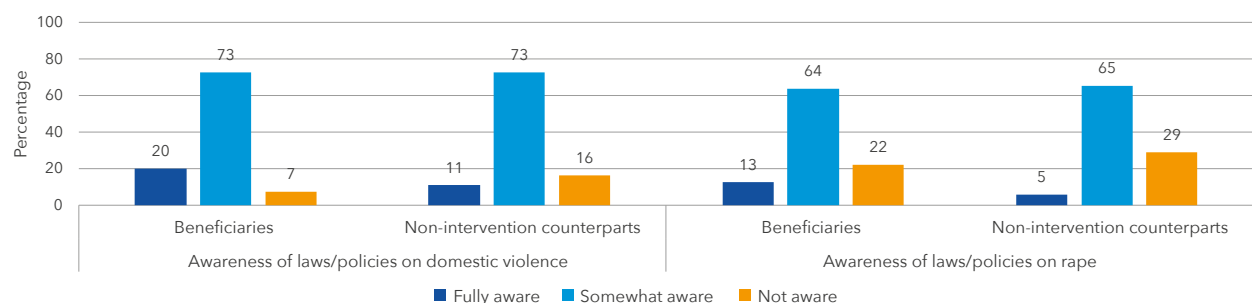
Source: *Beneficiary Survey*

Note: The *Baseline Study* conducted across the six EaP countries in October 2020 revealed that 49 percent of the general population agrees that conflicts between a husband and a wife, even when they lead to violence, are private matters and others should not intervene; 74 percent agrees that a woman who is facing violence in her family should not tolerate the violence and should try to stop the perpetrator at any cost; and 52 percent agrees that in the case of sexual violence against a woman, it is unacceptable to blame her for her clothes, drinking behaviour, reputation or other reason; a view supported by most respondents.

Around three quarters of beneficiary women with disabilities and their non-intervention counterparts report being somewhat aware of laws and policies on domestic violence (Figure 84). Small shares of beneficiary women and their non-intervention counterparts are fully aware of such frameworks. The level of awareness of laws and policies on rape is somewhat lower among both population segments, with smaller fractions of beneficiary women and their non-intervention counterparts being somewhat aware and fully aware of them. A majority of respondents rate these frameworks as somewhat efficient, although this view is more widespread among non-intervention counterparts for both laws and policies on domestic violence.

FIGURE 84

Awareness of Laws/policies on Domestic Violence and Rape: Women with Disabilities



Source: *Beneficiary Survey*

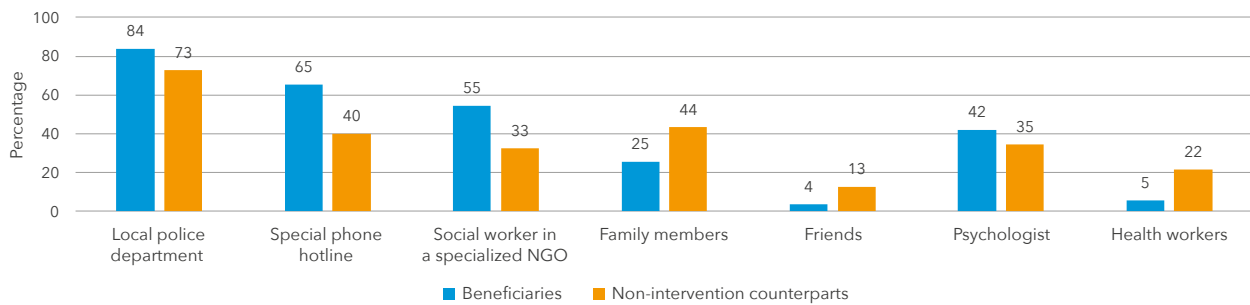
Note: The *Baseline Study* conducted across the six EaP countries in October 2020 revealed that 12 percent of the general population is fully aware of laws/policies on domestic violence and 14 percent is fully aware of laws/policies on rape.

When asked to identify the three most effective sources of support for domestic violence survivors, beneficiary women with disabilities were more likely than their non-intervention

counterparts to cite local police departments, special phone hotlines, social workers in specialized NGOs and psychologists (Figure 85). In contrast, beneficiary women were less likely than their non-intervention counterparts to refer to family members, friends and health workers as key sources of support.

FIGURE 85

Effective Sources of Support for Domestic Violence Survivors: Women with Disabilities



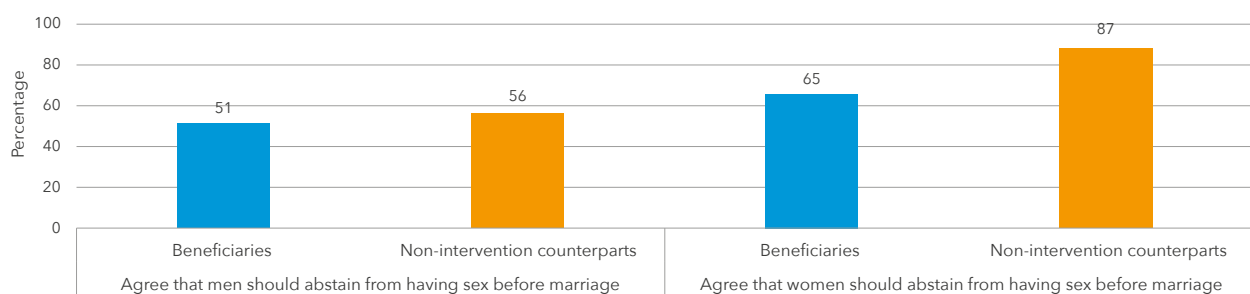
Source: *Beneficiary Survey*

Module 5. Reproductive health

Beneficiary Survey results confirm that around half of beneficiary women with disabilities and their non-intervention counterparts agree that men should abstain from having sex before marriage (Figure 86). In contrast, two thirds of beneficiary women with disabilities and a higher share of their non-intervention counterparts agree that women should abstain from premarital sex.

FIGURE 86

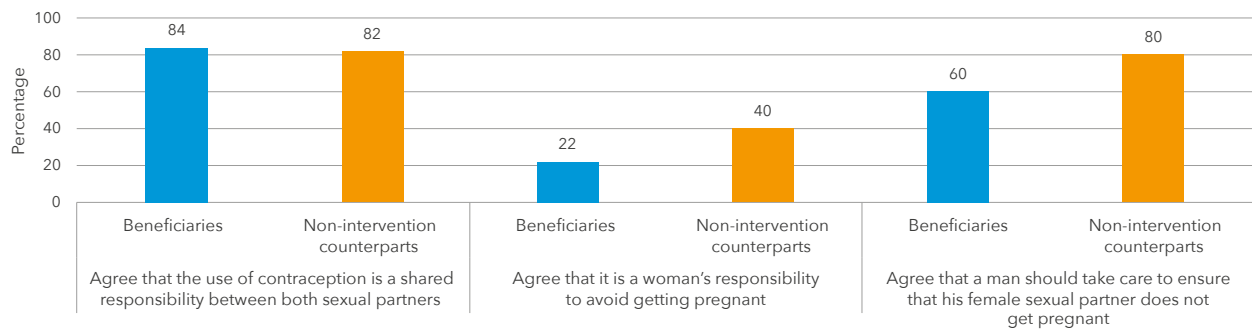
Attitudes Towards Premarital Sex: Women with Disabilities



Source: *Beneficiary Survey*

Note: The *Baseline Study* conducted across the six EaP countries in October 2020 revealed that 31 percent of the general population agrees that men should abstain from having sex before marriage and 54 percent agrees that women should abstain from having sex before marriage.

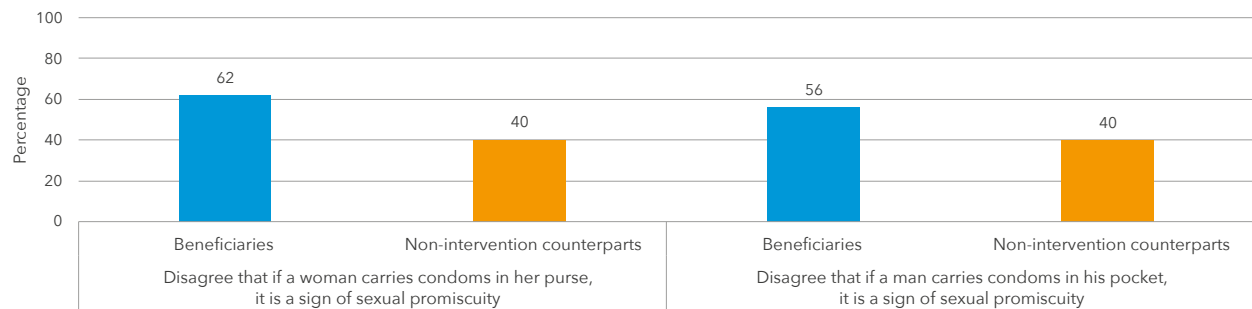
Most beneficiaries and their non-intervention counterparts believe that the use of contraception is a shared responsibility between both sexual partners (Figure 87). Relatedly, non-intervention counterparts are more likely to agree that it is a woman’s responsibility to avoid getting pregnant and that a man should take care to ensure that his female sexual partner does not get pregnant.

FIGURE 87**Views on Responsibility Towards Pregnancy: Women with Disabilities**

Source: *Beneficiary Survey*

Note: The *Baseline Study* conducted across the six EaP countries in October 2020 revealed that 80 percent of the general population believes that the use of contraception is a shared responsibility between both sexual partners, 54 percent agrees that it is a woman's responsibility to avoid getting pregnant and 66 percent agrees that a man should take care to ensure that his female sexual partner does not get pregnant.

Compared to non-intervention counterparts, beneficiary women with disabilities are more likely to disagree that a woman carrying condoms in her purse is a sign of sexual promiscuity (Figure 88). This pattern is also observed when beneficiary women with disabilities and their non-intervention counterparts were asked about a man carrying condoms in his pocket.

FIGURE 88**Attitudes Towards Carrying Condoms: Women with Disabilities**

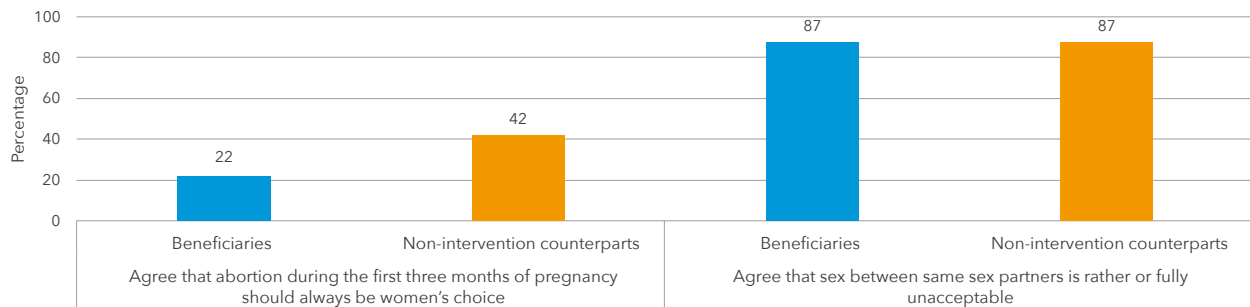
Source: *Beneficiary Survey*

Note: The *Baseline Study* conducted across the six EaP countries in October 2020 revealed that 48 percent of the general population disagrees that if a woman carries condoms in her purse, it is a sign of promiscuity; 57 percent disagrees that if a man carries condoms in his pocket, it is a sign of sexual promiscuity.

Beneficiary women with disabilities are less likely than their non-intervention counterparts to believe that abortion during the first three months of pregnancy should always be a woman's choice (Figure 89). Most find sex between same-sex partners either rather or fully unacceptable.

FIGURE 89

Views on Abortion and Homosexuality: Women with Disabilities



Source: *Beneficiary Survey*

Note: The *Baseline Study* conducted across the six EaP countries in October 2020 revealed that 22 percent of the general population agrees that abortion during the first three months of pregnancy should always be a woman's choice, and 77 percent agrees that sex between same-sex partners is either rather or fully unacceptable.

Self-reported impacts of the project on beneficiaries' lives

Focus group discussion participants mentioned positive changes after participating in various programmes. They gained new knowledge, made friends and felt more informed and involved in different activities. The programmes are reported to have helped challenge stereotypes, change perspectives and improve self-esteem and self-satisfaction.

Key takeaways

Inclusive education and employment

The project highlighted barriers faced by women with disabilities in accessing well-paying jobs and education. It emphasized the importance of inclusive learning and the removal of physical barriers. Future efforts need to advocate for inclusive education and workplaces, address transportation and physical barriers and combat discrimination against women with disabilities in schools and workplaces.

Responsibility for providing for the family and shouldering the unpaid care and domestic work burden

While there is still room for improvement, beneficiary women with disabilities are more likely to believe in shared responsibilities for providing for the family and managing the household, challenging traditional gender norms that dictate men as sole providers. Some beneficiary women with disabilities reported more equitable divisions of labour in their families.

Targeted support for mothers with disabilities

Advocate for the development of targeted support programmes for mothers with disabilities to facilitate their employment opportunities and ensure that they have access to necessary resources to achieve a work-life balance, including support in performing childcare and domestic work duties.

Open dialogues about disability

Create spaces for open dialogue and awareness-raising about disabilities in order to combat stereotypes and misconceptions in communities, schools and workplaces. Empowering women with disabilities to advocate for their rights is equally key. Focus group participants reported improved self-esteem, self-satisfaction and positive changes in their lives as a result of participating in various programme projects.

Awareness of laws and policies on gender-based violence

The project contributed to increased awareness of laws and policies related to domestic violence and rape. However, further efforts are needed to raise awareness about this pervasive issue, its consequences and available legal protections for survivors.

Sexual behaviour stigma

Beneficiary women with disabilities are less likely to stigmatize the carrying of condoms, thus challenging stereotypes related to sexual behaviour.

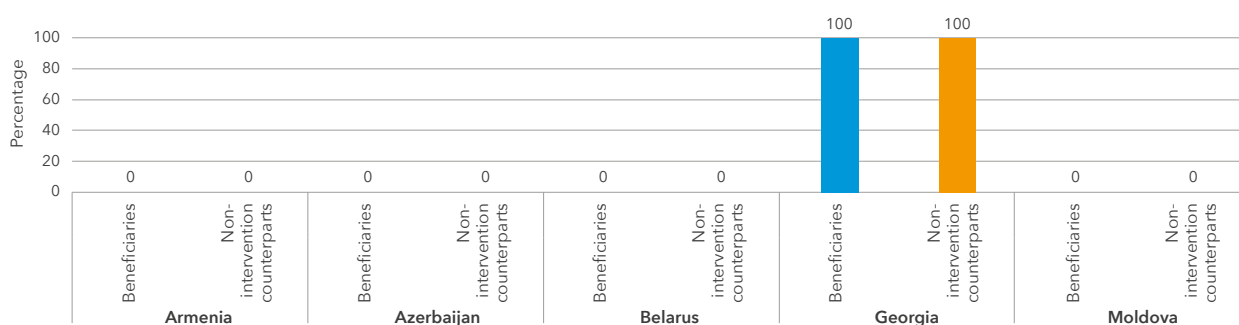
3.G. PERPETRATORS OF DOMESTIC VIOLENCE

Beneficiary perpetrators of domestic violence and their non-intervention counterparts were interviewed in Georgia through the *Beneficiary Survey*. Participants were administered Module 1 on overarching gender perceptions, Module 4 on gender-based violence and Module 5 on reproductive health.

The *Beneficiary Survey* targeted 19 beneficiary perpetrators of domestic violence and 19 of their non-intervention counterparts (Figure 90).

FIGURE 90

Beneficiary Survey Respondents by Country: Perpetrators of Domestic Violence



Source: *Beneficiary Survey*

Beneficiary perpetrators of domestic violence tend to be slightly older than their non-intervention counterparts. They are also less likely to be married and more likely to be divorced. A third of beneficiary perpetrators of domestic violence and their non-intervention counterparts have two children; another third have three or more children. Beneficiary perpetrators of

domestic violence are more likely to have completed higher education than their non-intervention counterparts. Most respondents were either self-employed or working full-time before being arrested. Their geographic location can be seen in Table 7.

TABLE 7

Geographic Location of Beneficiaries and Their Non-intervention Counterparts by Country: Perpetrators of Domestic Violence

Country	Beneficiaries	Non-intervention counterparts
Georgia	Tbilisi and Shida Kartli	Kvemo Kartli, Shida Kartli and Tbilisi

Source: *Beneficiary Survey*

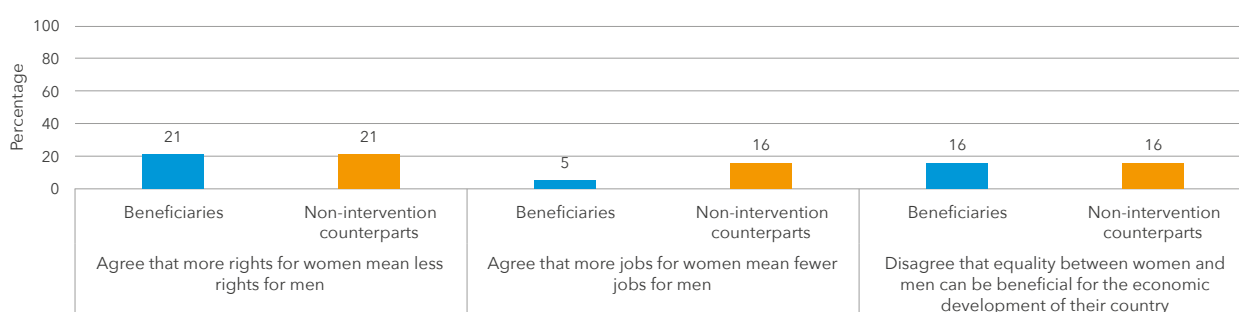
Summary of findings from the *Beneficiary Survey*

Module 1. Overarching gender perceptions

The bulk of beneficiary perpetrators of domestic violence and their non-intervention counterparts is supportive of equal rights and opportunities for both women and men, and views gender equality as highly beneficial for individuals and society as a whole (Figure 91). *Beneficiary Survey* results reveal that a minority agree that more rights for women mean fewer rights for men, and that more jobs for women mean fewer jobs for men. Small shares of respondents disagree that equality between women and men can be beneficial for the economic development of their country.

FIGURE 91

Attitudes Towards Women’s Rights and Opportunities: Perpetrators of Domestic Violence



Source: *Beneficiary Survey*

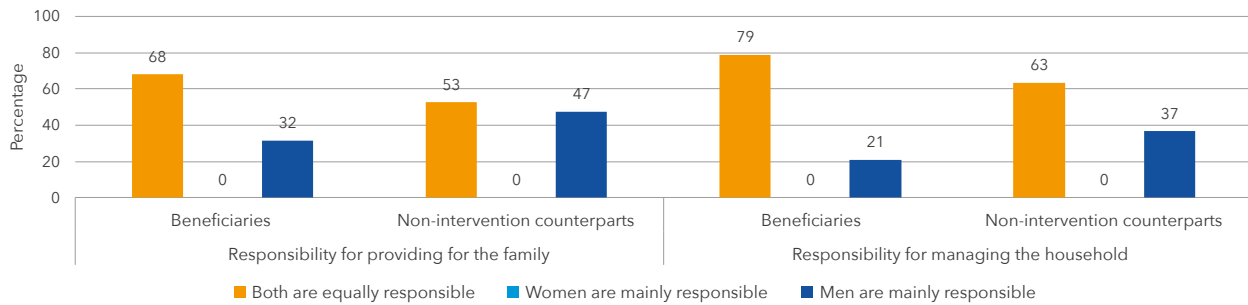
Note: The *Baseline Study* conducted across the six EaP countries in October 2020 revealed that 23 percent of the general population agrees that more rights for women mean fewer rights for men, 21 percent agrees that more jobs for women mean fewer jobs for men, and 12 percent disagrees that equality between women and men can be beneficial for the economic development of their country.

Beneficiary perpetrators of domestic violence are more likely than their non-intervention counterparts to believe that women and men are equally responsible for providing for the family and for managing the household (Figure 92). Some, however, do not support this view and adhere to traditional gender norms and stereotypes that dictate that men are expected

to be the main providers for the family, while women are expected to be primarily responsible for managing the household and caring for children.

FIGURE 92

Attitudes Towards Responsibility for Providing for the Family and for Managing the Household: Perpetrators of Domestic Violence



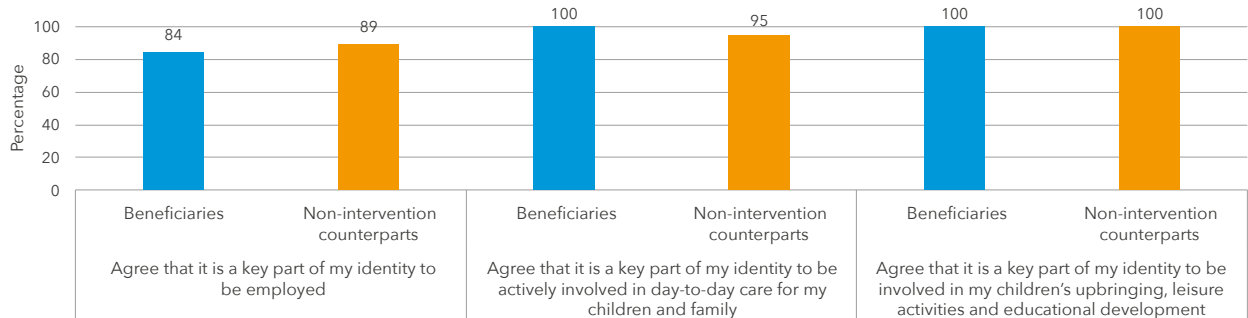
Source: *Beneficiary Survey*

Note: The *Baseline Study* conducted across the six EaP countries in October 2020 revealed that 55 percent of the general population believes that both women and men are equally responsible for providing for the family; 45 percent believes that both women and men are equally responsible for managing the household.

Most beneficiary perpetrators of domestic violence and their non-intervention counterparts value participating in the labour market and being actively involved in childcare and their children’s upbringing (Figure 93).

FIGURE 93

Views on Key Personality Traits: Perpetrators of Domestic Violence



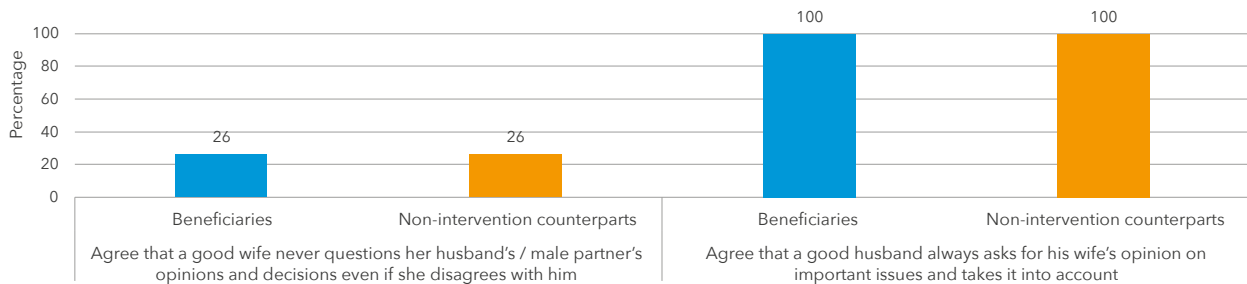
Source: *Beneficiary Survey*

Note: The *Baseline Study* conducted across the six EaP countries in October 2020 revealed that 87 percent of the general population agrees that it is a key part of their identity to have a job, 79 percent agrees that it is a key part of their identity to be actively involved in day-to-day care for their children and family, and 89 percent agrees that it is a key part of their identity to be involved in their children’s upbringing, leisure activities and educational development.

One in every four beneficiary perpetrators of domestic violence and their non-intervention counterparts believe that a good wife never questions her husband’s or partner’s opinions and decisions, even if she disagrees with him (Figure 94). In contrast, all respondents agree that a good husband always asks for his wife’s opinion on important issues and then takes it into account.

FIGURE 94

Adherence to Good Wife and Good Husband Stereotypes: Perpetrators of Domestic Violence



Source: *Beneficiary Survey*

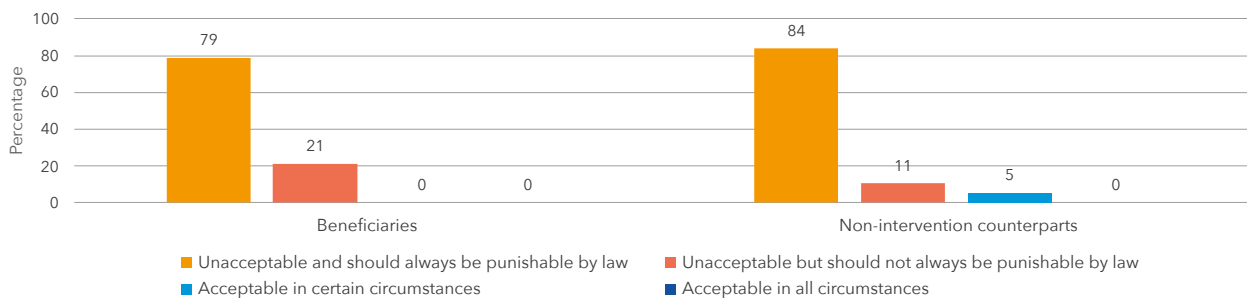
Note: The *Baseline Study* conducted across the six EaP countries in October 2020 revealed that 52 percent of the general population agrees that a good wife never questions her husband's/male partner's opinions and decisions even if she disagrees with him, and 87 percent agrees that a good husband always asks for his wife's opinion on important issues and then takes it into account.

Module 4. Gender-based violence

Beneficiary Survey results reveal that the great majority of perpetrators of domestic violence and their non-intervention counterparts think that beating a female family member is unacceptable and should always be punishable by law (Figure 95). A minority across both segments believe it is unacceptable but that it should not always be punishable by law.

FIGURE 95

Tolerance Towards Beating a Female Family Member: Perpetrators of Domestic Violence



Source: *Beneficiary Survey*

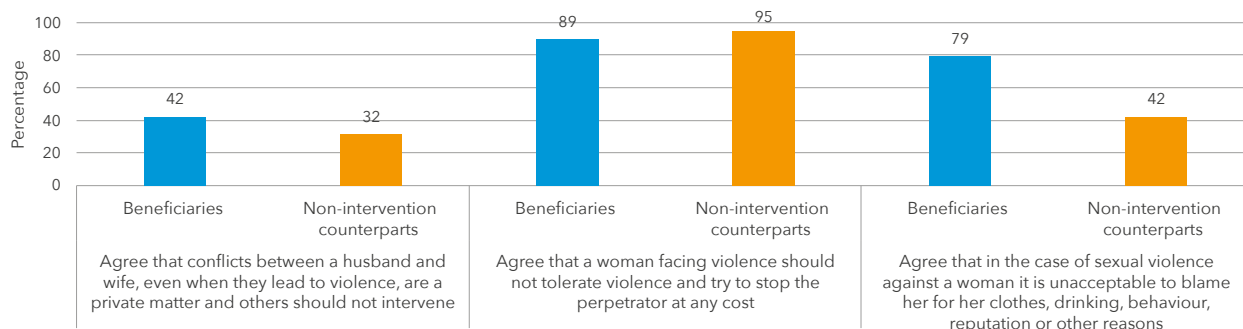
Note: The *Baseline Study* conducted across the six EaP countries in October 2020 revealed that 60 percent of the general population thinks that beating a female family member is unacceptable and should always be punishable by law.

Beneficiary perpetrators of domestic violence are slightly more likely than their non-intervention counterparts to agree that conflicts between a husband and a wife, even when they lead to violence, are private matters and others should not intervene (Figure 96). This view is, however, only supported by a minority of respondents. The great majority of beneficiaries and their non-intervention counterparts believe that a woman who is facing violence in her family should not tolerate it and should try to stop the perpetrator at any cost. In the case of sexual violence against a woman, beneficiary perpetrators of domestic violence are significantly more likely than their non-intervention counterparts to agree that it is unacceptable to blame

her for her clothes, drinking, behaviour, reputation or other reason; nearly half of non-intervention counterparts disagree with this view.

FIGURE 96

Views Towards Domestic And Sexual Violence: Perpetrators Of Domestic Violence



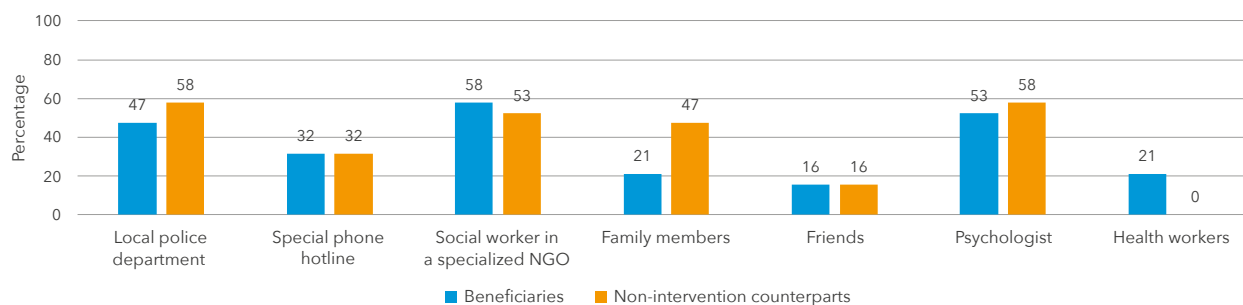
Source: *Beneficiary Survey*

Note: The *Baseline Study* conducted across the six EaP countries in October 2020 revealed that 49 percent of the general population agrees that conflicts between a husband and a wife, even when they lead to violence, are private matters and others should not intervene, 74 percent agrees that a woman who is facing violence in her family should not tolerate violence and should try to stop the perpetrator at any cost, and 52 percent agrees that in the case of sexual violence against a woman, it is unacceptable to blame her for her clothes, drinking behaviour, reputation or other reason; a view supported by most respondents.

When asked to identify the three most effective sources of support for perpetrators of domestic violence, beneficiary perpetrators of domestic violence were more likely than their non-intervention counterparts to cite social workers in specialized NGOs and health workers (Figure 97). In contrast, they were less likely to refer to psychologists, local police departments or family members.

FIGURE 97

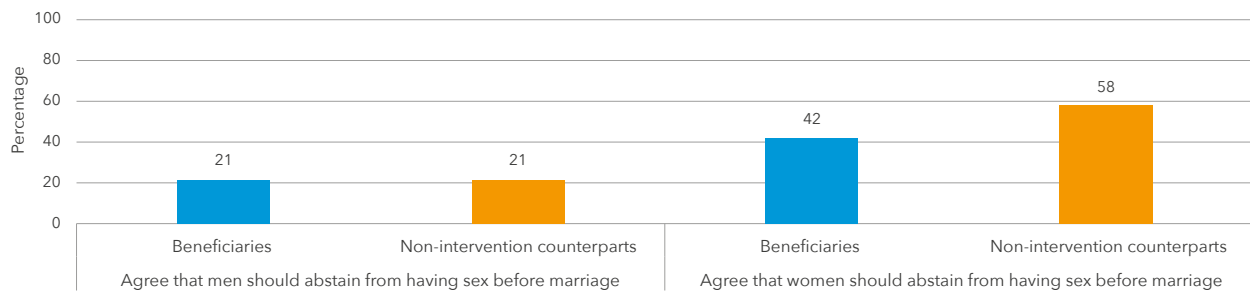
Effective Sources of Support for Domestic Violence Survivors: Perpetrators of Domestic Violence



Source: *Beneficiary Survey*

Module 5. Reproductive health

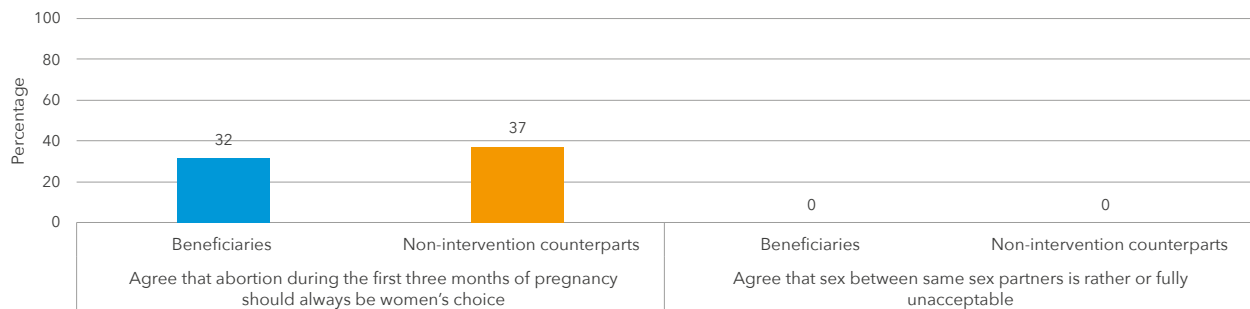
Beneficiary Survey results confirm that a minority of beneficiary perpetrators of domestic violence and their non-intervention counterparts agree that men should abstain from having sex before marriage (Figure 98). Beneficiaries are more likely than their non-intervention counterparts to believe that women should abstain from premarital sex.

FIGURE 98**Attitudes Towards Premarital Sex: Perpetrators of Domestic Violence**

Source: *Beneficiary Survey*

Note: The *Baseline Study* conducted across the six EaP countries in October 2020 revealed that 31 percent of the general population agrees that men should abstain from having sex before marriage; 54 percent agrees that women should abstain from having sex before marriage.

One in every three beneficiaries and their non-intervention counterparts believes that abortion during the first three months of pregnancy should always be a woman’s choice (Figure 99).

FIGURE 99**Views on Abortion and Homosexuality: Perpetrators of Domestic Violence**

Source: *Beneficiary Survey*

Note: The *Baseline Study* conducted across the six EaP countries in October 2020 revealed that 22 percent of the general population agrees that abortion during the first three months of pregnancy should always be a woman’s choice; 77 percent agrees that sex between same-sex partners is either rather or fully unacceptable.

Self-reported impacts of the project on beneficiaries’ lives

The question of “*What aspects of your life have changed as a result of your participation in the project’s activities?*” was not posed to perpetrators of domestic violence participating in focus group discussions.

Key takeaways**Attitudes towards gender equality and domestic violence**

The project contributed to fostering support for gender equality among perpetrators of domestic violence. Most beneficiaries recognize the importance of equal rights and opportunities for both women and men and consider domestic violence unacceptable and punishable by law. Efforts to further promote gender equality and challenge traditional gender norms and stereotypes among perpetrators of domestic violence should be maintained.

Combat victim-blaming

Beneficiary perpetrators of domestic violence are significantly more likely to agree that it is unacceptable to blame a woman for her clothes, drinking, behaviour, reputation or other reasons. Continued efforts are needed to challenge victim-blaming attitudes, particularly in cases of sexual violence, by raising awareness and providing education on consent and respectful relationships.

Support systems for perpetrators of domestic violence

Beneficiaries identified social workers in specialized NGOs and health workers as effective sources of support for domestic violence perpetrators. Future efforts need to enhance support systems for perpetrators of domestic violence, including in social, health and corrections institutions.

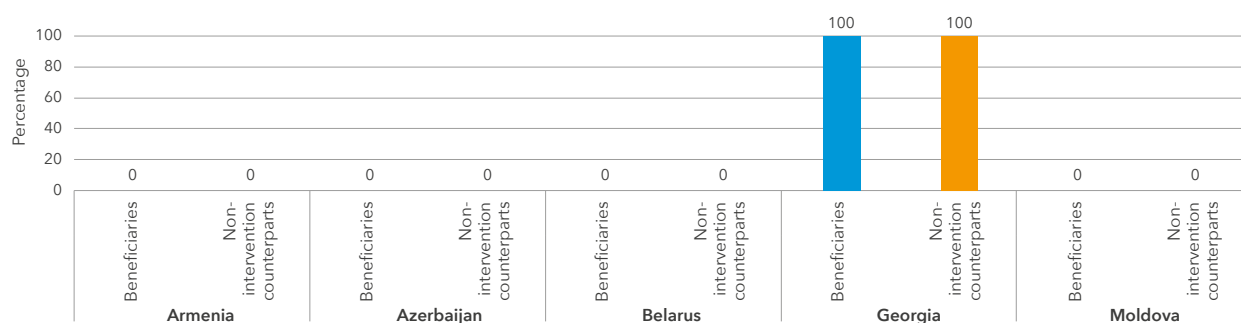
3.H. DOMESTIC VIOLENCE SURVIVORS

Beneficiary domestic violence survivors and their non-intervention counterparts were interviewed in Georgia through the *Beneficiary Survey* and focus group discussions (only beneficiaries). Participants were administered Module 1 on overarching gender perceptions, Module 4 on gender-based violence and Module 5 on reproductive health.

The *Beneficiary Survey* targeted 27 beneficiary domestic violence survivors and 27 non-intervention counterparts (Figure 100).

FIGURE 100

Beneficiary Survey Respondents by Country: Domestic Violence Survivors



Source: *Beneficiary Survey*

Beneficiary domestic violence survivors tend to be older than their non-intervention counterparts and more likely to be married or divorced. Most beneficiary domestic violence survivors and their non-intervention counterparts have completed a higher education degree, but beneficiary domestic violence survivors are less likely than their non-intervention counterparts to work full time. Their geographic location can be seen in Table 8.

TABLE 8

Geographic location of beneficiaries and their non-intervention counterparts by country, domestic violence survivors

Country	Beneficiaries	Non-intervention counterparts
Georgia	Tbilisi	Imereti and Samegrelo-Zemo Svaneti

Source: *Beneficiary Survey*

Summary of findings from the *Beneficiary Survey* and focus group discussions

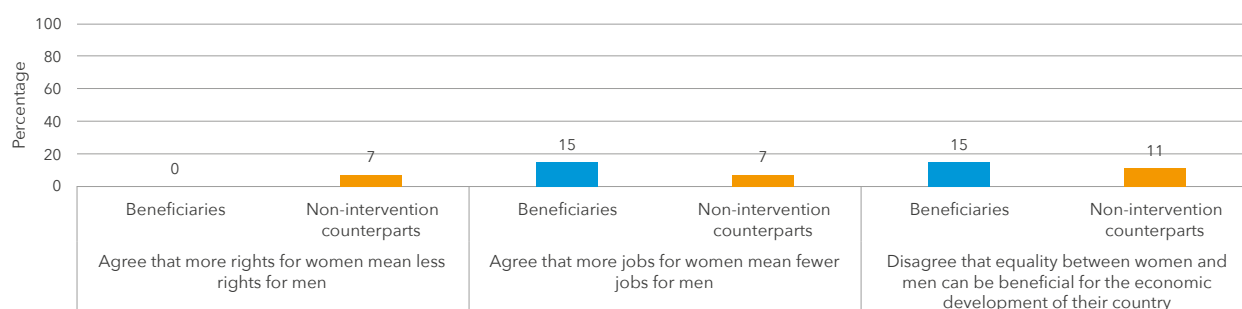
Module 1. Overarching gender perceptions

The bulk of beneficiary domestic violence survivors and their non-intervention counterparts is supportive of equal rights and opportunities for both women and men, and views gender equality as highly beneficial for individuals and society as a whole (Figure 101). *Beneficiary Survey* results reveal that very few agree that more rights for women mean fewer rights for men or that more jobs for women mean fewer jobs for men. Small shares of respondents disagree that equality between women and men can be beneficial for the economic development of their country.

Focus group discussion participants noted changes in women’s empowerment compared to previous generations, with women enjoying greater opportunities and facing fewer barriers. Today, younger generations are seen as having more progressive views and behaviours regarding gender equality. However, against this backdrop, participants reported that certain traditional beliefs, such as the idea that women are weaker and should stay at home or request permission from men to make personal decisions. Such ideas persist in society and continue to influence attitudes towards gender equality. Individuals’ upbringing and family environment were highlighted as key in shaping individuals’ perspectives on gender roles.

FIGURE 101

Attitudes Towards Women’s Rights and Opportunities: Domestic Violence Survivors



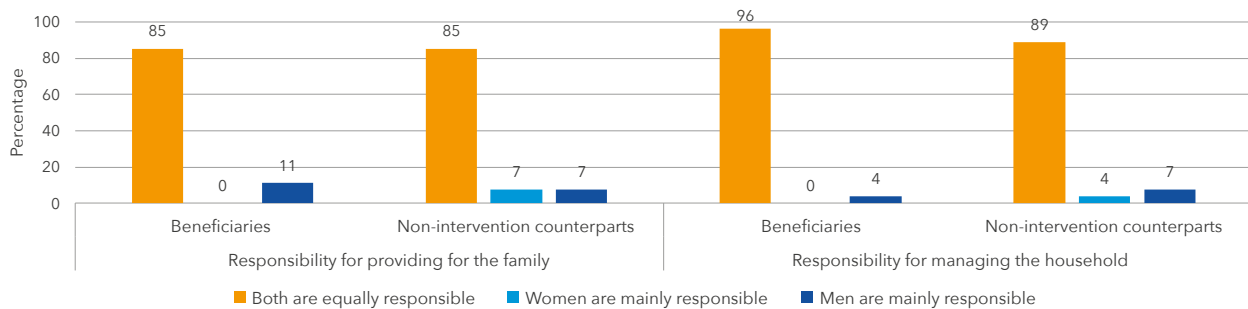
Source: *Beneficiary Survey*

Note: The *Baseline Study* conducted across the six EaP countries in October 2020 revealed that 23 percent of the general population agrees that more rights for women mean fewer rights for men, 21 percent agrees that more jobs for women mean fewer jobs for men, and 12 percent disagrees that equality between women and men can be beneficial for the economic development of their country.

The great majority of beneficiary domestic violence survivors and their non-intervention counterparts believe that both women and men are equally responsible for providing for the family and for managing the household (Figure 102). Very few do not support this view and adhere to traditional gender norms and stereotypes that dictate that men are expected to be the main providers for the family, while women are expected to be primarily responsible for managing the household and caring for children. Focus group discussion participants varied in their views on the responsibility for providing for the family and managing the household; some participants advocated for equal or balanced contributions, while others favoured the traditional roles of men as the main breadwinners and women as homemakers. Some acknowledged the ability of women to multitask in the household and suggested that men cannot perform certain housekeeping tasks as well as women.

FIGURE 102

Attitudes Towards Responsibility for Providing for the Family and for Managing the Household: Domestic Violence Survivors



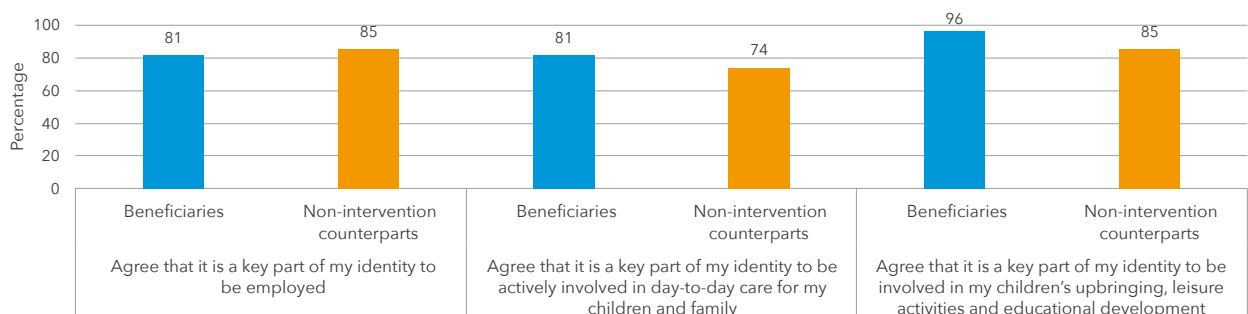
Source: *Beneficiary Survey*

Note: The *Baseline Study* conducted across the six EaP countries in October 2020 revealed that 55 percent of the general population believes that both women and men are equally responsible for providing for the family; 45 percent believes that both women and men are equally responsible for managing the household.

Most beneficiary domestic violence survivors and their non-intervention counterparts value participating in the labour market and being actively involved in childcare and their children’s upbringing (Figure 103).

FIGURE 103

Views on Key Personality Traits: Domestic Violence Survivors



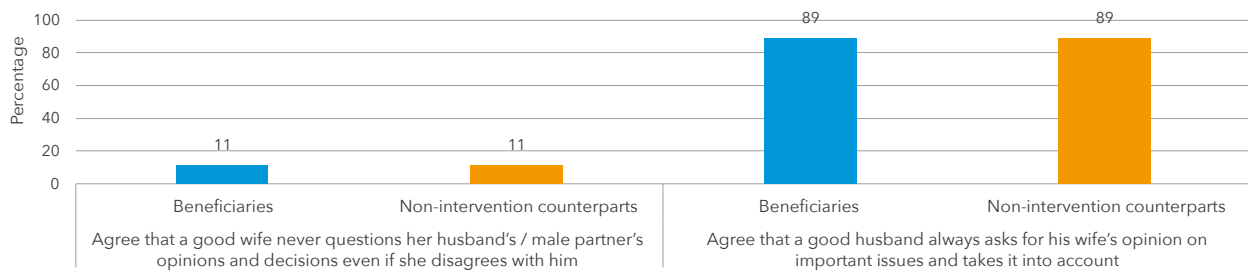
Source: *Beneficiary Survey*

Note: The *Baseline Study* conducted across the six EaP countries in October 2020 revealed that 87 percent of the general population agrees that it is a key part of their identity to have a job, 79 percent agrees that it is a key part of their identity to be actively involved in day-to-day care for their children and family, and 89 percent agrees that it is a key part of their identity to be involved in their children’s upbringing, leisure activities and educational development.

Few beneficiary domestic violence survivors or their non-intervention counterparts believe that a good wife never questions her husband's or partner's opinions and decisions, even if she disagrees with him (Figure 104). In contrast, most respondents agree that a good husband always asks for his wife's opinion on important issues and then takes it into account.

FIGURE 104

Adherence to Good Wife and Good Husband Stereotypes: Domestic Violence Survivors



Source: *Beneficiary Survey*

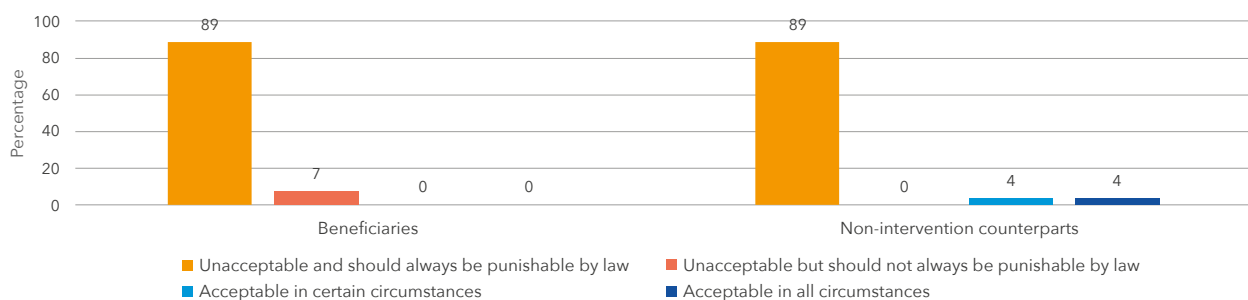
Note: The *Baseline Study* conducted across the six EaP countries in October 2020 revealed that 52 percent of the general population agrees that a good wife never questions her husband's/male partner's opinions and decisions even if she disagrees with him, and 87 percent agrees that a good husband always asks for his wife's opinion on important issues and then takes it into account.

Module 4. Gender-based violence

Beneficiary Survey results reveal that the great majority of domestic violence survivors and their non-intervention counterparts think that beating a female family member is unacceptable and should always be punishable (Figure 105). A small share of beneficiaries believe it is unacceptable but that it should not always be punishable by law. Focus group discussion participants stressed the importance of education, information campaigns and raising new generations in a non-violent culture in order to eliminate domestic violence. The lack of education and drug addiction were cited as key contributing factors to domestic violence.

FIGURE 105

Tolerance Towards Beating a Female Family Member: Domestic Violence Survivors



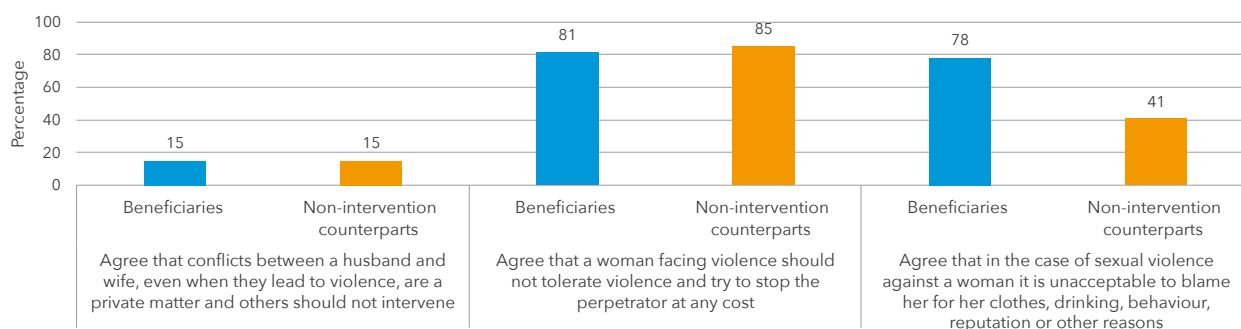
Source: *Beneficiary Survey*

Note: The *Baseline Study* conducted across the six EaP countries in October 2020 revealed that 60 percent of the general population thinks that beating a female family member is unacceptable and should always be punishable by law.

Beneficiary domestic violence survivors are equally likely as their non-intervention counterparts to agree that conflicts between a husband and a wife, even when they lead to violence, are private matters and others should not intervene (Figure 106). Note that this view is only supported by a minority of respondents. Over three quarters of beneficiaries and their non-intervention counterparts believe that a woman who is facing violence in her family should not tolerate it and should try to stop the perpetrator at any cost. A small share of beneficiaries believes that the survivor should tolerate violence for the sake of keeping her family together. In the case of sexual violence against a woman, beneficiary domestic violence survivors are more likely than their non-intervention counterparts to agree that it is unacceptable to blame her for her clothes, drinking, behaviour, reputation or other reasons; over half of non-intervention counterparts disagree with this view. Less than half of non-intervention counterparts agree with this view.

FIGURE 106

Views Towards Domestic and Sexual Violence: Domestic Violence Survivors



Source: *Beneficiary Survey*

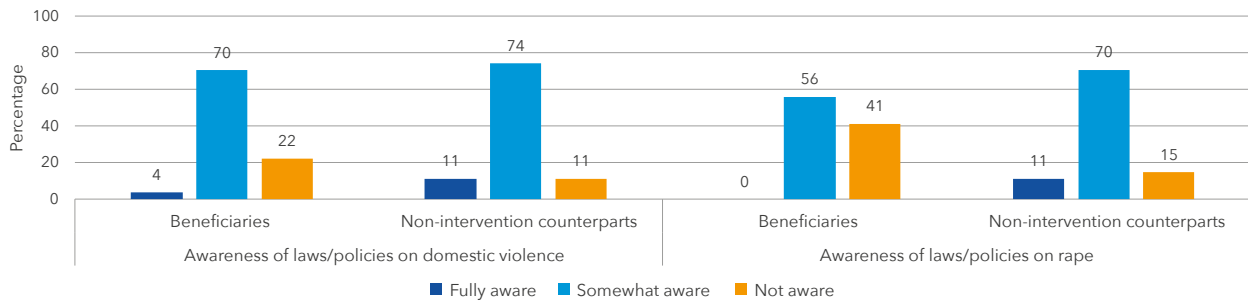
Note: The *Baseline Study* conducted across the six EaP countries in October 2020 revealed that 49 percent of the general population agrees that conflicts between a husband and a wife, even when they lead to violence, are private matters and others should not intervene; 74 percent agrees that a woman who is facing violence in her family should not tolerate violence and should try to stop the perpetrator at any cost; and 52 percent agrees that in the case of sexual violence against a woman, it is unacceptable to blame her for her clothes, drinking behaviour, reputation or other reason; a view supported by most respondents.

Around three quarters of beneficiary domestic violence survivors and their non-intervention counterparts report being somewhat aware of laws and policies on domestic violence; very few are fully aware of such frameworks (Figure 107). The level of awareness of laws and policies on rape is somewhat lower among both population segments, with smaller fractions of beneficiary women and their non-intervention counterparts being somewhat aware and fully aware of them. A majority of respondents rate domestic violence and rape laws and policies laws as somewhat efficient, although this view is more widespread among beneficiaries in both frameworks.

Focus group discussion participants expressed dissatisfaction with the effectiveness of laws and policies on domestic violence, emphasizing the need for better enforcement and increased access to psychologists and shelters. There was a consensus that laws and punishments related to rape should be stricter, especially in cases involving underage survivors. The importance of perpetrator rehabilitation programmes was noted, with suggestions being made to limit their rights after release.

FIGURE 107

Awareness of Laws/Policies on Domestic Violence and Rape: Domestic Violence Survivors



Source: *Beneficiary Survey*

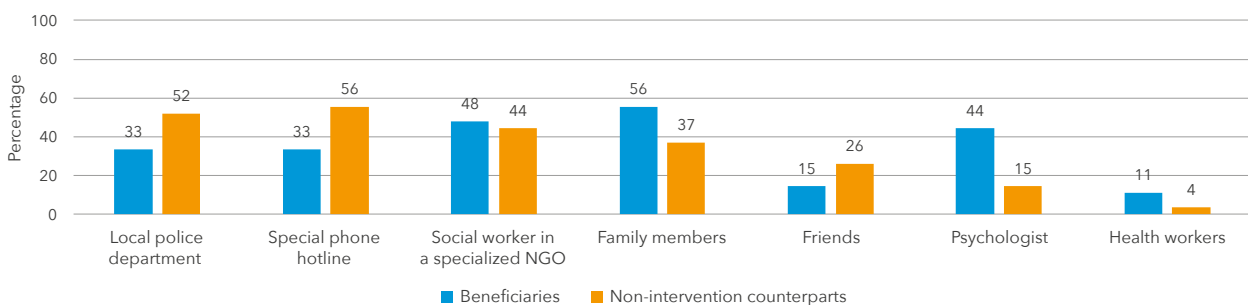
Note: The *Baseline Study* conducted across the six EaP countries in October 2020 revealed that 12 percent of the general population is fully aware of laws/policies on domestic violence and 14 percent is fully aware of laws/policies on rape.

When asked to identify the three most effective sources of support for domestic violence survivors, beneficiary domestic violence survivors were more likely than their non-intervention counterparts to cite family members, social workers in specialized NGOs, psychologists and health workers (Figure 108). In contrast, they were less likely to refer to special phone hotlines, local police departments and friends as key sources of support.

Focus group discussion participants suggested calling emergency services as the first step for seeking help. They also mentioned the availability of shelters and support from NGOs for survivors of domestic violence. They expressed dissatisfaction with the effectiveness of the police in addressing domestic violence cases. In particular, concerns were raised about the lack of trust and sensitivity in police responses. Participants also noted the lack of awareness about available support services in their respective districts. Limitations in terms of geographic accessibility were also discussed, with participants indicating that services may be more accessible in larger cities compared to rural areas.

FIGURE 108

Effective Sources of Support for Domestic Violence Survivors: Domestic Violence Survivors



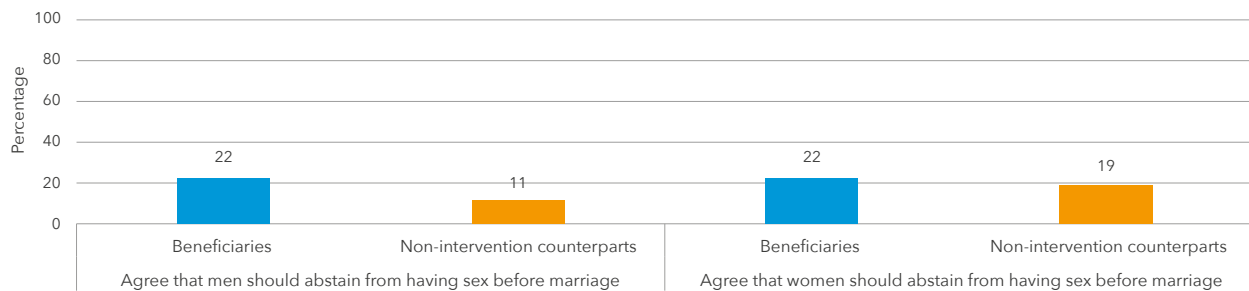
Source: *Beneficiary Survey*

Module 5. Reproductive health

Beneficiary Survey results confirm that a minority of beneficiary domestic violence survivors and their non-intervention counterparts agree that men should abstain from having sex before marriage and that women should abstain from premarital sex (Figure 109).

FIGURE 109

Attitudes Towards Premarital Sex: Domestic Violence Survivors



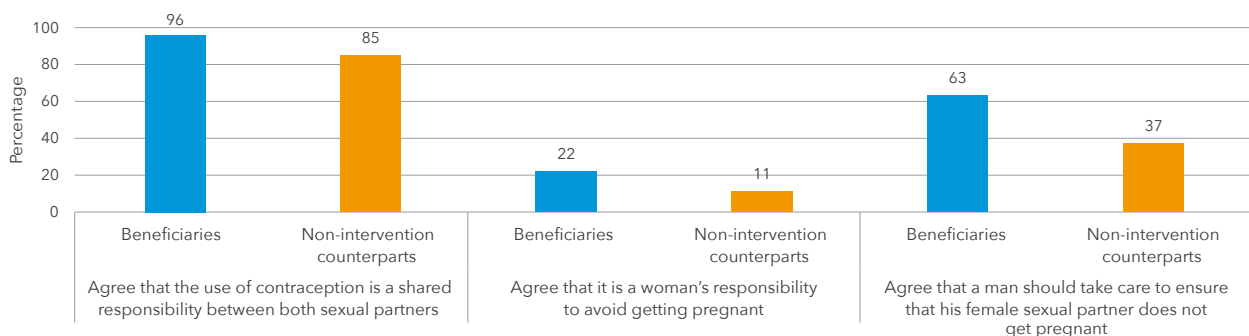
Source: *Beneficiary Survey*

Note: The *Baseline Study* conducted across the six EaP countries in October 2020 revealed that 31 percent of the general population agrees that men should abstain from having sex before marriage; 54 percent agrees that women should abstain from having sex before marriage.

Beneficiaries are more likely to believe that the use of contraception is a shared responsibility between both sexual partners (Figure 110). Relatedly, beneficiaries are also more likely than their non-intervention counterparts to agree that it is a woman's responsibility to avoid getting pregnant and that a man should take care to ensure that his female sexual partner does not get pregnant.

FIGURE 110

Views on Responsibility Towards Pregnancy: Domestic Violence Survivors



Source: *Beneficiary Survey*

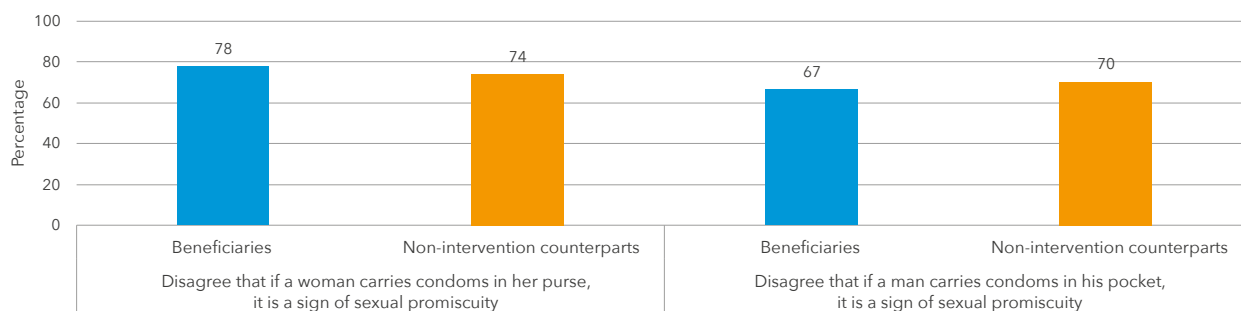
Note: The *Baseline Study* conducted across the six EaP countries in October 2020 revealed that 80 percent of the general population believes that the use of contraception is a shared responsibility between both sexual partners, 54 percent agrees that it is a woman's responsibility to avoid getting pregnant and 66 percent agrees that a man should take care to ensure that his female sexual partner does not get pregnant.

Compared to non-intervention counterparts, beneficiary domestic violence survivors are slightly more likely to disagree that if a woman carries condoms in her purse, it is a sign of sexual promiscuity (Figure 111). The opposite pattern is also observed when beneficiary

domestic violence survivors and their non-intervention counterparts were asked about a man carrying condoms in his pocket.

FIGURE 111

Attitudes Towards Carrying Condoms: Domestic Violence Survivors



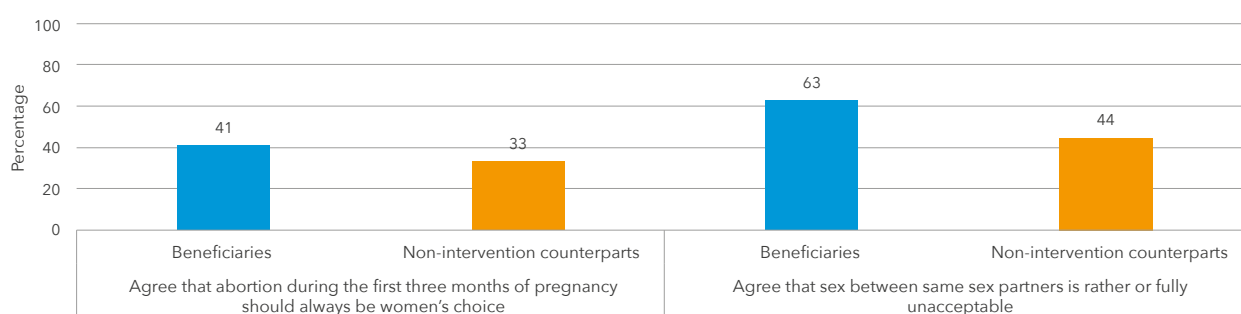
Source: *Beneficiary Survey*

Note: The *Baseline Study* conducted across the six EaP countries in October 2020 revealed that 48 percent of the general population disagrees that if a woman carries condoms in her purse, it is a sign of promiscuity, and 57 percent disagrees that if a man carries condoms in his pocket, it is a sign of sexual promiscuity.

A minority of beneficiaries and their non-intervention counterparts believe that abortion during the first three months of pregnancy should always be a woman’s choice (Figure 112). In contrast, higher shares find sex between same-sex partners either rather or fully unacceptable.

FIGURE 112

Views on Abortion and Homosexuality: Domestic Violence Survivors



Source: *Beneficiary Survey*

Note: The *Baseline Study* conducted across the six EaP countries in October 2020 revealed that 22 percent of the general population agrees that abortion during the first three months of pregnancy should always be a woman’s choice; 77 percent agrees that sex between same-sex partners is either rather or fully unacceptable.

Self-reported impacts of the project on beneficiaries’ lives

Focus group discussion participants praised the support they received from the *Consultation Centre Sakhli* and emphasized the need to strengthen funding for the institution, and create similar organizations. Participants indicated that the project’s activities had brought positive changes, such as improved conflict management skills and changed attitudes and behaviours towards parenting and conflicts.

Key takeaways

Support systems for domestic violence survivors

Beneficiaries called for the strengthening of governmental and non-governmental support systems for domestic violence survivors, including access to shelters, consultation centres, social workers, psychologists and health-care workers, and to ensure that these services are widely known and accessible, particularly in rural areas.

Enforcement of laws and policies on domestic violence and rape

A significant proportion of beneficiaries is aware of laws and policies on domestic violence and rape. There is a continuing need for improved enforcement. Support should be mobilized to enhance the enforcement of these policies, including by providing better access to legal resources for survivors.

Community engagement to address the root causes of violence

Beneficiaries touched upon the various factors associated with violence against women. Future efforts need to prioritize engagement with communities to address the root causes of domestic violence, such as lack of education and drug addiction and should promote non-violent cultures.

Public communication campaigns

Beneficiaries across all population groups acknowledged that gender-based violence is common in their societies. This demands supporting public awareness-raising and communication efforts to eradicate tolerance for gender-based violence, emphasizing the legal consequences for such behaviour.

Target youth in the educational system

Beneficiaries see younger generations as having more progressive views and behaviours regarding gender equality. Younger generations in educational institutions should continue to be targeted to ensure zero tolerance towards violence against women and that progressive views on gender equality are upheld in future generations.

Responsibility for providing for the family and shouldering the unpaid care and domestic work burdens

Beneficiary domestic violence survivors largely believe in shared responsibilities for providing for the family and managing the household, challenging traditional gender roles.

3.I. YOUNG WOMEN

Young women from the general population were interviewed in Armenia, Azerbaijan, Belarus, Georgia and Moldova through focus group discussions. Participants were administered Module 1 on overarching gender perceptions, Module 2 on employment and leadership, Module 4 on gender-based violence and Module 5 on reproductive health.

Summary of findings from focus group discussions

Module 1. Overarching gender perceptions

Focus group discussion participants recognized positive changes in gender equality since their childhood, with more women accessing education and leadership positions and greater freedom to pursue their careers, all resulting from shifts in societal attitudes. Yet they also noted the challenges that women still face, including early marriage, restricted educational opportunities for girls in rural areas, workplace discrimination (e.g. limited career opportunities, biases against women in certain roles and unequal pay for equal work), and the need for changes in societal attitudes towards gender roles (e.g. men taking on more caregiving responsibilities).

Participants acknowledged that gender roles in households need to be more balanced and that both men and women should share responsibilities. Participants recognized that women often take on more responsibilities in managing the household, even in ostensibly equal relationships, which is seen as a societal expectation. Participants also expressed a desire for men to overcome the societal stigma associated with performing household chores and instead to actively participate in tasks like cooking and cleaning.

Participants generally expressed a preference for equal responsibility in providing for the family, with both men and women contributing financially. They referred to societal pressure from older generations to conform to traditional gender roles, but they rejected these expectations and prioritized personal fulfilment and individual decision-making. They expressed frustration with the expectation for women to give up their careers and stay at home to care for children. Others, however, agreed with the traditional perspectives of men being the main breadwinners and decision-makers, with women contributing to household finances if possible. Mothers-in-law were mentioned as a factor that can influence power dynamics in households.

Module 2. Employment and leadership

Focus group discussion participants had varying perspectives on the availability of well-paying jobs for women and men in their communities. Some highlighted personal experiences of gender discrimination in accessing jobs or referred to women's under-representation as witnessed in specific industries or associated with physical demands. Conversely, others believed that gender did not prove to be a significant factor, as hiring decisions are primarily based on qualifications, experience and personal connections, or they felt that women have more career possibilities. Many elaborated on the differences in job opportunities and salaries between regions and the capital city or industrial cities, with the two latter providing better

prospects. Some mentioned experiences of job losses during maternity leave, highlighting the vulnerability of women in the workforce.

Opinions differed on whether women should stop their careers to raise children. Some participants emphasized the importance of financial independence and the challenges of career development after a break. Other participants highlighted the value of being present during a child's early years. However, most participants agreed on the need to strengthen efforts to support women's ability to reconcile work and life during childrearing. Suggested measures included enhanced financial support for childcare, flexible schedules, remote work and improved access to childcare institutions. Barriers faced by girls in schools and universities were not widely mentioned, with most participants stating that they did not personally experience any gender-based discrimination in education, including in STEM subjects.

Module 4. Gender-based violence

Focus group discussion participants generally agreed that although domestic violence has decreased over time, it remains a common problem, as many cases go unreported. Fear, societal pressure, financial dependency and lack of support structures for reporting were identified as the main reasons for such underreporting. Participants emphasized that the lack of education, limited economic resources, alcohol abuse and societal norms are central to perpetuating violence against women, including the belief that a man's violence is a form of love, that it is necessary or that the survivor is to blame. Some participants believed that women should take control of their situation and leave abusive relationships, while others emphasized the importance of third-party intervention.

Participants generally agreed that existing laws and policies related to domestic violence and rape are not effectively implemented and that improvements are needed. Suggestions included tightening the laws, such as stricter punishments for perpetrators, increasing police intervention and monitoring by local authorities, improving state and CSO support mechanisms and increasing awareness among the general public from an early age, particularly through the education sector. Participants also highlighted the connection between domestic violence and early marriage. They suggested that stricter laws should be in place to address cases of abduction and rape. Most participants emphasized the role of law enforcement agencies in addressing violence, while a minority believed that domestic violence should be resolved within the family. In this regard, concerns were raised about the effectiveness of involving official authorities in rural areas, with some suggesting seeking help from psychologists instead.

Module 5. Reproductive health

Focus group discussion participants had varying views on the ideal age for marriage, yet most emphasized the importance of individual readiness, financial stability and personal goals before entering into marriage or having children. They raised concerns about the negative impacts of early marriage on girls' education and personal development.

Participants had different perspectives on premarital sexual relations, with some emphasizing the importance of abstinence and virginity and others stressing the importance of sexual

compatibility and open communication in relationships. The latter advocated for comprehensive sexuality education and discussions about sexual health, contraception and disease prevention, stressing the need for shared responsibility and mutual decision-making. Some participants noted the existence of gender-based double standards in societies' expectations of women's and men's engagement in premarital sex. The responsibility for contraception and avoiding pregnancy was generally seen as a shared responsibility between both partners. Open communication and understanding between partners were emphasized as important factors in addressing issues related to sexual relationships and contraception.

Participants generally acknowledged the significance of having a male child in the family, although some questioned its importance and highlighted a shift in attitudes. This societal preference was linked to the desire for lineage continuation and cultural norms.

Participants' perspectives on abortion varied, with some calling for women to have full autonomy over their reproductive choices, others supporting abortion to preserve women's health and others disapproving of abortion due to moral concerns. The acceptability of same-sex relationships also generated diverse perspectives, with some participants considering it a matter of personal choice and others expressing disapproval, including some who consider homosexuality to be a genetic disorder.

3.J. YOUNG MEN

Young men from the general population were interviewed in Armenia, Azerbaijan, Belarus, Georgia and Moldova through focus group discussions. Participants were administered Module 1 on overarching gender perceptions, Module 2 on employment and leadership, Module 4 on gender-based violence and Module 5 on reproductive health.

Summary of findings from focus group discussions

Module 1. Overarching gender perceptions

Focus group discussion participants generally noted positive changes towards gender equality compared to their childhood, including increased opportunities for women in the economy and the military and expanded access to managerial and leadership positions. Some participants posited that female managers can bring about more ethical and lenient work environments than male managers. Participants also highlighted the increased involvement of fathers in raising children and the shared responsibilities in managing households as positive progress, leading to a better balance between genders. In contrast, some participants highlighted lingering gender disparities and discrimination, such as women's or men's over-representation in certain fields and unequal pay for equal work.

The responsibility for managing the household and providing for the family is generally seen as a joint effort, but participants noted that these responsibilities should be distributed based on individual capabilities and strengths, available time, family dynamics, personal preferences and mutual understanding. Conversely, some participants felt that men should primarily be

responsible for providing for the family and indicated that in their current country reality, men are often seen as the main providers for the family.

Module 2. Employment and leadership

Focus group participants generally agreed that both women and men find it difficult to find well-paying jobs due to the limited available opportunities, high competition, employers prioritizing experienced workers and a large, unemployed population. Many participants have resorted to informal positions or have migrated in search of opportunities. Others highlighted a common issue where many end up working in fields unrelated to their studies. They believe that compared to a university education, vocational and technical education can serve as a better platform for finding interesting professions and better job prospects.

Against this backdrop, participants reported that women are at a further employment disadvantage in sectors such as agriculture, construction, mining, medicine or IT, while they tend to have an advantage in service-oriented positions. Young women in particular are reported to face discrimination in hiring, as some companies hesitate to recruit them. Transgender women were also mentioned as facing particular challenges in finding employment due to discrimination and societal barriers.

Participants highlighted that societal expectations tend to push women to prioritize child-rearing over their careers, with some noting that these pressures can lead to their underrepresentation in STEM fields. Some participants were not favourable to women pausing their careers; others acknowledged that work-life balance difficulties and family circumstances could influence this decision. Support systems, such as well-paid maternity and paternity leave, flexible work arrangements, kindergartens and care centres, nannies or involvement from parents were suggested to help women remain engaged in the labour force during and after childbearing.

Participants expressed differing opinions on the leadership abilities of men and women. Some believe that both women and men can be effective leaders, while others believe that men might be better suited for leadership positions, a view that contributes to men's easier career progression.

Module 4. Gender-based violence

Focus group discussion participants had different opinions regarding the prevalence of violence, with some suggesting a decrease over time due to increased awareness and equality, while others argued that it had increased in recent years due to the expanded use of social media. Factors such as social vulnerability, lack of education, alcohol consumption and societal norms were generally linked to domestic violence episodes.

Most participants recognized that violence should not be justified under any circumstances and that men and women both have a responsibility to speak out against it. They noted that survivors should always be encouraged to report incidents to the authorities or organizations dedicated to addressing such issues, although it was recognized that there is a need for better training and sensitivity for those who handle such cases. Fear of increased violence

and societal judgment were cited as the main impediments to reporting domestic violence. A minority of participants blamed survivors and justified domestic violence on the grounds of it being a private matter.

The awareness of laws and regulations related to domestic violence and rape varied among participants. Among those who were aware, some believed that these laws are effective; others expressed concerns about implementation, citing cases going unpunished and calling for stricter penalties. Similarly, others acknowledged the need for a broader definition of violence and improvement in correctional systems to prevent recurrences. Other suggestions to address domestic violence include awareness-raising measures, introducing emergency hotlines, ensuring access to shelters for survivors and providing psychosocial rehabilitation for perpetrators. Participants also emphasized the importance of support from family, community organizations and psychologists.

Differences in the availability and effectiveness of support mechanisms for survivors were reported to vary at the subnational level. Suggestions were made to increase education and public awareness through TV shows and constructive dialogues, especially in rural areas where people may not recognize certain behaviours as violence. Community organizations were also considered crucial for prevention and support, while the role of the state in reaching distant villages was deemed limited.

Module 5. Reproductive health

Focus group discussion participants noted that girls were expected to marry earlier in the past. However, the age of marriage has been increasing as both boys and girls pursue educational opportunities. Some participants noted that women and men may marry early due to family influence, religious beliefs or the need to wait until marriage for sexual relations. Many, however, emphasized that education completion, financial stability and readiness for responsibility are prerequisites to enter marriage.

Participants had mixed views on whether men and women should abstain from sex before marriage, with some deeming it a personal choice, others considering it necessary for boys' development and others favouring abstinence based on religious or cultural beliefs. Participants generally noted that the responsibility for preventing pregnancy lies with both partners and that decisions regarding contraception and family planning should be discussed together. Many stressed the importance of open communication and mutual agreement between partners.

Some participants mentioned the importance of having a son in the family, valuing factors such as having someone who could ensure a successor, provide protection for the home, continue the family bloodline and support the parents in their old age.

Opinions on abortion were varied, but it is generally not accepted among participants except in certain circumstances, such as danger to the woman's health, her early age or the couple's inability to provide for the child. Decisions on abortion were seen as joint decisions between couples, with women having the final say. Participants also had varying opinions on

the decision-making process, with some suggesting that it should be a mutual decision and others emphasizing a woman's right to make the final choice.

Lastly, most participants expressed opposition to same-sex relationships, finding them unacceptable, citing cultural differences, personal beliefs and deviation from the natural order. Some emphasized the importance of preserving traditional values. Only a minority advocated for freedom of choice.

3.K. MOTHERS OF CHILDREN WITH DISABILITIES

Mothers of children with disabilities from the general population were interviewed in Armenia, Azerbaijan, Belarus, Georgia and Moldova through focus group discussions. Participants were administered Module 1 on overarching gender perceptions, Module 2 on employment and leadership and Module 3 on household and family.

Summary of findings from focus group discussions

Module 1. Overarching gender perceptions

Focus group discussion participants generally agreed that equality between men and women is important for both families and the economy, agreeing that positive changes in the status of women have taken place over time. Some of the positive changes that were mentioned include increased access to higher education, more job opportunities and equal pay, increased representation of women in leadership positions, men taking paternity leave and more fathers attending parent meetings. Some participants acknowledged that women continue to face disadvantages and inequalities compared to men, such as discrimination in career advancement and unequally distributed unpaid care and domestic burdens.

Some participants agreed that both men and women should be equally responsible for providing for the family and that the burden of household chores and care should not rest solely on women. They recognized the importance of men's involvement in household tasks and childcare. Meanwhile, others adhered to traditional gender roles. Many, however, believed that such responsibilities should be divided according to individuals' capacities and abilities. Discussions and understanding between partners in managing finances were highlighted as key, with some believing that women are better at this task.

Module 2. Employment and leadership

Focus group discussion participants emphasized that both mothers and fathers face similar biases in finding employment. These biases relate to the need for flexible work schedules and additional entitlements, expensive babysitting services, the societal expectation to prioritize caregiving responsibilities over work and stereotypes that they will require frequent medical

leave to care for their child. Some participants, however, referred to positive experiences with supportive employers, particularly in governmental organizations.

Fathers of children with disabilities are reported to face fewer employment barriers compared to mothers, as they are not viewed as primary caregivers but rather as focused on providing for the family. Participants noted that there is a societal perception that parents of children with disabilities are not good workers, leading to discrimination and avoidance by employers.

In addition, participants expressed concern about the lack of suitable employment opportunities for individuals with disabilities in the country, mentioning that even highly qualified individuals with disabilities struggle to find work, which hampers their future independence. The lack of awareness about rights, discrimination among the general population and inaccessible work environments further reduce their employment prospects.

Some participants reported positive experiences in the education sector. Others, however, noted that they faced multiple hurdles in accessing inclusive education, such as complexity in navigating the education system, including commissions and special schools; lack of specialized teachers and equipment; discrimination; limited awareness and knowledge from pupils, teachers, administrative staff and parents; and inaccessible education institutions and transportation. Some stressed that the lack of cross-sectoral collaboration between medical, social assistance and educational institutions hinders support for disabled children and their families.

Module 3. Household and family

The sharing of the unpaid care and domestic work burdens varied among focus group discussion participants. Some mentioned that household chores are often shared between spouses, including some that engage their disabled children in household tasks to promote independence, while others reported being primarily responsible for cleaning, cooking and laundry.

Childcare duties were reported to be shared more equitably between spouses based on their availability, although women continue to absorb a larger part of such responsibilities, particularly when the child requires constant attention or needs to attend appointments. Some participants highlighted the challenges faced by parents of children with more severe disabilities, such as limited access to rehabilitation centres and the need for respite care. In some cases, participants acknowledged that societal judgments and blame related to their own or their child's disability sometimes led to strained relationships with extended family members.

Many participants relied on extended family members' support for household tasks and caregiving. Beyond this help, some participants expressed a need for further assistance to alleviate their busy schedules, such as having a babysitter or a private helper. In this regard, some participants emphasized the importance of prioritizing their children's development and activities, often engaging in activities like sports training and therapy sessions at the expense of their own time and household chores. Respondents expressed varying levels of satisfaction with the division of labour in their families, with some being satisfied due to the support they received and others feeling exhausted and overwhelmed.

3.L. FATHERS OF CHILDREN WITH DISABILITIES

Fathers of children with disabilities from the general population were interviewed in Armenia, Azerbaijan, Belarus, Georgia and Moldova through focus group discussions. Participants were administered Module 1 on overarching gender perceptions, Module 2 on employment and leadership and Module 3 on household and family.

Summary of findings from focus group discussions

Module 1. Overarching gender perceptions

Focus group discussion participants generally agreed that men and women are more equal now compared to their childhood. They noted that women have more opportunities in society, particularly in the professional sphere, with more women holding management positions and engaging in traditionally male-dominated roles. Most participants believe that gender equality is important for the economic development of their countries; only a minority argued that gender equality has little effect on economic development and advocated for preserving cultural values, citing examples of countries with limited women's rights that still experience development. One participant remained sceptical about progress towards gender equality, sharing his personal experience of facing discrimination as a single father in legal proceedings where the custody system favoured the mother based on her gender.

Participants generally expressed a belief in an equitable division of unpaid care and domestic work within their own families, with no gender-based restrictions, emphasizing that tasks should be divided based on individual abilities and circumstances after negotiation between partners. When discussing providing for the family, however, some participants felt that men should have more responsibility due to the assumption that mothers have less time to work when raising children and that women should be obedient to their husbands. Many other participants disagreed, stating that if women have the opportunity to work and contribute to the family income, there should be no problem with them doing so.

Module 2. Employment and leadership

Some focus group discussion participants mentioned difficulties in finding jobs due to employers' reluctance to hire parents with disabled children, particularly because of the need for flexibility, frequent absences and additional entitlements. This discriminatory practice often leads to informal employment. In contrast, others did not encounter significant difficulties and found understanding and support from employers. Some participants noted significant differences between men and women in terms of their job prospects when they have a child with disabilities, citing that women face greater challenges due to stereotypes and societal expectations that they should prioritize caregiving. In this regard, the lack of accessible childcare facilities is generally perceived as a barrier that prevents mothers from finding work.

Perceptions are mixed with regards to barriers and discrimination against children with disabilities in schools or universities. Some participants did not witness discrimination against their children and acknowledged education specialists' efforts to integrate children with disabilities into society. The participants noted that the increased prevalence of children with disabilities in schools was seen as contributing to greater acceptance and tolerance within society. They also acknowledged the need for government projects to further support inclusion and equal opportunities after education, including job placement and the allocation of positions in official projects.

In contrast, other participants reported facing barriers and discrimination in education settings, including ill-prepared teachers, indifference and lack of support and understanding from staff and peers, mistreatment and bullying, exclusion from events and inadequate infrastructure. Regarding inadequate infrastructure, some participants reported difficulties in accessing kindergartens.

Module 3. Household and family

Most focus group participants reported that the division of household chores is primarily based on traditional gender roles, with fathers mentioning that their wives handle tasks like cooking, cleaning and laundry while husbands focus on external work or heavy tasks. Participation in housework generally varies depending on parents' work schedules and the specific needs of their families. Some participants noted that they take on more household chores when their spouses are busy or tired.

Childcare responsibilities are reported to be more equitably shared between participants and their spouses, with external support from other family members, such as grandparents or nieces, frequently being used. Yet some participants expressed a desire for more support and assistance in the form of financial support, personal assistants to help with tasks like taking their children to school or therapy sessions, accessible housing and improved transportation equipment and systems.

Decision-making regarding daily expenses is generally shared between spouses, with the wives often making the final decisions on small purchases and larger shopping decisions being discussed and made jointly. Some fathers of children with disabilities mentioned that they had the final say.

3.M. FAITH-BASED ORGANIZATION MEMBERS

Beneficiary faith-based organization members were interviewed in Armenia, Azerbaijan, Georgia and Moldova through in-depth interviews. Participants were administered Module 1 on overarching gender perceptions, Module 4 on gender-based violence and Module 5 on reproductive health.

Summary of findings from in-depth interviews

Module 1. Overarching gender perceptions

In-depth interview participants generally noted a shift towards gender equality over time, with women challenging traditional gender roles to seek more resources and power and gaining access to increased opportunities such as education and employment. Participants also stressed that worrying trends prevail, such as increases in violence against women, including instances of maternal and spousal killings; the prevalence of forced marriages of young girls; limited access for women to certain professions and leadership positions; and societal pressure on women to conform to traditional roles that dictate that women belong in the household while men should provide financially.

Participants indicated that the number of divorces is rising due to women shouldering the burden of household responsibilities and feeling unsupported by unemployed husbands, and that women are generally blamed for parenting failures. The absence of fathers in child-care and the lack of male role models were generally reported to have negative consequences for children's development and family stability.

Participants reported that education, information campaigns and community projects (particularly those involving teachers and school principals) encourage women's participation in non-traditional fields and leadership positions. They also highlighted the role of the media in raising awareness about domestic violence as well as the collaboration between faith-based organizations, NGOs, local authorities and schools in promoting gender equality and challenging harmful stereotypes.

A minority of participants perceived negative developments in gender equality over time, citing the breakdown of the family institution and the cultivation of humiliation of women, for example, through transgender athletes' participation in sports. The contention that there are more than two genders was considered to be a distortion of reality that belittles women.

Module 4. Gender-based violence

In-depth interview participants generally perceived gender-based violence, including physical abuse and humiliation, as common. Some noted generational and geographic differences, with older generations and rural areas exhibiting higher rates of violence against women. The impacts of societal pressures, adult influence on young families, men's inability to solve their

problems, men's self-identity and their use of power to maintain control, and limited economic resources were acknowledged as key factors contributing to domestic violence.

Participants acknowledged existing legal frameworks' limitations in effectively addressing domestic violence, with faith-based organizations relying on internal laws and mediation processes to address domestic violence cases and preserve family unity in some instances. Some participants highlighted the need for increased prevention efforts and strengthened collaboration between state and non-state stakeholders to effectively address domestic violence and to provide support to survivors. Others advocated for religious education and consciousness-raising, with an emphasis on abstinence before marriage and premarital counselling to promote healthier relationships. One participant considered avoiding court involvement as desirable to preserve family unity, even though it was reported to limit legal enforcement and accountability.

Module 5. Reproductive health

In-depth interview participants recognized harmful traditional practices as damaging women's physical, psychological and mental well-being. Participants expressed concern about the prevalence of early marriage and sex-selective abortions in broader society, but had varied perceptions of the practices in their communities.

Participants noted that women's increased participation in education and the labour force has led to a shift in the perception of marriage, with an emphasis on pursuing education before getting married. It was reported that parents generally believe that getting married at a younger age poses difficulties and hinders the ability to provide for a family. However, some continue to believe that a daughter marrying into a wealthy family alleviates certain social problems and provides a sense of security.

Regarding sex-selective abortions, participants emphasized the importance of promoting the value of the girl child to drive prevention efforts, including by promoting girls' education and success, as well as the role of men in supporting women's empowerment. Participants emphasized that education, morality and decency are essential in stopping harmful practices, highlighting the importance of religious teachings and the care provided by the church.

With regards to same-sex partnerships, one participant referred to the church's negative stances on same-sex partnerships, stating that the church's role is to express love while standing firm against what it considers sin.

Self-reported impacts of the project on beneficiaries' lives

As expressed by faith-based organization members, the main value of the project was the financing of activities for which they would have otherwise not have had the resources to organize them. Participants mentioned that there had been positive changes in their lives after participating in seminars and discussions on gender equality and responsibilities. They reported that they became more aware of the roles and responsibilities of men in society and started actively working with men.

Key takeaways

Attitudes towards gender equality

The project has contributed to a shift towards gender equality among members of faith-based organizations. Participants noted that women are challenging traditional gender roles and seeking more resources and power, including increased access to education and employment opportunities. The collaborations between faith-based organizations, NGOs, local authorities and schools have been reported to have played crucial roles in promoting gender equality and challenging harmful stereotypes. Information campaigns and community projects involving teachers and school principals have contributed to this effort.

Addressing domestic violence

Participants emphasized the limitations of existing legal frameworks in effectively addressing domestic violence. In some instances, faith-based organizations rely on their own internal laws and mediation processes instead of formal legal processes to address domestic violence cases and preserve family unity.

Eradicating harmful practices

Participants recognized harmful traditional practices, such as early marriage and sex-selective abortions, as damaging to women's physical and psychological well-being. The project has raised awareness about these practices and the need for further prevention efforts, including promoting girls' education and engaging men in supporting women's empowerment and the value of the girl child.

Religious education and consciousness-raising

Beneficiaries saw religious education and consciousness-raising activities, including discussions on abstinence before marriage and premarital counselling, as key to promoting healthier relationships and family dynamics.

3.N. WOMEN IN STEM

Beneficiary women in STEM were interviewed in Ukraine through a focus group discussion. Participants were administered Module 1 on overarching gender perceptions and Module 2 on employment and leadership.

Summary of findings from focus group discussions

Module 1. Overarching gender perceptions

Focus group discussion participants agreed that men and women are more equal now compared to their childhood. Positive changes identified included increased access to opportunities, reduced stereotypical thinking and more open discussions about discrimination and gender-based violence. Legislative amendments, such as gender quotas in elections and laws against sexism in advertising, were also seen as positive steps. However, participants noted that negative trends are still present, including a decrease in the visibility of female experts

and persistent gender imbalances in certain fields, with some women facing gender-based aggression in the workplace and biased hiring practices.

Participants recognized that changes in gender norms and stereotypes take time to occur and require the involvement of various stakeholders, including the state, civil society and the private sector. Paternity leave and shared parental leave were mentioned as positive developments that allow women to resume work earlier and involve fathers in childcare responsibilities.

The war was noted to have had a significant effect on gender equality. Participants stressed the demographic crisis caused by the war, with concerns about increasing reproductive pressure on women to give birth to children. Participants acknowledged the fatigue and exhaustion faced by women in supporting their families, taking care of children and providing emotional support to men on the frontline. Lastly, participants raised concerns regarding the potential risks of women's progress being reversed after the war, similar to historical patterns where women replaced men during wartime but were then pushed aside.

Module 2. Employment and leadership

Focus group discussion participants noted that it was relatively easy to find well-paying jobs prior to the war, especially in Kyiv, where there were numerous opportunities. The public sector was seen as an easier place for women to find employment. The war, however, was reported to have a significant impact on job stability and salaries, particularly for scientists who often faced low salaries and dismissals. Participants also indicated that downsizing and sanctions affected many companies, resulting in fewer job offers, particularly for junior positions.

Participants highlighted that women's access to STEM careers was hindered by stereotypes and societal expectations that discouraged girls from pursuing these fields. Family influence and school environments were reported to play a role in shaping gendered career choices. A lack of understanding of STEM professions and perceptions that they require long-term planning were also cited as barriers. Role models and awareness-raising activities were identified as crucial for encouraging girls to enter male-dominated careers and professions. There was also a recognition that STEM education and job opportunities were lacking in regional centres, district centres and villages, leading to a lack of exposure to STEM fields for many people living in those areas.

Lastly, participants highlighted the underrepresentation of women in higher positions in large companies and in educational institutions (e.g. lecturers, professors, rectors and deans). They noted that the outbreak of the full-scale invasion did not lead to an increase in women's access to top positions in these domains and that opportunities for women were more limited, especially for those with family responsibilities. Suggested policies to promote equality included creating equal opportunities for men and women in childcare, such as paid paternity leave for men, and providing supportive workplace environments.

Self-reported impacts of the project on beneficiaries' lives

The question of *"What aspects of your life have changed as a result of your participation in the project's activities?"* was not posed to women in STEM participating in the focus group discussion.

Key takeaways

Barriers to women’s participation in STEM

Beneficiaries highlighted barriers to women’s participation in STEM fields, including stereotypes, societal expectations and the lack of exposure to STEM education and job opportunities in some regions. School environments and family influence play significant roles in shaping girls’ career choices. Future projects should emphasize the importance of STEM education through awareness-raising activities, especially in regional areas.

Importance of role models in STEM

Beneficiaries recognized the importance of role models in activities that encourage girls to pursue education and careers in male-dominated fields like STEM.

Paternity leave and shared parental leave

The introduction of paternity leave and shared parental leave were highlighted as positive developments that encourage fathers to share childcare responsibilities, thus allowing women to resume work earlier. Efforts should focus on working with policymakers and employers to improve paternity leave and parental leave uptake.

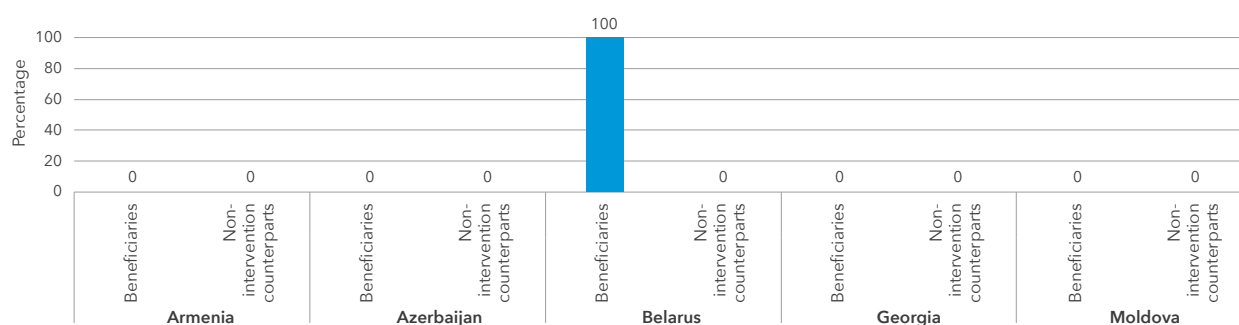
3.O. FEMALE DRUG USERS

Beneficiary female drug users were interviewed in Belarus through the *Beneficiary Survey* and focus group discussions. Participants were administered Module 1 on overarching gender perceptions, Module 4 on gender-based violence and Module 5 on reproductive health. Non-intervention counterparts were not recruited for this population group.

The *Beneficiary Survey* targeted 21 beneficiary female drug users (Figure 113).

FIGURE 113

Beneficiary Survey Respondents by Country: Female Drug Users



Source: *Beneficiary Survey*

The great majority of beneficiary female drug users are middle-aged, between 30 and 49 years old. Most have either completed secondary education or secondary special education. Over half work full time. Their geographic location can be seen in Table 9.

TABLE 9

Geographic Location of Beneficiaries and Their Non-intervention Counterparts by Country: Female Drug Users

Country	Beneficiaries	Non-intervention counterparts
Belarus	Minsk and Brest	-

Source: *Beneficiary Survey*

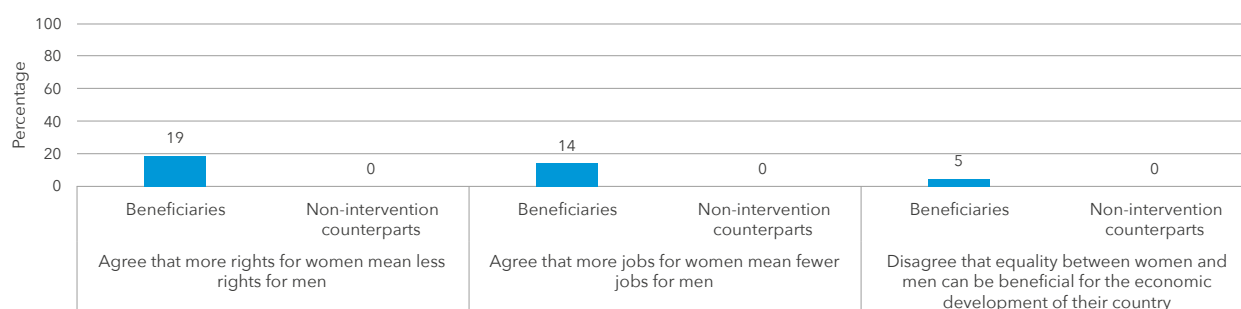
Summary of findings from the *Beneficiary Survey* and focus group discussions

Module 1. Overarching gender perceptions

The bulk of beneficiary female drug users is supportive of equal rights and opportunities for both women and men and views gender equality as highly beneficial for individuals and society as a whole (Figure 114). *Beneficiary Survey* results reveal that a small share of beneficiary female drug users agree that more rights for women mean fewer rights for men, and that more jobs for women mean fewer jobs for men. Very few disagree that equality between women and men can be beneficial for the economic development of their country. Focus group discussion participants expressed differing opinions on the current state of gender equality compared to their childhood, with some seeing improvements, such as increased access to employment opportunities, and others pointing out continued discrimination.

FIGURE 114

Attitudes Towards Women’s Rights and Opportunities: Female Drug Users



Source: *Beneficiary Survey*

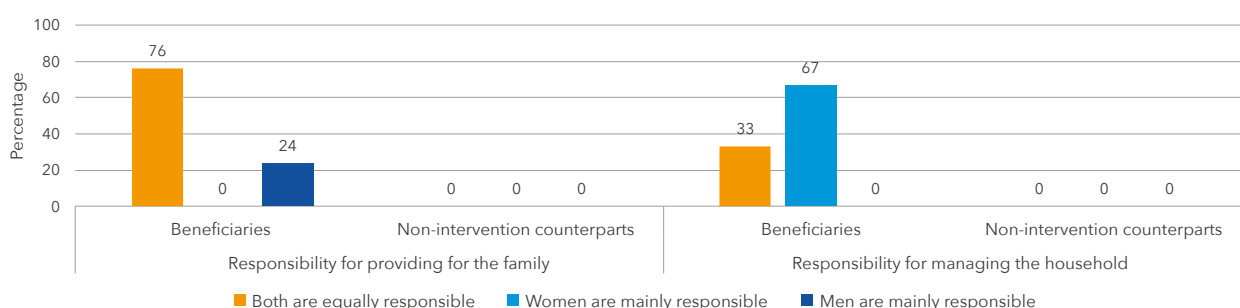
Note: The *Baseline Study* conducted across the six EaP countries in October 2020 revealed that 23 percent of the general population agrees that more rights for women mean fewer rights for men, 21 percent agrees that more jobs for women mean fewer jobs for men, and 12 percent disagrees that equality between women and men can be beneficial for the economic development of their country.

Most beneficiary female drug users believe that both women and men are equally responsible for providing for the family, while just one third agree that both are equally responsible for managing the household (Figure 115). Several do not support this view and adhere to traditional gender norms and stereotypes that dictate that men are expected to be the main providers for the family, while women are expected to be primarily responsible for managing the household and caring for children.

Focus group discussion participants recognized that technological advancements have made housework easier, but opinions differed on whether it should solely fall on women or be a shared responsibility. Some believed that men should have the right to choose between work and housekeeping and that this decision should be made early in relationships. A few participants emphasized the importance of mutual understanding and compromise in dividing household tasks. Some participants noted the need for both partners to financially sustain the household, while others valued traditional gender roles, portraying men as the main breadwinners.

FIGURE 115

Attitudes Towards Responsibility for Providing for the Family and for Managing the Household: Female Drug Users



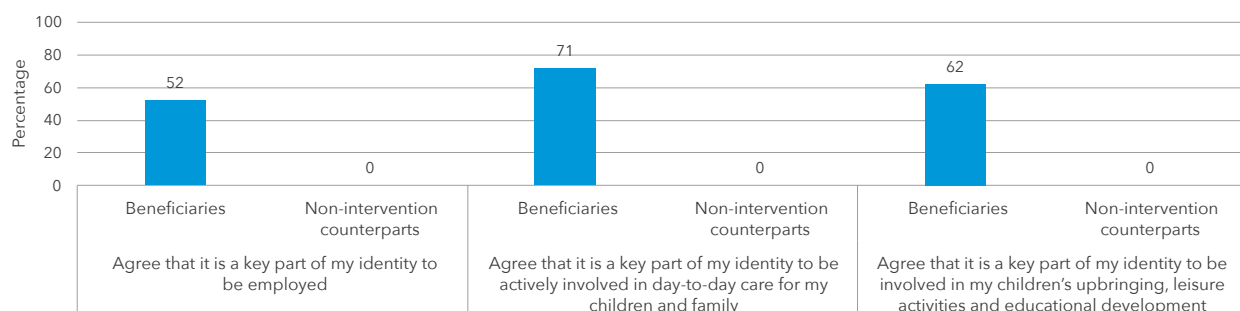
Source: *Beneficiary Survey*

Note: The *Baseline Study* conducted across the six EaP countries in October 2020 revealed that 55 percent of the general population believes that both women and men are equally responsible for providing for the family; 45 percent believes that both women and men are equally responsible for managing the household.

Over half of beneficiary female drug users value participating in the labour market and being actively involved in childcare and their children’s upbringing (Figure 116).

FIGURE 116

Views on Key Personality Traits: Female Drug Users



Source: *Beneficiary Survey*

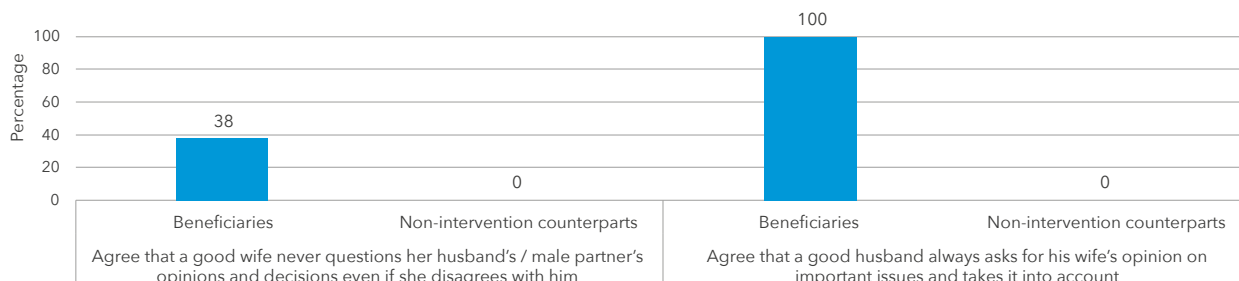
Note: The *Baseline Study* conducted across the six EaP countries in October 2020 revealed that 87 percent of the general population agrees that it is a key part of their identity to have a job, 79 percent agrees that it is a key part of their identity to be actively involved in day-to-day care for their children and family, and 89 percent agrees that it is a key part of their identity to be involved in their children’s upbringing, leisure activities and educational development.

Over a third of beneficiary female drug users believe that a good wife never questions her husband’s or male partner’s opinions and decisions, even if she disagrees with him (Figure 117).

In contrast, all beneficiary female drug users agree that a good husband always asks for his wife's opinion on important issues and then takes it into account.

FIGURE 117

Adherence to Good Wife and Good Husband Stereotypes: Female Drug Users



Source: *Beneficiary Survey*

Note: The *Baseline Study* conducted across the six EaP countries in October 2020 revealed that 52 percent of the general population agrees that a good wife never questions her husband's/male partner's opinions and decisions even if she disagrees with him, and 87 percent agrees that a good husband always asks for his wife's opinion on important issues and then takes it into account.

Module 2. Employment and leadership

Focus group discussion participants acknowledged the difficulties faced by individuals with addiction issues or criminal records when seeking employment, particularly the prevailing stigma and prejudice in the job market. Finding work is often seen as impossible; some participants emphasized the importance of not immediately disclosing their background when applying or interviewing for jobs and instead focusing on their skills and willingness to work.

Some participants expressed the need for assistance in preparing for job interviews and learning how to present one's skills and qualities. Training programmes and online resources were mentioned as helpful tools for learning interview skills and proper employee/employer communications.

Module 4. Gender-based violence

Beneficiary Survey results reveal that over two thirds of beneficiary female drug users think that beating a female family member is unacceptable and should always be punishable by law (Figure 118). Around a quarter believe that it is unacceptable, but that it should not always be punishable by law. Focus group discussion participants believe that domestic violence against women is widespread and highlighted that many survivors do not know where to seek help. In this regard, they see society's roles in intervening and providing support as key, including from relatives, neighbours and teachers. Participants also emphasized the need to raise public awareness and for women to be more confident, know they are not alone, and to be able to access support services.

FIGURE 118

Tolerance Towards Beating a Female Family Member: Female Drug Users



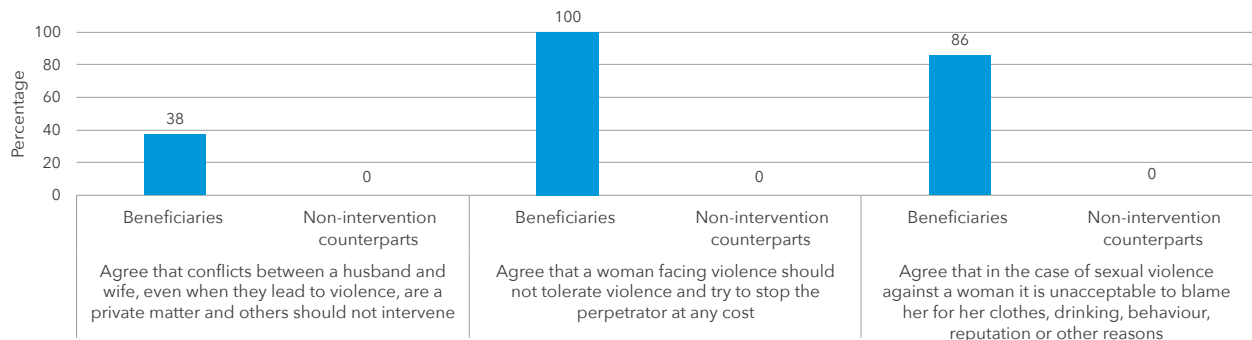
Source: *Beneficiary Survey*

Note: The *Baseline Study* conducted across the six EaP countries in October 2020 revealed that 60 percent of the general population thinks that beating a female family member is unacceptable and should always be punishable by law.

Over one third of beneficiary female drug users agree that conflicts between a husband and a wife, even when they lead to violence, are private matters and others should not intervene (Figure 119). In contrast, most believe that a woman who is facing violence in her family should not tolerate violence and should try to stop the perpetrator at any cost. None believe that the survivor should tolerate violence for the sake of keeping her family together. In the case of sexual violence against a woman, the vast majority agree that it is unacceptable to blame her for her clothes, drinking, behaviour, reputation or other reasons; very few disagree with this view.

FIGURE 119

Views Towards Domestic and Sexual Violence: Female Drug Users



Source: *Beneficiary Survey*

Note: The *Baseline Study* conducted across the six EaP countries in October 2020 revealed that 49 percent of the general population agrees that conflicts between a husband and a wife, even when they lead to violence, are private matters and others should not intervene, 74 percent agrees that a woman who is facing violence in her family should not tolerate violence and should try to stop the perpetrator at any cost, and 52 percent agrees that in the case of sexual violence against a woman, it is unacceptable to blame her for her clothes, drinking behaviour, reputation or other reason; a view supported by most respondents.

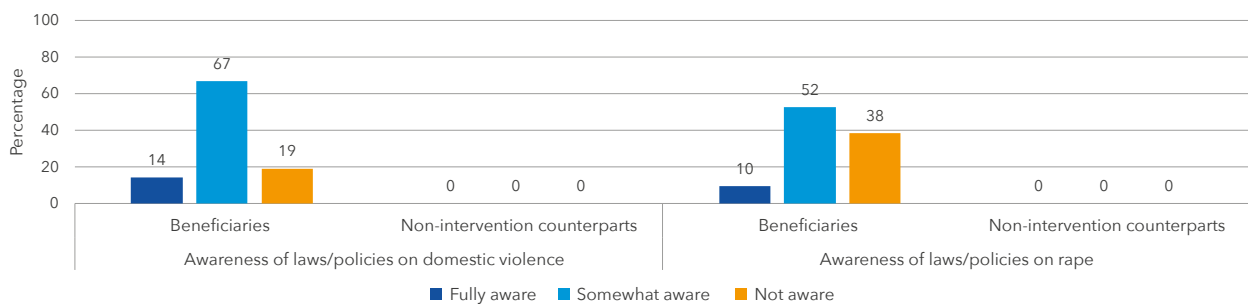
Around two thirds of beneficiary female drug users report being somewhat aware of laws and policies on domestic violence; few are fully aware of such frameworks (Figure 120).

The level of awareness of laws and policies on rape is somewhat lower, with smaller fractions being somewhat aware and fully aware of them. A majority of respondents rate policies on rape as somewhat efficient, while less than half do so for domestic violence frameworks.

Focus group participants deemed existing legal and policy frameworks regarding domestic violence and rape as insufficient and ineffective. Participants also acknowledged a lack of effective organizations and resources to help women in situations of domestic violence. In this regard, participants stressed the need for improved collaboration between law enforcement agencies and non-state structures, as well as increasing the presence of women in law enforcement institutions. Some participants shared negative experiences with law enforcement agencies, citing lack of action, victim-blaming and inadequate examination procedures.

FIGURE 120

Awareness of Laws/policies on Domestic Violence and Rape: Female Drug Users



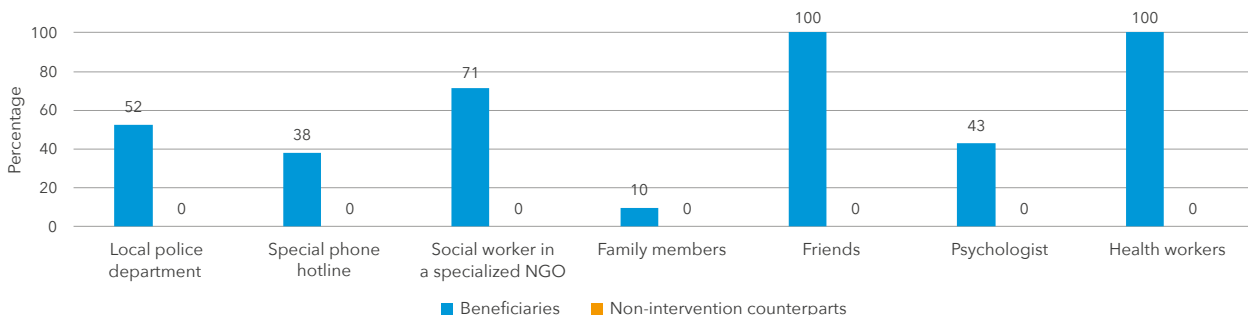
Source: *Beneficiary Survey*

Note: The *Baseline Study* conducted across the six EaP countries in October 2020 revealed that 12 percent of the general population is fully aware of laws/policies on domestic violence and 14 percent is fully aware of laws/policies on rape.

When asked to identify the three most effective sources of support for domestic violence survivors, all beneficiary female drug users cited friends and health workers as key sources of support (Figure 121). Most also mentioned social workers in specialized NGOs and local police departments and, to a lesser extent, psychologists, special phone hotlines and family members.

FIGURE 121

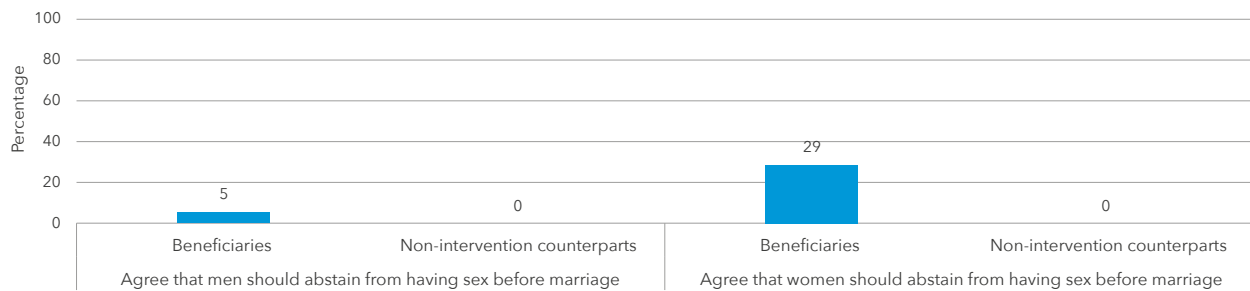
Effective Sources of Support for Domestic Violence Survivors: Female Drug Users



Source: *Beneficiary Survey*

Module 5. Reproductive health

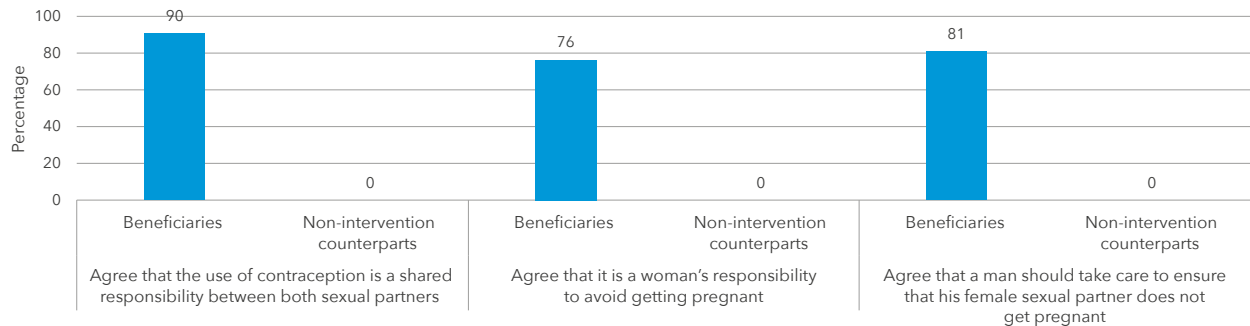
Beneficiary Survey results confirm that very few beneficiary female drug users agree that men should abstain from having sex before marriage; a higher share agrees that women should abstain from premarital sex (Figure 122).

FIGURE 122**Attitudes Towards Premarital Sex: Female Drug Users**

Source: *Beneficiary Survey*

Note: The *Baseline Study* conducted across the six EaP countries in October 2020 revealed that 31 percent of the general population agrees that men should abstain from having sex before marriage; 54 percent agrees that women should abstain from having sex before marriage.

Most beneficiaries believe that the use of contraception is a shared responsibility between both sexual partners (Figure 123). Over three quarters of beneficiary female drug users agree that it is a woman’s responsibility to avoid getting pregnant and that a man should take care to ensure that his female sexual partner does not get pregnant.

FIGURE 123**Views on Responsibility Towards Pregnancy: Female Drug Users**

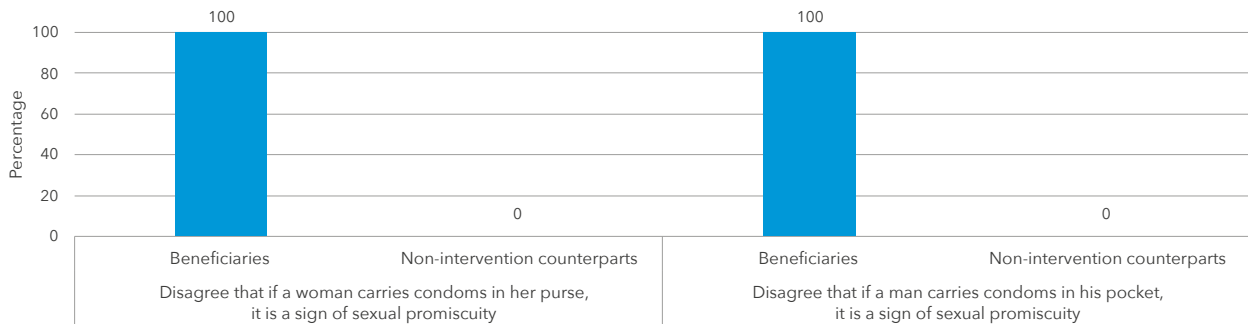
Source: *Beneficiary Survey*

Note: The *Baseline Study* conducted across the six EaP countries in October 2020 revealed that 80 percent of the general population believes that the use of contraception is a shared responsibility between both sexual partners, 54 percent agrees that it is a woman’s responsibility to avoid getting pregnant and 66 percent agrees that a man should take care to ensure that his female sexual partner does not get pregnant.

All beneficiaries disagree that carrying condoms is a sign of sexual promiscuity, regardless of gender (Figure 124).

FIGURE 124

Attitudes Towards Carrying Condoms: Female Drug Users



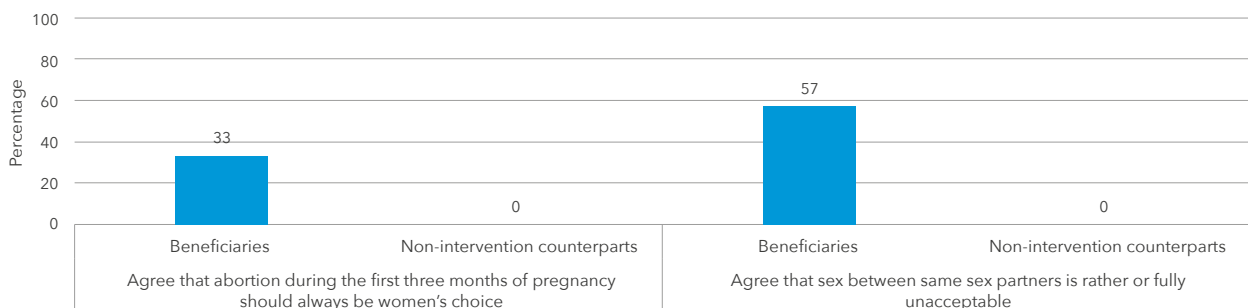
Source: *Beneficiary Survey*

Note: The *Baseline Study* conducted across the six EaP countries in October 2020 revealed that 48 percent of the general population disagrees that if a woman carries condoms in her purse, it is a sign of promiscuity; 57 percent disagrees that if a man carries condoms in his pocket, it is a sign of sexual promiscuity.

One third of beneficiary female drug users believe that abortion during the first three months of pregnancy should always be a woman’s choice, while over half of beneficiary female drug users find sex between same-sex partners either rather or fully unacceptable (Figure 125).

FIGURE 125

Views on Abortion and Homosexuality: Female Drug Users



Source: *Beneficiary Survey*

Note: The *Baseline Study* conducted across the six EaP countries in October 2020 revealed that 22 percent of the general population agrees that abortion during the first three months of pregnancy should always be a woman’s choice, and 77 percent agrees that sex between same-sex partners is either rather or fully unacceptable.

Lastly, focus group discussion participants expressed the need for quicker and more inclusive individualized medical care, especially for HIV patients. The state was mentioned as organizing medical commissions and providing support through programmes, but there were calls for better care for HIV-infected individuals and reduced stigma. Participants also highlighted the lack of comprehensive information and education on reproductive health, particularly in schools, citing that not all parents can adequately convey essential health information to their children.

Self-reported impacts of the project on beneficiaries' lives

Focus group discussion participants reported positive changes in their lives as a result of participating in the project, including increased awareness, new skills and a sense of belonging to a supportive community. Personal growth and self-reflection were mentioned as important aspects of the participants' journeys, with a focus on learning and self-improvement.

Key takeaways

Attitudes towards gender equality

The project has successfully fostered support for equal rights and opportunities for both women and men among beneficiary female drug users. Most participants view gender equality as highly beneficial for individuals and society as a whole.

Responsibility for providing for the family and shouldering unpaid care and domestic work burdens

While most beneficiaries believe in equal responsibility for providing for the family, traditional gender norms persist in terms of household management. Some participants expressed openness to shared responsibilities and mutual understanding when dividing household tasks.

Addressing domestic violence

Most beneficiaries strongly oppose domestic violence and believe it should be punishable by law. Many are somewhat aware of laws and policies related to domestic violence and rape and recognize that these frameworks need improvement and more effective enforcement.

Shared responsibility for contraception and sexual behaviour stigma

Most beneficiaries believe that contraception is a shared responsibility between sexual partners, emphasizing the importance of mutual care in preventing pregnancy. All beneficiaries disagree that carrying condoms is a sign of sexual promiscuity, indicating a positive shift in attitudes towards safe sex. Future efforts should aim at further reducing the stigma associated with HIV and reproductive health issues and providing more inclusive and comprehensive health care.

Employment barriers

The project has highlighted the difficulties faced by female drug users in finding employment due to stigma and prejudice. Participants recognize the importance of job preparation and training programmes. Efforts should be made to address the significant employment barriers that female drug users face, including providing job preparation, training and support for interviews.

Community building

Creating a sense of belonging to a supportive community can have positive impacts on beneficiaries, making them feel more empowered and engaged. Encouraging personal growth, self-reflection and self-improvement should remain central to future initiatives, helping beneficiaries to build skills and confidence.

4.

CONCLUSION

The *Beneficiary Survey*, focus group discussions and in-depth interviews revealed shared trends in the prevalence of gender norms and stereotypes among target population groups of beneficiaries and their non-intervention counterparts in EaP countries.

Beneficiary Survey results confirmed that the great majority of beneficiaries and their non-intervention counterparts across population groups are supportive of equal rights and opportunities for both women and men, and view gender equality as highly beneficial for individuals and society as a whole. In focus group discussions, beneficiaries generally agreed that there has been substantive progress in gender equality compared to their childhood. This progress includes expanded opportunities for women in education and the labour market, as well as increased representation in public- and private-sector leadership positions.

Some beneficiaries, however, pointed out the continued discrimination faced by women, particularly those living in rural areas, in low-socioeconomic status households or who are members of an ethnic minority. In focus group discussions, beneficiary local advocates and CSOs warned that conservative individuals and groups use traditional gender norms and stereotypes to oppose and resist changes towards gender equality. They also noted **discrepancies between reported adherence to gender norms and stereotypes and actual behaviours and practices** in their societies, which are more evident in rural areas and among older generations.

This dissonance, where individuals report non-adherence to gender norms and stereotypes while still conforming to them in their actual behaviours and practices, is also observed among beneficiaries and their non-intervention counterparts, particularly in the division of unpaid care domestic work within households. This may reveal that despite outwardly rejecting traditional gender norms, many beneficiaries, non-intervention counterparts and individuals in society still find themselves conforming to these behaviours and practices due to personal history, individual motivations, societal pressures or ingrained cultural expectations.

Most beneficiaries and their non-intervention counterparts who participated in the *Beneficiary Survey* value participating **in the labour market** and being **actively involved in childcare** and their children's upbringing. In focus group discussions, many beneficiaries agreed that perceptions of traditional gender roles in the household are shifting, as men are increasingly involved in household duties and childcare and women are increasingly contributing to family incomes.

These positive changes can be attributed to increased awareness, changing societal norms and exposure to different cultural practices. Yet many beneficiaries also acknowledged the persistence of harmful gender stereotypes that continue to limit men's engagement in unpaid care and domestic work and women's participation in the labour force. In this regard, it is worth noting that most beneficiary **members of faith-based organizations** who participated in focus group discussions **held progressive views with regards to gender roles and gender equality**, including valuing fathers' engagement in childcare and acknowledging the societal pressures women face to conform to traditional roles that dictate that women belong in the household and men should provide financially.

Beneficiary Survey results showed that **beneficiaries generally tend to be more supportive of a gender-equitable distribution of unpaid care and domestic work chores within the household**. However, many beneficiaries participating in focus group discussions acknowledged

that the division of these responsibilities varies in each family based on individual circumstances and capabilities. Many participants also emphasized the importance of mutual agreement and open discussions to manage these tasks. In practice, societal expectations and stereotypes still influence the division of labour within families, evidencing a discrepancy between reported beliefs and actual practices.

Beneficiary Survey findings show that unpaid care and domestic work burdens remain unequally distributed between women and men, with women performing the majority of household chores. In contrast, childcare duties appear to be more evenly distributed. A limited but non-negligible number of beneficiaries and their non-intervention counterparts adhered to traditional gender norms (e.g. seeing men as breadwinners and women as homemakers), although non-intervention counterparts were more likely to support this perspective.

In focus group discussions, beneficiaries generally highlighted that decision-making on day-to-day expenditures and big purchases or investments needs to be a collaborative process based on open communication, negotiation and agreement among partners, with both having a say. Despite these positive advances, *Beneficiary Survey* results suggest **that harmful good-wife stereotypes remain widespread**. Interestingly, many beneficiaries and their non-intervention counterparts believe that a good wife should refrain from questioning her husband's or partner's opinions and decisions even if she disagrees with him and that a good husband always asks for his wife's opinion on important issues and then takes it into account.

Some beneficiaries who participated in focus group discussions acknowledged that women face challenges in career advancement and promotion compared to men, as well as discrimination in hiring, particularly during their prime reproductive ages. Other participants believed that career growth opportunities depend more on the chosen profession rather than on gender and indicated that women and men have equal chances of career progression. Worryingly, *Beneficiary Survey* results from both **beneficiary youth and their non-intervention counterparts revealed a low degree of acceptance towards having a female boss**.

Beneficiaries participating in focus group discussions generally linked societal expectations that push women to prioritize child-rearing over their careers to their under-representation in the labour force. The issue of whether women should stop their careers in order to raise children elicited varied responses, with some participants stressing that they should not interrupt their careers following childbearing, while others were supportive of women leaving the labour force to take care of children.

Beneficiaries participating in focus group discussions considered the availability of leave entitlements such as paid maternity, paternity and parental leave, kindergartens and employers allowing flexible work schedules and remote work as key to enabling women to continue their careers during and after childbearing and fostering men's involvement in childcare. They, however, widely reported that these **public and private support systems remain largely insufficient or absent**. Several beneficiaries raised the notion that **men's rights to paid paternity leave is crucial** to support raising their children during the first months of life.

Women in STEM who benefited from the project and participated in focus group discussions highlighted that women's access to STEM careers is hindered by stereotypes and societal

expectations that discourage girls from pursuing these fields. Family influence and school environments were reported to play roles in shaping gendered career choices. The lack of understanding about STEM professions and the perception that they require long-term planning were also cited as barriers, while role models and awareness-raising activities were identified as crucial for encouraging girls to enter male-dominated careers and professions.

Beneficiaries participating in focus group discussions highlighted the prevalence of domestic violence against women and recognized it as a common and pervasive issue in society. They identified various contributing factors, including the lack of education and awareness about women's rights, parental influence and societal norms that justify and perpetuate violence. They also noted the insufficiency of support systems and the lack of access to help for survivors.

Beneficiary Survey results highlight low levels of tolerance for domestic violence among beneficiaries and their non-intervention counterparts. This intolerance is shared by perpetrators of domestic violence, although a limited number believe that domestic violence should not always be punishable, view it as a private matter and believe that women can be blamed for sexual violence. *Beneficiary Survey* results also reveal limited awareness of laws and regulations related to domestic violence and rape by respondents across population groups.

The role of the media and entertainment outlets in shaping attitudes was acknowledged by beneficiaries in focus group discussions, who called for the media to promote respect for women and reject violence. Participants emphasized the importance of prevention, which requires awareness-raising measures, education and a change in societal mentality (particularly in rural areas). There was a consensus on the importance of individuals speaking up and supporting survivors of violence and the need for more open discussions about these issues.

Several beneficiaries who participated in focus group discussions agreed that having at least one son is highly valued in their societies, a view that was also supported by a relatively large share of beneficiary health-care professionals and their non-intervention counterparts participating in the *Beneficiary Survey*. The desire for lineage continuation by passing the family name and cultural norms and traditions were seen as key drivers of son preference. Some focus group discussion participants noted that as a result, sex-selective abortions continued to occur in their countries.

Beneficiaries participating in focus group discussions acknowledged that early marriage is another harmful practice that remains prevalent in some communities, particularly among ethnic minorities, noting the obstacles that it creates to women's education and well-being. Women's increased participation in education and the labour force was reported to have led to a shift in the perception of marriage, with an emphasis on supporting girls to pursue education before getting married.

Overall, beneficiaries who participated in focus group discussions emphasized the importance of open communication and mutual agreement in sexual relationships, including decisions about contraception. *Beneficiary Survey* results confirmed that beneficiary youth in particular demonstrated a more progressive approach towards contraception compared to their non-intervention counterpart; beneficiary youth are more likely to view contraception as

a shared responsibility between partners and disagree that women carrying condoms is a sign of promiscuity. In focus group discussions, beneficiary youth highlighted the importance of safe sex practices to prevent both unwanted pregnancies and sexually transmitted diseases, emphasizing the use of condoms as a means of protection.

Findings show that a share of beneficiaries across all groups tend to conform to positive attitudes towards gender equality. On the whole, local advocates and CSOs exhibit the greatest adherence to progressive gender norms. In contrast, members of faith-based organizations tended to hold some conservative views, particularly in the domains of reproductive health, family formation, abortion, sex before marriage, sexual orientation and gender identity. However, it must be noted that both local advocates and CSOs and members of faith-based organizations play crucial roles in advancing gender equality and challenging traditional gender norms within their respective communities.

Lastly, beneficiaries reported multiple benefits from their participation in the programme, such as increased knowledge and understanding of gender norms, including through the use of safe spaces to discuss sensitive topics, personal growth, expanded reach, networks and visibility within communities, access to financial support and enhanced engagement in childcare. Note, however, that the quantitative and qualitative components of the *Follow-up Assessment* were administered *ex-post* and were not directly linked to programme interventions, which limited the analysis of the programme's impact on beneficiaries' lives. The second phase of the programme will address this issue through the development and implementation of standardized monitoring tools to effectively measure change and ensure comparability of programme results across time and across and within countries for selected signature interventions.

ANNEX 1: BENEFICIARY SURVEY SAMPLING FRAMES AND RESPONSE RATES

Fathers who attended Papa Schools/Father Groups

Fathers who attended Papa Schools/Father Groups were sampled from the following beneficiary populations (Table 10).

- **Armenia:** Participants were selected among fathers reached by the *Youth Initiative Centre* and *World Vision Armenia* (185 fathers).
- **Azerbaijan:** Participants were selected among the 358 fathers reached by the *Gender Hub* and the *Azerbaijan Enlighteners Organization*.
- **Belarus:** Participants were selected among the 12 fathers reached.
- **Georgia:** Participants were selected among fathers who were reached by the *Gagua Clinic* and the *Hera Clinic* (32 fathers).
- **Moldova:** Participants were selected among fathers reached by the *Child Rights Information and Documentation Centre* (329 fathers).

In Ukraine, participants would have been selected among fathers reached by the *Ukrainian Foundation for Public Health*, the *Bureau (Office) of Institutional Development*, *Public Movement "Faith, Hope, Love"*, and the *Charity Fund "Child Smile"* (1,399 fathers). However, the implementation of the *Beneficiary Survey* in Ukraine was not feasible due to the ongoing war with the Russian Federation. Ukrainian fathers who attended Papa Schools/Father Groups have therefore been excluded from the Beneficiary survey sample in Table 10, which was based on the total number of beneficiary fathers in the remaining five countries.

TABLE 10

Proposed Beneficiary Survey Sample Structure for Fathers Who Benefited From Papa Schools/father Groups and Their Non-intervention Counterparts, by Country

Country	Beneficiary fathers		Intervention partners and geographic location (in brackets)	Proposed beneficiary group sample size	Proposed non-intervention group sample size	Proposed total to be included in the survey
	#	%				
Armenia	185	20.2	Youth Initiative Centre, World Vision Armenia (Lori, Tavush and Shirak)	97	97	194
Azerbaijan	358	39.1	Gender Hub, Azerbaijan Enlighteners Organization (Agstafa, Tovuz, Ganja, Baku, Sumgait, Gakh, Lankaran, Mingachevir)	187	187	374
Belarus	12	1.3	-	6	6	12

Georgia	32	3.5	Gagua Clinic, Hera Clinic (Tbilisi, Kutaisi)	17	17	34
Moldova	329	35.9	Child Rights Information and Documentation Centre (Straseni, Falesti, Micleuseni, Ghelauza)	172	172	344
Ukraine	1,399 (0)	0.0	Faith, Hope, Love and Bureau for Institutional Development CSOs and local authorities (Kyiv, Zaporizhzhia, Vinnytsia, Odessa)	0	0	0
EaP	916	100.0	-	479	479	958

Source: Mapping of CSO awareness-raising and capacity-building interventions during the first two years of project implementation

In practice, the response rate for the EaP region stood at 76.0 percent (Table 11). Desired response rates of 100.0 percent were achieved in Belarus and Georgia for beneficiary fathers and their non-intervention counterparts.

TABLE 11

Beneficiary Survey Response Rate for Fathers Who Benefited From Papa Schools/Father Groups and Their Non-intervention Counterparts, by Country

Country	Beneficiary group			Non-intervention group		
	Proposed sample size	Final sample size (interviews completed)	Response rate (%)	Proposed sample size	Final sample size (interviews completed)	Response rate (%)
Armenia	97	71	73.2	97	71	73.2
Azerbaijan	187	183	97.9	187	183	97.9
Belarus	6	6	100.0	6	6	100.0
Georgia	17	17	100.0	17	17	100.0
Moldova	172	87	50.6	172	87	50.6
Ukraine	0	0	-	0	0	-
EaP	479	364	76.0	479		76.0

Source: *Beneficiary Survey*

Youth

Youth who were targeted by awareness-raising and capacity-building interventions were sampled from the following beneficiary populations (Table 12):

- **Azerbaijan:** Participants were selected among youth from the 16 universities with faculties that offer technology-related studies who participated in awareness-raising sessions on gender equality implemented jointly by the *Growth of Modern Youth Development Public Union (SGMYD)* and *Azerbaijan Women in Science (AwiS)* (73 young persons), and students from the *Azerbaijan Theology Institute* who benefited

from the integration of gender-transformative content into the official course curriculum and capacity-building activities by the *For the Sake of Civil Society Public Union* (197 young persons).

- **Georgia:** Participants were selected among young persons engaged by local youth initiatives by the *Network of Centres for Civic Engagement (NCCE)* and the *Imereti Development Centre (IDC)* (71 young persons). The sample in Georgia did not cover students who were sensitized on the recommendations of the *Centre for Civil Integration and Inter-Ethnic Relations* to ensure the gender-sensitivity of school textbooks (101 young persons) since beneficiary lists of online awareness-raising and capacity-building activities are not readily available.
- **Moldova:** Participants were selected among youth who attended sessions on gender stereotypes organized by *Ao Adti Educat, Institutum Virtutes Civilis* and *Millenium Training and Development Institute* (182 young persons).

TABLE 12

Proposed Beneficiary Survey Sample Structure for Youth Targeted by Awareness-raising and Capacity-Building Interventions and Their Non-intervention Counterparts, by Country

Country	Beneficiary youth		Intervention partners and geographic location (in brackets)	Proposed beneficiary group sample size	Proposed non-intervention group sample size	Proposed total to be included in the survey
	#	%				
Armenia	0	0.0	-	0	0	0
Azerbaijan	270	51.6	Growth of Modern Youth Development Public Union (SGMYD), Azerbaijan Women in Science (AwiS), For the Sake of Civil Society Public Union Azerbaijan Theology Institute (Baku and other regions)	178	178	356
Belarus	0	0.0	-	0	0	0
Georgia	71	13.6	Network of Centres for Civic Engagement (NCCE) and Imereti Development Centre (IDC) (Imereti and Guria)	46	46	92
Moldova	182	34.8	Ao Adti Educat, Institutum Virtutes Civilis, Millenium Training and Development Institute (Straseni, Falesti)	120	120	240
Ukraine	0	0.0	-	0	0	0
EaP	523	100.0	-	344	344	688

Source: Mapping of CSO awareness-raising and capacity-building interventions during the first two years of project implementation

In practice, the response rate for the EaP region stood at 42.2 percent (Table 13). Desired response rates of 100.0 percent were not achieved in any target country, primarily due to most respondents being underage.

TABLE 13

Beneficiary Survey Response Rate for Youth Targeted by Awareness-raising and Capacity-building Interventions and Their Non-intervention Counterparts, by Country

Country	Beneficiary group			Non-intervention group		
	Proposed sample size	Final sample size (interviews completed)	Response rate (%)	Proposed sample size	Final sample size (interviews completed)	Response rate (%)
Armenia	0	0	-	0	0	-
Azerbaijan	178	84	47.2	178	84	47.2
Belarus	0	0	-	0	0	-
Georgia	46	19	41.3	46	19	41.3
Moldova	120	42	35.0	120	42	35.0
Ukraine	0	0	-	0	0	-
EaP	344	145	42.2	344		42.2

Source: *Beneficiary Survey*

Health-care professionals

Health-care professionals whose capacities to engage men in prenatal care were strengthened were sampled from the following beneficiary populations (Table 14):

- **Armenia:** Participants were selected among health-care professionals reached by *World Vision Armenia* (138 professionals).
- **Azerbaijan:** Participants were selected among health-care professionals at a wide range of medical institutions (44 professionals).
- **Belarus:** Participants were selected among the 10 health-care professionals reached.
- **Georgia:** Participants were selected among the 111 health-care professionals reached by the UNFPA Country Office.
- **Moldova:** Participants were selected among health-care professionals reached by health departments (32 professionals).

TABLE 14

Proposed Beneficiary Survey Sample Structure for Health-care Professionals Whose Capacities to Engage Men in Prenatal Care Were Strengthened and Their Non-intervention Counterparts, by Country

Country	Beneficiary health-care professionals		Intervention partners and geographic location (in brackets)	Proposed beneficiary group sample size	Proposed non-intervention group sample size	Proposed total to be included in the survey
	#	%				
Armenia	138	41.2	World Vision Armenia (Lori, Tavush and Shirak)	104	104	208

Azerbaijan	44	13.1	Children's Polyclinic No. 1, 5, 9, 11, 15, 17, 19, 21, 22, Women's counselling centre No. 2, 7, 10, City Polyclinic No. 8, 19, Public health and reform centre, Central Oilers Hospital, International Medical Centre N. Nərimanov, Azerbaijan State Physicians Improvement Institute, Azerbaijan Medical University, Azerbaijan State Medical Training Institute, Scientific Research Institute of Obstetrics and Gynecology (Baku)	33	33	66
Belarus	11	3.0	-	8	8	16
Georgia	111	33.1	UNFPA Georgia CO (Tbilisi, Imereti, Guria)	83	83	166
Moldova	32	9.6	Health Departments (Falesti, Scumpia, Mărăndeni, Bocsa, Straseni, Tataresti, Codreanca, Vorniceni, Scoreni, Sireti, Radeni, Sireț, Lozova, Strășeni, Recea, Dolna)	24	24	48
Ukraine	0	0.0	-	0	0	0
EaP	335	100.0	-	252	252	504

Source: Mapping of CSO awareness-raising and capacity-building interventions during the first two years of project implementation

In practice, the response rate for the EaP region stood at 79.4 percent (Table 15). Desired response rates of 100.0 percent were not achieved in any target country, primarily due to health-care professionals reporting to be busy and, therefore, unable to participate in the *Beneficiary Survey*.

TABLE 15

Beneficiary Survey Response Rate for Health-care Professionals Whose Capacities to Engage Men in Prenatal Care Were Strengthened and Their Non-intervention Counterparts, by Country

Country	Beneficiary group			Non-intervention group		
	Proposed sample size	Final sample size (interviews completed)	Response rate (%)	Proposed sample size	Final sample size (interviews completed)	Response rate (%)
Armenia	104	99	95.2	104	99	95.2
Azerbaijan	33	27	81.8	33	27	81.8
Belarus	8	7	87.5	8	7	87.5
Georgia	83	50	60.2	83	50	60.2
Moldova	24	17	70.8	24	17	70.8
Ukraine	0	0	-	0	0	-
EaP	252	200	79.4	252	200	79.4

Source: *Beneficiary Survey*

Women with disabilities

Women with disabilities targeted by awareness-raising and capacity-building interventions were sampled from the following beneficiary populations (Table 16):

- **Armenia:** Participants were selected among those targeted by the *Agate Rights Defence Centre for Women with Disabilities* (35 women with disabilities).
- **Moldova:** Participants were selected among those who participated in education sessions on women's rights and domestic violence organized by *Asociaia Motivatie Din Moldova* (31 women with disabilities and women with children with disabilities).

TABLE 16

Proposed Beneficiary Survey Sample Structure for Women with Disabilities Targeted by Targeted by Awareness-raising and Capacity-building Interventions and Their Non-intervention Counterparts, by Country

Country	Beneficiary women with disabilities		Intervention partners and geographic location (in brackets)	Proposed beneficiary group sample size	Proposed non-intervention group sample size	Proposed total to be included in the survey
	#	%				
Armenia	35	53.0	Agate Rights Defense Centre for Women with Disabilities (Lori, Tavush and Shirak)	33	33	66
Azerbaijan	0	0.0	-	0	0	0
Belarus	0	0.0	-	0	0	0
Georgia	0	0.0	-	0	0	0
Moldova	31	47.0	Asociaia Motivatie Din Moldova (Straseni, Falesti)	29	29	58
Ukraine	0	0.0	-	0	0	0
EaP	66	100.0	-	62	62	124

Source: Mapping of CSO awareness-raising and capacity-building interventions during the first two years of project implementation

In practice, the response rate for the EaP region stood at 88.7 percent (Table 17). Desired 100.0 percent were achieved in Moldova for beneficiary women with disabilities and their non-intervention counterparts.

TABLE 17

Proposed Beneficiary Survey Response Rate for Women with Disabilities Targeted by Targeted by Awareness-raising and Capacity-building Intervention and Their Non-intervention Counterparts, by Country

Country	Beneficiary group			Non-intervention group		
	Proposed sample size	Final sample size (interviews completed)	Response rate (%)	Proposed sample size	Final sample size (interviews completed)	Response rate (%)
Armenia	33	26	78.8	33	26	78.8
Azerbaijan	0	0	-	0	0	-
Belarus	0	0	-	0	0	-
Georgia	0	0	-	0	0	-
Moldova	29	29	100.0	29	29	100.0
Ukraine	0	0	-	0	0	-
EaP	62	55	88.7	62	55	88.7

Source: Beneficiary Survey

Perpetrators of domestic violence

Perpetrators of domestic violence targeted by perpetrator rehabilitation programmes were sampled among the 155 perpetrators who completed the behavioural correction programme under the *National Probation Agency* of Georgia (Table 18).

TABLE 18

Beneficiary Survey Sample Structure for Perpetrators of Domestic Violence Targeted by Perpetrator Rehabilitation Programmes and Their Non-intervention Counterparts, by Country

Country	Beneficiary perpetrators of domestic violence		Intervention partners and geographic location (in brackets)	Proposed beneficiary group sample size	Proposed non-intervention group sample size	Proposed total to be included in the survey
	#	%				
Armenia	0	0.0	-	0	0	0
Azerbaijan	0	0.0	-	0	0	0
Belarus	0	0.0	-	0	0	0
Georgia	155	100.0	National Probation Agency (unspecified)	135	135	270
Moldova	0	0.0	-	0	0	0
Ukraine	0	0.0	-	0	0	0
EaP	155	100.0	-	135	135	270

Source: Mapping of CSO awareness-raising and capacity-building interventions during the first two years of project implementation

In practice, the response rate stood at 12.3 percent for beneficiaries and their non-intervention counterparts, primarily due to perpetrators' refusal to participate in the *Beneficiary Survey* (Table 19).

TABLE 19

Proposed Beneficiary Survey Response Rate for Perpetrators of Domestic Violence Targeted by Perpetrator Rehabilitation Programmes and Their Non-intervention Counterparts, by Country

Country	Beneficiary group			Non-intervention group		
	Proposed sample size	Final sample size (interviews completed)	Response rate (%)	Proposed sample size	Final sample size (interviews completed)	Response rate (%)
Armenia	0	0	-	0	0	-
Azerbaijan	0	0	-	0	0	-
Belarus	0	0	-	0	0	-
Georgia	135	19	12.3	135	19	12.3
Moldova	0	0	-	0	0	-
Ukraine	0	0	-	0	0	-
EaP	135	19	12.3	135	19	12.3

Source: *Beneficiary Survey*

Domestic violence survivors

Domestic violence survivors targeted by awareness-raising and capacity-building interventions were sampled among the 31 women survivors of domestic violence reached by *Consultation Centre Sakhli* in Georgia (Table 20).

TABLE 20

Beneficiary Survey Sample Structure for Domestic Violence Survivors Targeted by Awareness-raising and Capacity-building Interventions and Their Non-intervention Counterparts, by Country

Country	Beneficiary domestic violence survivors		Intervention partners and geographic location (in brackets)	Proposed beneficiary group sample size	Proposed non-intervention group sample size	Proposed total to be included in the survey
	#	%				
Armenia	0	0.0	-	0	0	0
Azerbaijan	0	0.0	-	0	0	0
Belarus	0	0.0	-	0	0	0
Georgia	31	100.0	Consultation Centre Sakhli (unspecified)	31	31	62

Moldova	0	0.0	-	0	0	0
Ukraine	0	0.0	-	0	0	0
EaP	31	100.0	-	31	31	62

Source: Mapping of CSO awareness-raising and capacity-building interventions during the first two years of project implementation

In practice, a response rate of 93.5 percent was achieved for beneficiary domestic violence survivors and their non-intervention counterparts (Table 21).

TABLE 21

Beneficiary Survey response rate for domestic violence survivors targeted by awareness-raising and capacity-building interventions and their non-intervention counterparts, by Country

Country	Beneficiary group			Non-intervention group		
	Proposed sample size	Final sample size (interviews completed)	Response rate (%)	Proposed sample size	Final sample size (interviews completed)	Response rate (%)
Armenia	0	0	-	0	0	-
Azerbaijan	0	0	-	0	0	-
Belarus	0	0	-	0	0	-
Georgia	31	29	93.5	31	29	93.5
Moldova	0	0	-	0	0	-
Ukraine	0	0	-	0	0	-
EaP	31	29	93.5	31	29	93.5

Source: *Beneficiary Survey*

Female drug users

Female drug users targeted by awareness-raising and capacity-building interventions were sampled among the 21 female drug users that were reached in Belarus (Table 22).

TABLE 22

Proposed Beneficiary Survey Sample Structure for Female Drug Users Targeted by Awareness-raising and Capacity-building Interventions and Their Non-intervention Counterparts, by Country

Country	Beneficiary female drug users		Intervention partners and geographic location (in brackets)	Proposed beneficiary group sample size	Proposed non-intervention group sample size	Proposed total to be included in the survey
	#	%				
Armenia	0	0.0	-	0	-	0
Azerbaijan	0	0.0	-	0	-	0
Belarus	21	100.0	-	21	-	21

Georgia	0	0.0	-	0	-	0
Moldova	0	0.0	-	0	-	0
Ukraine	0	0.0	-	0	-	0
EaP	21	100.0	-	21	-	21

Source: Mapping of CSO awareness-raising and capacity-building interventions during the first two years of project implementation

In practice, the desired response rate of 100.0 percent was achieved in Belarus for beneficiary female drug users (Table 23).

TABLE 23

Beneficiary Survey Response Rate for Female Drug Users Targeted by Awareness-raising and Capacity-building Interventions and Their Non-intervention Counterparts, by Country

Country	Beneficiary group			Non-intervention group		
	Proposed sample size	Final sample size (interviews completed)	Response rate (%)	Proposed sample size	Final sample size (interviews completed)	Response rate (%)
Armenia	0	0	-	-	-	-
Azerbaijan	0	0	-	-	-	-
Belarus	21	21	100.0	-	-	-
Georgia	0	0	-	-	-	-
Moldova	0	0	-	-	-	-
Ukraine	0	0	-	-	-	-
EaP	21	21	100.0	-	-	-

Source: *Beneficiary Survey*

ANNEX 2: BENEFICIARY SURVEY MODULES AND QUESTIONNAIRE

This annex presents the *Beneficiary Survey* modules and questions. Table 24 displays the modules that will be administered to the seven beneficiary groups and their non-intervention counterparts. These are fully aligned to the modules of the *Baseline Study* structured questionnaire.

TABLE 24

Beneficiary Survey Target Groups and Modules to Be Administered

Beneficiary groups and non-intervention counterparts covered by the <i>Beneficiary Survey</i>	<i>Beneficiary Survey</i> modules to be administered
Youth	Module 0. Socio-demographic characteristics Module 1. Overarching gender perceptions Module 2. Employment and leadership Module 3. Household and Family Module 4. Gender-based violence Module 5. Reproductive health
Fathers who attended Papa Schools/ Father Groups	Module 0. Socio-demographic characteristics Module 1. Overarching gender perceptions Module 3. Household and Family
Health-care professionals	Module 0. Socio-demographic characteristics Module 1. Overarching gender perceptions Module 3. Household and Family
Women with disabilities	Module 0. Socio-demographic characteristics Module 1. Overarching gender perceptions Module 3. Household and Family Module 4. Gender-based violence Module 5. Reproductive health
Female drug users	Module 0. Socio-demographic characteristics Module 1. Overarching gender perceptions Module 4. Gender-based violence Module 5. Reproductive health
Perpetrators of domestic violence	Module 0. Socio-demographic characteristics Module 1. Overarching gender perceptions Module 4. Gender-based violence Module 5. Reproductive health
Survivors of domestic violence	Module 0. Socio-demographic characteristics Module 1. Overarching gender perceptions Module 4. Gender-based violence Module 5. Reproductive health

Table 25 presents the *Beneficiary Survey* questionnaire, which is fully aligned to the *Baseline Study* structured questionnaire. In very few instances, minor adjustments to the questionnaire were made to improve data quality. Where relevant, these are highlighted with a footnote.

TABLE 25

Beneficiary Survey Questionnaire

Introduction

Hello [name of the respondent]. My name is [name of the interviewer]. I am representing company [name of firm leading data collection in the country]. We are implementing the survey on gender norms and stereotypes on behalf of the *European Union 4 Gender Equality: Together against gender stereotypes and gender-based violence* project, financed by the European Union and led by UN Women and UNFPA. Please kindly note that your participation in this survey is not mandatory and there are no right or wrong answers to any questions asked during the interview. Also, be assured that this interview will be kept fully confidential, meaning that we will not use names or any other identifying information in any of our reports. The information you provide will be used only in a generalized form, together with other respondents' responses. This interview will last approximately 15-18 minutes.

Module 0. Socio-demographic characteristics

Administered to:

- (1) Youth
- (2) Fathers who attended Papa Schools/Father Groups
- (3) Health-care professionals
- (4) Women with disabilities
- (5) Female drug users
- (6) Perpetrators of domestic violence
- (7) Survivors of domestic violence

Question number:	Beneficiary Survey Question 0 / Question not included in Baseline Study
Question:	A1. Mark country of respondent
Responses:	1. Armenia 2. Azerbaijan 3. Georgia 4. Moldova 5. Belarus

Question number:	Beneficiary Survey Question 1 / Question not included in Baseline Study
Question:	A2. Mark beneficiary status of respondent
Responses:	1. Beneficiary 2. Non-intervention counterpart

Question number:	Beneficiary Survey Question 2 / Question not included in Baseline Study
Question:	A3. Mark target group
Responses:	<ol style="list-style-type: none"> 1. Youth 2. Fathers who attended Papa Schools/Father Groups 3. Health-care professionals 4. Women with disabilities 5. Female drug users 6. Perpetrators of domestic violence 7. Survivors of domestic violence

Question number:	Beneficiary Survey Question 3 / Baseline Study Question D1
Question:	D1. Mark respondent's sex
Responses:	<ol style="list-style-type: none"> 2. Female 1. Male

Question number:	Beneficiary Survey Question 4 / Baseline Study Question D2
Question:	D2. What is your age?
Responses:	<p>_____ years</p> <p>D2.1 Match automatically to appropriate age range</p> <ol style="list-style-type: none"> 1. Less than 18 - END THE INTERVIEW 2. 18-29 3. 30-39 4. 40-49 5. 50-59 6. 60-69 7. 70+

Question number:	Beneficiary Survey Question 5 / Baseline Study Question D3.2
Question:	D3.2 In which region is your settlement located?
Responses:	List of administrative regions

Question number:	Beneficiary Survey Question 6 / Question not included in Baseline Study
Question:	A3.2 In which rayon/district/municipality is your settlement located?
Responses:	List of rayons/districts/municipalities

Question number:	Beneficiary Survey Question 7 / Baseline Study Question D3.3
Question:	D3.3 What is the name of the settlement?
Responses:	List of settlements

Question number:	Beneficiary Survey Question 8 / Baseline Study Question D4
Question:	D4. What is your current relationship status?
Responses:	<ul style="list-style-type: none"> 1. Single 2. Dating but not co-habiting 3. Married 4. In civil partnership, co-habitation with a partner 5. Divorced 6. Widowed 7. Other _____ 88. (do not read out) Don't know 99. (do not read out) Refusal

Question number:	Beneficiary Survey Question 9 / Baseline Study Question D5
Question:	D5. How many living children do you have? ⁸
Responses:	<ul style="list-style-type: none"> 0 1 2 3 4 5 6 7 8 9

Question number:	Beneficiary Survey Question 10 / New question, previously not included in Baseline Study
Question:	<ul style="list-style-type: none"> A5.1 Is your 1st living child a boy or a girl? A5.2 Is your 2nd living child a boy or a girl? A5.3 Is your 3rd living child a boy or a girl? A5.4 Is your 4th living child a boy or a girl? A5.5 Is your 5th living child a boy or a girl? A5.6 Is your 6th living child a boy or a girl? A5.7 Is your 7th living child a boy or a girl? A5.8 Is your 8th living child a boy or a girl? A5.9 Is your 9th living child a boy or a girl? To be repeated for as many living children as reported
Filter	Asked only to respondents that have at least 1 living child (<i>Beneficiary Survey Question 9 = 1+</i>)
Responses:	<ul style="list-style-type: none"> 1. Boy 2. Girl

8 This question has been adjusted slightly to capture information on children above 18 as well. The original question included in the *Baseline Study* structured questionnaire read: *How many children aged up to 6 and between 7 and 17 do you have?*

Question number:	Beneficiary Survey Question 11 / New question, previously not included in Baseline Study
Question:	A6.1 How old is your 1 st living child? A6.2 How old is your 2 nd living child? A6.3 How old is your 3 rd living child? A6.4 How old is your 4 th living child? A6.5 How old is your 5 th living child? A6.6 How old is your 6 th living child? A6.7 How old is your 7 th living child? A6.8 How old is your 8 th living child? A6.9 How old is your 9 th living child? To be repeated for as many living children reported
Filter	Asked only to respondents that have at least 1 living child (<i>Beneficiary Survey Question 9 = 1+</i>)
Responses:	_____ years Match automatically to the appropriate age range 1. 0-6 2. 7-17 3. 18+

Question number:	Beneficiary Survey Question 12 / Baseline Study Question D5a
Question:	D5a. How many people overall reside in your household, including you?
Responses:	

Question number:	Beneficiary Survey Question 13 / Baseline Study Question D6
Question:	D6. What is the highest level of education that you have achieved? ⁹
Responses:	1. No education / incomplete basic 2. Basic / Incomplete secondary 3. Secondary 4. Secondary special (college, technical school, etc.) 5. Incomplete higher education 6. Higher education 77. (do not read out) Hard to say

9 This question has been adjusted slightly to align with the formulation traditionally used in household surveys. The original question included in the *Baseline Study* structured questionnaire read: *What is your education?*

Question number:	Beneficiary Survey Question 14 / Baseline Study Question D7
Question:	D7. Currently you are...
Responses:	<ol style="list-style-type: none"> 1. Work/full-time employment (including military) 2. Work /part-time employment (including military) 3. Self-employed, private entrepreneur 4. Take care of the household/ take care of the family 5. At home due to maternity/paternity leave 6. Retiree 7. Unable to work due to disability 8. Unemployed, looking for a job 9. Unemployed, not looking for a job 10. Student 11. Other (specify) _____ 77. (do not read out) Hard to say

Question number:	Beneficiary Survey Question 15 / Baseline Study Question D7.1
Question:	D7.1 In which sector do you work?
Filter	Asked only to respondents that work full time or part time (<i>Beneficiary Survey Question 14 = "Work/full-time employment (including military)" OR "Work / part-time employment (including military)"</i>)
Responses:	<ol style="list-style-type: none"> 1. Public 2. Private, employed formally¹⁰ 3. Private, employed informally¹¹ 4. Other _____

Question number:	Beneficiary Survey Question 16 / Baseline Study Question D8
Question:	D8. What ethnic group do you identify yourself with? ¹²
Responses:	<p>List of ethnic groups</p> <p>Other _____</p> <p>77 (do not read out) Hard to say</p> <p>99 (do not read out) Refused to answer</p>

10 The original response included in the *Baseline Study* structured questionnaire read: *Private with official employment*.

11 The original response included in the *Baseline Study* structured questionnaire read: *Private without official employment*.

12 This question has been adjusted slightly to align with the formulation traditionally used in household surveys. The original question included in the *Baseline Study* structured questionnaire read: *What ethnic group do you associate yourself with?*

Question number:	Beneficiary Survey Question 17 / Baseline Study Question D9
Question:	D9. What is your religion, if any? ¹³
Responses:	<ul style="list-style-type: none"> 1. Christian Orthodox 2. Christian Rome Catholic 3. Christian Greek Catholic 4. Christian Armenian Apostolic 5. Protestant 6. Muslim 7. Other _____ 8. (do not read out) do not believe in God/atheist 88. (do not read out) Don't know 99. (do not read out) Refused to answer

Question number:	Beneficiary Survey Question 18 / Baseline Study Question D10
Question:	D10. How would you assess the level of your household income?
Responses:	<ul style="list-style-type: none"> 1. We do not have enough money even for food 2. We have enough money for food, but we cannot always buy clothes 3. We always have money for food and clothes, but we cannot always buy household appliances and other. Expensive goods 4. We have enough money for household appliances and expensive goods, but we cannot buy a car or an apartment 5. We can buy a car or other things of similar cost which we need 77. (do not read out) Hard to say 99. (do not read out) Refused to answer

Module 1. Overarching gender perceptions

Administered to:

- (1) Youth
- (2) Fathers who attended Papa Schools/Father Groups
- (3) Health-care professionals
- (4) Women with disabilities
- (5) Female drug users
- (6) Perpetrators of domestic violence
- (7) Survivors of domestic violence

13 This question has been adjusted slightly to align with the formulation traditionally used in household surveys. The original question included in the *Baseline Study* structured questionnaire read: *What religion do you associate yourself with?*

Question number:	Beneficiary Survey Question 19 / Baseline Study Question 4
Question:	Q4. In your view, who is responsible for providing for the family: mainly women, mainly men or both are equally responsible? ¹⁴
Responses:	1. Women are mainly responsible 2. Men are mainly responsible 3. Both are equally responsible 88 (do not read out) Don't know

Question number:	Beneficiary Survey Question 20 / Baseline Study Question 5
Question:	Q5. In your view, who is responsible for managing the household: mainly women, mainly men or both are equally responsible? ¹⁵
Responses:	1. Women are mainly responsible 2. Men are mainly responsible 3. Both are equally responsible 88 (do not read out) Don't know

Question number:	Beneficiary Survey Question 21 / Baseline Study Question 6
Question:	Q6. Please tell me to what extent you agree or disagree with this statement: It is a key part of my identity as a woman/man to be employed ¹⁶
Responses:	1. Strongly agree 2. Tend to agree 3. Neither agree nor disagree 4. Tend to disagree 5. Strongly disagree 88. (do not read out) Don't know

Question number:	Beneficiary Survey Question 22 / Baseline Study Question 8
Question:	Q8. Please tell me to what extent you agree or disagree with this statement: It is a key part of my identity as a woman/man to be actively involved in day-to-day care for my children and family (e.g. changing children's clothes/diapers, feeding children, cooking, cleaning) ¹⁷

14 This question has been adjusted slightly to avoid misleading the respondent by hinting that one of the partners should have more responsibility in providing for the family. The original question included in the *Baseline Study* structured questionnaire read: *In your view, who is more responsible for providing for the family: women or men or both are equally responsible?*

15 This question has been adjusted slightly to avoid misleading the respondent by hinting that one of the partners should have more responsibility in providing for the family. The original question included in the *Baseline Study* structured questionnaire read: *In your view, who is more responsible for providing for the family: women or men or both are equally responsible?*

16 This question has been adjusted slightly. The original question included in the *Baseline Study* structured questionnaire read: *It is a key part of my personality as a man/woman to have a job*

17 This question has been adjusted slightly. The original question included in the *Baseline Study* structured questionnaire read: *It is a key part of my personality as a man/woman to be actively involved in day-to-day care for my children and family (e.g. changing children's clothes/diapers, feeding children, cooking, cleaning).*

Responses: 1. Strongly agree
2. Tend to agree
3. Neither agree nor disagree
4. Tend to disagree
5. Strongly disagree
88. (do not read out) Don't know

Question number: Beneficiary Survey Question 23 / Baseline Study Question 9

Question: Q9. It is a key part of my identity as a woman/man to be involved in my children's upbringing, leisure activities and educational development¹⁸

Responses: 1. Strongly agree
2. Tend to agree
3. Neither agree nor disagree
4. Tend to disagree
5. Strongly disagree
88. (do not read out) Don't know

Question number: Beneficiary Survey Question 24 / Baseline Study Question 11

Question: Q11. Please tell me to what extent you agree or disagree with this statement:
More jobs for women mean fewer jobs for men

Responses: 1. Strongly agree
2. Tend to agree
3. Neither agree nor disagree
4. Tend to disagree
5. Strongly disagree
88. (do not read out) Don't know

Question number: Beneficiary Survey Question 25 / Baseline Study Question 12

Question: Q12. Please tell me to what extent you agree or disagree with this statement:
More rights for women mean fewer rights for men

Responses: 1. Strongly agree
2. Tend to agree
3. Neither agree nor disagree
4. Tend to disagree
5. Strongly disagree
88. (do not read out) Don't know

¹⁸ This question has been adjusted slightly. The original question included in the *Baseline Study* structured questionnaire read: *It is a key part of my personality as a man/woman to be involved in my children's upbringing, leisure activities and educational development.*

Question number:	Beneficiary Survey Question 26 / Baseline Study Question 13
Question:	Q13. Please tell me to what extent you agree or disagree with this statement: Equality between women and men can be beneficial for the economic development of my country
Responses:	<ul style="list-style-type: none"> 1. Strongly agree 2. Tend to agree 3. Neither agree nor disagree 4. Tend to disagree 5. Strongly disagree 88. (do not read out) Don't know

Question number:	Beneficiary Survey Question 27 / Baseline Study Question 14
Question:	Q14. Please tell me to what extent you agree or disagree with this statement: A good wife never questions her husband's / male partner's opinions and decisions, even if she disagrees with him ¹⁹
Responses:	<ul style="list-style-type: none"> 1. Strongly agree 2. Tend to agree 3. Neither agree nor disagree 4. Tend to disagree 5. Strongly disagree 88. (do not read out) Don't know

Question number:	Beneficiary Survey Question 28 / Baseline Study Question 15
Question:	Q15. Please tell me to what extent you agree or disagree with this statement: A good husband always asks for his wife's / female partner's opinion on important issues and takes her opinion into account ²⁰
Responses:	<ul style="list-style-type: none"> 1. Strongly agree 2. Tend to agree 3. Neither agree nor disagree 4. Tend to disagree 5. Strongly disagree 88. (do not read out) Don't know

19 This question has been adjusted slightly. The original question included in the *Baseline Study* structured questionnaire read: *Please tell me to what extent you agree or disagree with this statement: A good wife never questions her husband's opinions and decisions even if she disagrees with him.*

20 This question has been adjusted slightly. The original question included in the *Baseline Study* structured questionnaire read: *Please tell me to what extent you agree or disagree with this statement: A good husband always asks for his wife's opinion on important issues, and decides taking into account her opinion.*

Module 2. Employment and leadership

Administered to:

(1) Youth

Question number:	Beneficiary Survey Question 29 / Baseline Study Question 19
Question:	Q19. Please tell me to what extent you agree or disagree with this statement: It is better for a preschool child if his/her mother does not work
Responses:	1. Strongly agree 2. Tend to agree 3. Neither agree nor disagree 4. Tend to disagree 5. Strongly disagree 88. (do not read out) Don't know

Question number:	Beneficiary Survey Question 30 / Baseline Study Question 20
Question:	Q20. Please tell me to what extent you agree or disagree with this statement: In most cases, it is easier for men than for women to find a well-paid job ²¹
Responses:	1. Strongly agree 2. Tend to agree 3. Neither agree nor disagree 4. Tend to disagree 5. Strongly disagree 88. (do not read out) Don't know

Question number:	Beneficiary Survey Question 31 / Baseline Study Question 21
Question:	Q21. Please tell me to what extent you agree or disagree with this statement: It is just as important for me that my daughter would get a good job as my son
Responses:	1. Strongly agree 2. Tend to agree 3. Neither agree nor disagree 4. Tend to disagree 5. Strongly disagree 88. (do not read out) Don't know

21 This question has been adjusted slightly. The original question included in the *Baseline Study* structured questionnaire read: *Please tell me to what extent you agree or disagree with this statement: It is easier in most cases for men than for women to find a well-paid job*

Question number:	Beneficiary Survey Question 32 / Baseline Study Question 22
Question:	Q22. Please tell me to what extent you agree or disagree with this statement: Career advancement is more important for men than for women
Responses:	<ol style="list-style-type: none"> 1. Strongly agree 2. Tend to agree 3. Neither agree nor disagree 4. Tend to disagree 5. Strongly disagree 88. (do not read out) Don't know

Question number:	Beneficiary Survey Question 33 / Baseline Study Question 25
Question:	Q25. Please tell me to what extent you agree or disagree with this statement: Jobs in any industry or sector can be done by men and women with the same success
Responses:	<ol style="list-style-type: none"> 1. Strongly agree 2. Tend to agree 3. Neither agree nor disagree 4. Tend to disagree 5. Strongly disagree 88. (do not read out) Don't know

Question number:	Beneficiary Survey Question 34 / Baseline Study Question 26
Question:	Q26. Please tell me to what extent you agree or disagree with this statement: I personally would be comfortable working for a female boss
Responses:	<ol style="list-style-type: none"> 1. Strongly agree 2. Tend to agree 3. Neither agree nor disagree 4. Tend to disagree 5. Strongly disagree 88. (do not read out) Don't know

Question number:	Beneficiary Survey Question 35 / Baseline Study Question 27
Question:	Q27. Please tell me to what extent you agree or disagree with this statement: I would like to see more women in national politics
Responses:	<ol style="list-style-type: none"> 1. Strongly agree 2. Tend to agree 3. Neither agree nor disagree 4. Tend to disagree 5. Strongly disagree 88. (do not read out) Don't know

Question number:	Beneficiary Survey Question 36 / Baseline Study Question 28
Question:	Q28. Please tell me to what extent you agree or disagree with this statement: I would like to see more women activists in community or local politics
Responses:	<ol style="list-style-type: none"> 1. Strongly agree 2. Tend to agree 3. Neither agree nor disagree 4. Tend to disagree 5. Strongly disagree 88. (do not read out) Don't know

Question number:	Beneficiary Survey Question 37 / Baseline Study Question 29
Question:	Q29. When assessing people's performance in top business positions, who performs better - women or men or no difference?
Responses:	<ol style="list-style-type: none"> 1. Women perform better 2. Men perform better 3. No difference 88. (do not read out) Don't know

Question number:	Beneficiary Survey Question 38 / Baseline Study Question 30
Question:	Q30. When assessing people's performance in top political positions, who performs better - women or men or no difference?
Responses:	<ol style="list-style-type: none"> 1. Women perform better 2. Men perform better 3. No difference 88. (do not read out) Don't know

Module 3. Household and Family

Administered to:

- (1) Youth
- (2) Fathers who attended Papa Schools/Father Groups
- (3) Health-care professionals
- (4) Women with disabilities

Question number:	Beneficiary Survey Question 39 / Baseline Study Question 36
Question:	Q36. Who is responsible for the following - mainly women, mainly men, or both are equally responsible? Looking after the household chores (cleaning, cooking, doing laundry etc) in your family now ²²
Responses:	<ul style="list-style-type: none"> 1. Women are mainly responsible 2. Men are mainly responsible 3. Both are equally responsible 88. (do not read out) Don't know

Question number:	Beneficiary Survey Question 40 / Baseline Study Question 37
Question:	Q37. Who is responsible for the following - mainly women, mainly men, or both are equally responsible? Care for children and/or older persons in your family now ²³
Responses:	<ul style="list-style-type: none"> 1. Women are mainly responsible 2. Men are mainly responsible 3. Both are equally responsible 9. (do not read out) Not applicable 88. (do not read out) Don't know

Question number:	Beneficiary Survey Question 41 / Baseline Study Question 40
Question:	Q40. Did or do you get any regular external help with childcare with children below the age of 18 - i.e. from kindergarten, nannies, grandparents or relatives? Mark all that apply
Filter	Asked only to respondents that have at least 1 living child aged below 18 (<i>Beneficiary Survey Question 9 = 1+ AND Beneficiary Survey Question 11 = <18</i>)
Responses:	<ul style="list-style-type: none"> 1. No 2. Yes, from kindergarten 3. Yes, from nannies 4. Yes, from grandparents 5. Yes, from other relatives 6. Yes, other _____ 88. (do not read out) Don't know

22 This question has been adjusted slightly to avoid misleading the respondent by hinting that one of the partners should have more responsibility in providing for the family. The original question included in the *Baseline Study* structured questionnaire read: *Who is mainly responsible for the following - mainly women, mainly men, or both equally?*

23 This question has been adjusted slightly to avoid misleading the respondent by hinting that one of the partners should have more responsibility in providing for the family. The original question included in the *Baseline Study* structured questionnaire read: *Who is mainly responsible for the following - mainly women, mainly men, or both equally?*

Question number:	Beneficiary Survey Question 42 / Baseline Study Question 41
Question:	Q41. Did or do you get any regular external help with household chores – e.g. from cleaning services, maids, cooks, grandparents or other family members? ²⁴ Mark all that apply
Responses:	<ol style="list-style-type: none"> 1. No 2. Yes, from cleaning services 3. Yes, from cook 4. Yes, from other family members 5. Yes, from grandparents 6. Yes, other _____ 88. (do not read out) Don't know

Question number:	Beneficiary Survey Question 43 / Baseline Study Question 47
Question:	Q47. Who should be responsible for the following in the family – mainly women, mainly men or both equally? Decision-making in the home on day-to-day expenditures
Responses:	<ol style="list-style-type: none"> 1. Mainly women 2. Mainly men 3. Both equally 88. (do not read out) Don't know

Question number:	Beneficiary Survey Question 44 / Baseline Study Question 48
Question:	Q48. Who should be responsible for the following in the family – mainly women, mainly men or both equally? Decision-making in the home on big purchases or investments
Responses:	<ol style="list-style-type: none"> 1. Mainly women 2. Mainly men 3. Both equally 88. (do not read out) Don't know

Question number:	Beneficiary Survey Question 45 / Baseline Study Question 49
Question:	Q49. Who should be responsible for the following in the family – mainly women, mainly men or both equally? Having the final say in the home
Responses:	<ol style="list-style-type: none"> 1. Mainly women 2. Mainly men 3. Both equally 88. (do not read out) Don't know

²⁴ This question has been adjusted slightly. The original question included in the *Baseline Study* structured questionnaire read: *Did or do you get any regular external help with household chores – e.g. from cleaning services, cooks, grandparents or other family members?*

Question number:	Beneficiary Survey Question 46 / Baseline Study Question 50
Question:	Q50. Please tell me to what extent you agree or disagree with this statement: In our country, having at least one son is seen as very important for the family
Responses:	<ol style="list-style-type: none"> 1. Strongly agree 2. Tend to agree 3. Neither agree nor disagree 4. Tend to disagree 5. Strongly disagree 88. (do not read out) Don't know

Question number:	Beneficiary Survey Question 47 / Baseline Study Question 51
Question:	Q51. Please tell me to what extent you agree or disagree with this statement: It is just as important for me that my daughter gets as good an education as my son
Responses:	<ol style="list-style-type: none"> 1. Strongly agree 2. Tend to agree 3. Neither agree nor disagree 4. Tend to disagree 5. Strongly disagree 88. (do not read out) Don't know

Question number:	Beneficiary Survey Question 48 / Baseline Study Question 52
Question:	Q52. Please tell me to what extent you agree or disagree with this statement: It is important for me that my inheritance is split equally between my son(s) and daughter(s)
Responses:	<ol style="list-style-type: none"> 1. Strongly agree 2. Tend to agree 3. Neither agree nor disagree 4. Tend to disagree 5. Strongly disagree 88. (do not read out) Don't know

Module 4. Gender-based violence

Administered to:

- (1) Youth
- (4) Women with disabilities
- (5) Female drug users
- (6) Perpetrators of domestic violence
- (7) Survivors of domestic violence

Question number:	Beneficiary Survey Question 49 / Baseline Study Question 71
Question:	Q71. In your opinion, beating a female family member is...
Responses:	<ol style="list-style-type: none"> 1. Acceptable in all circumstances 2. Acceptable in certain circumstances 3. Unacceptable but should not always be punishable by law 4. Unacceptable and should always be punishable by law 5. Other _____ 88. (do not read out) Don't know

Question number:	Beneficiary Survey Question 50 / Baseline Study Question 73
Question:	Q73. What should a woman who is facing violence in her family do? ²⁵
Responses:	<ol style="list-style-type: none"> 1. Not tolerate violence and try to stop the perpetrator at any cost 2. Tolerate violence for the sake of keeping her family together 3. Other _____ 88. (do not read out) Don't know

Question number:	Beneficiary Survey Question 51 / Baseline Study Question 74
Question:	Q74. Please tell me to what extent you agree or disagree with this statement: Conflicts between a husband and wife, even when they lead to violence, are a private matter and others should not intervene
Responses:	<ol style="list-style-type: none"> 1. Strongly agree 2. Tend to agree 3. Neither agree nor disagree 4. Tend to disagree 5. Strongly disagree 88. (do not read out) Don't know

Question number:	Beneficiary Survey Question 52 / Baseline Study Question 77
Question:	Q77. Please tell me to what extent you agree or disagree with this statement: Any sexual intercourse in marriage by default occurs by mutual agreement
Responses:	<ol style="list-style-type: none"> 1. Strongly agree 2. Tend to agree 3. Neither agree nor disagree 4. Tend to disagree 5. Strongly disagree 88. (do not read out) Don't know

25 This question has been adjusted slightly. The original question included in the *Baseline Study* structured questionnaire read:
What a woman who is facing violence in her family should do?

Question number:	Beneficiary Survey Question 53 / Baseline Study Question 78
Question:	Q78. Please tell me to what extent you agree or disagree with this statement: In case of sexual violence against a woman, it is unacceptable to blame her (e.g. for clothes, drinking, behaviour, reputation or anything else)
Responses:	<ol style="list-style-type: none"> 1. Strongly agree 2. Tend to agree 3. Neither agree nor disagree 4. Tend to disagree 5. Strongly disagree 88. (do not read out) Don't know

Question number:	Beneficiary Survey Question 54 / Baseline Study Question 79
Question:	Q79. In general, how common do you think sexual violence against women is in [OUR COUNTRY]?
Responses:	<ol style="list-style-type: none"> 1. Very common 2. Fairly common 3. Not very common 4. Not at all common 88. (do not read out) Don't know

Question number:	Beneficiary Survey Question 55 / Baseline Study Question 80
Question:	Q80. To what extent are you aware of the following laws or policies in [our country]: Laws/policies on domestic violence
Responses:	<ol style="list-style-type: none"> 1. Fully aware 2. Somewhat aware 3. Not aware 88. (do not read out) Don't know

Question number:	Beneficiary Survey Question 56 / Baseline Study Question 81
Question:	Q81. How efficient do you think these laws/policies are - very efficient, somewhat efficient, not efficient?
Filter	Asked only to respondents responding fully aware or somewhat aware to awareness of laws/policies on domestic violence (<i>Beneficiary Survey Question</i> 55 = "Fully aware" OR "Somewhat aware")
Responses:	<ol style="list-style-type: none"> 1. Very efficient 2. Somewhat efficient 3. Not efficient 88. (do not read out) Don't know

Question number:	Beneficiary Survey Question 57 / Baseline Study Question 82
Question:	Q82. To what extent are you aware of the following laws or policies in [our country]: Laws/policies on rape
Responses:	<ol style="list-style-type: none"> 1. Fully aware 2. Somewhat aware 3. Not aware 88. (do not read out) Don't know

Question number:	Beneficiary Survey Question 58 / Baseline Study Question 83
Question:	Q83. How efficient do you think these laws/policies are - very efficient, somewhat efficient, not efficient?
Filter	Asked only to respondents responding fully aware or somewhat aware to awareness of laws/policies on rape (<i>Beneficiary Survey Question 57</i> = "Fully aware" OR "Somewhat aware")
Responses:	<ol style="list-style-type: none"> 1. Very efficient 2. Somewhat efficient 3. Not efficient 88. (do not read out) Don't know

Question number:	Beneficiary Survey Question 59 / Baseline Study Question 84
Question:	Q84. People who suffer from domestic violence can turn to different people to try and combat it and its consequences. Please pick up the three most effective potential sources of support.
Responses:	<ol style="list-style-type: none"> 1. Local police department 2. Special phone hotline 3. Social worker in a specialized non-governmental organization 4. Family members 5. Friends 6. Psychologist 7. Health workers 8. Other _____

Module 5. Reproductive health

Administered to:

- (1) Youth
- (4) Women with disabilities
- (5) Female drug users
- (6) Perpetrators of domestic violence
- (7) Survivors of domestic violence

Question number: Beneficiary Survey Question 60 / Baseline Study Question 55

Question: Q55. Please tell me to what extent you agree or disagree with this statement:
Men should abstain from having sex before marriage

Responses: 1. Strongly agree
2. Tend to agree
3. Neither agree nor disagree
4. Tend to disagree
5. Strongly disagree
88. (do not read out) Don't know

Question number: Beneficiary Survey Question 61 / Baseline Study Question 56

Question: Q56. Please tell me to what extent you agree or disagree with this statement:
Women should abstain from having sex before marriage

Responses: 1. Strongly agree
2. Tend to agree
3. Neither agree nor disagree
4. Tend to disagree
5. Strongly disagree
88. (do not read out) Don't know

Question number: Beneficiary Survey Question 62 / Baseline Study Question 57

Question: Q57. Please tell me to what extent you agree or disagree with this statement:
Use of contraception (condoms, pills, or other) is a shared responsibility
between both sexual partners

Responses: 1. Strongly agree
2. Tend to agree
3. Neither agree nor disagree
4. Tend to disagree
5. Strongly disagree
88. (do not read out) Don't know

Question number: Beneficiary Survey Question 63 / Baseline Study Question 58

Question: Q58. Please tell me to what extent you agree or disagree with this statement:
When a woman is carrying condoms in her purse, it is a sign of sexual
promiscuity

Responses: 1. Strongly agree
2. Tend to agree
3. Neither agree nor disagree
4. Tend to disagree
5. Strongly disagree
88. (do not read out) Don't know

Question number: Beneficiary Survey Question 64 / Baseline Study Question 59

Question: Q59. Please tell me to what extent you agree or disagree with this statement:
When a man is carrying condoms in his pocket, it is a sign of sexual promiscuity

Responses: 1. Strongly agree
2. Tend to agree
3. Neither agree nor disagree
4. Tend to disagree
5. Strongly disagree
88. (do not read out) Don't know

Question number: Beneficiary Survey Question 65 / Baseline Study Question 60

Question: Q60. Please tell me to what extent you agree or disagree with this statement: It
is a woman's responsibility to avoid getting pregnant

Responses: 1. Strongly agree
2. Tend to agree
3. Neither agree nor disagree
4. Tend to disagree
5. Strongly disagree
88. (do not read out) Don't know

Question number: Beneficiary Survey Question 66 / Baseline Study Question 61

Question: Q61. Please tell me to what extent you agree or disagree with this statement: A
man should take care to make sure that his female sexual partner does not get
pregnant²⁶

Responses: 1. Strongly agree
2. Tend to agree
3. Neither agree nor disagree
4. Tend to disagree
5. Strongly disagree
88. (do not read out) Don't know

Question number: Beneficiary Survey Question 67 / Baseline Study Question 65

Question: Q65. In a couple, if a man does not want to use contraception (e.g. condoms)
during sex, but a woman does not want to get pregnant, what should she do?²⁷

26 This question has been adjusted slightly. The original question included in the *Baseline Study* structured questionnaire read: *A man should take care to make sure that his sexual partner avoids getting pregnant.*

27 This question has been adjusted slightly. The original question included in the *Baseline Study* structured questionnaire read: *In a couple, if a man does not want to use contraception (i.e. condoms) during sex, but a woman would not like to get pregnant, what she should do?*

Responses: 1. Agree with the man’s decision and proceed with having unsafe sex
 2. Deny to have unsafe sex without condoms
 3. Use alternative contraception, e.g. pills
 4. Other _____
 88. (do not read out) Don’t know

Question number: Beneficiary Survey Question 68 / Baseline Study Question 66

Question: Q66. Some people prefer having sex with persons of the same sex. Do you think this is:²⁸

Responses: 1. Fully acceptable
 2. Rather acceptable
 3. Neither acceptable nor unacceptable
 4. Rather unacceptable
 5. Fully unacceptable
 88. (do not read out) Don’t know

Question number: Beneficiary Survey Question 69 / Baseline Study Question 68

Question: Q68. Please tell me whether you think abortion in the first 3 months of pregnancy should always be women’s choice, should never be women’s choice, or somewhere in between? Please use a 10-point scale where 1 is never women’s choice, and 10 is always women’s choice.

Responses: 1-Never women’s choice
 2
 3
 4
 5
 6
 7
 8
 9
 10-Always women’s choice
 88. (do not read out) Don’t know

28 This question has been adjusted slightly. The original question included in the *Baseline Study* structured questionnaire read: *Some people prefer having sex with the people of their sex. Do you think this is:*

ANNEX 3: FOCUS GROUP DISCUSSION AND IN-DEPTH INTERVIEW MODULES AND GUIDANCE

This annex presents focus group discussion (FGD) and in-depth interview (IDI) modules and guidance. Table 26 displays the modules that will be administered to beneficiary and other population groups covered, which are fully aligned with the modules of the *Baseline Study* qualitative component.

TABLE 26

Beneficiary and Other Population Groups by Focus Group Discussion and In-depth Interview Modules Administered

Beneficiary and other population groups covered by FGDs and IDIs	FGD and IDI modules administered
Beneficiary groups	
Youth	Module 0. Socio-demographic characteristics Module 1. Overarching gender perceptions Module 2. Employment and leadership Module 4. Gender-based violence Module 5. Reproductive health
Fathers who attended Papa Schools/ Father Groups	Module 0. Socio-demographic characteristics Module 1. Overarching gender perceptions Module 3. Household and Family
Health-care professionals	Module 0. Socio-demographic characteristics Module 1. Overarching gender perceptions Module 3. Household and Family
Women with disabilities	Module 0. Socio-demographic characteristics Module 1. Overarching gender perceptions Module 2. Employment and leadership Module 3. Household and Family
Female drug users	Module 0. Socio-demographic characteristics Module 1. Overarching gender perceptions Module 2. Employment and leadership Module 4. Gender-based violence Module 5. Reproductive health
Perpetrators of domestic violence	Module 0. Socio-demographic characteristics Module 1. Overarching gender perceptions Module 4. Gender-based violence

Survivors of domestic violence	Module 0. Socio-demographic characteristics Module 1. Overarching gender perceptions Module 4. Gender-based violence
Local advocates and CSOs	Module 0. Socio-demographic characteristics Module 1. Overarching gender perceptions Module 5. Reproductive health
Faith-based organization members	Module 0. Socio-demographic characteristics Module 1. Overarching gender perceptions Module 4. Gender-based violence Module 5. Reproductive health
Other population groups	
Partners of fathers who attended Papa Schools/Father Groups	Module 0. Socio-demographic characteristics Module 1. Overarching gender perceptions Module 3. Household and Family
Young women	Module 0. Socio-demographic characteristics Module 1. Overarching gender perceptions Module 2. Employment and leadership Module 4. Gender-based violence Module 5. Reproductive health
Young men	Module 0. Socio-demographic characteristics Module 1. Overarching gender perceptions Module 2. Employment and leadership Module 4. Gender-based violence Module 5. Reproductive health
Mothers of children with disabilities	Module 0. Socio-demographic characteristics Module 1. Overarching gender perceptions Module 2. Employment and leadership Module 3. Household and Family
Fathers of children with disabilities	Module 0. Socio-demographic characteristics Module 1. Overarching gender perceptions Module 2. Employment and leadership Module 3. Household and Family

Table 27 shows the FGD and IDI guidance by module and topics on gender norms and stereotypes covered. Questions are fully aligned with those featured in the *Baseline Study*.

TABLE 27

Focus Group Discussion and In-depth Interview Guidance by Module and Topics on Gender Norms and Stereotypes Covered

Introduction

Topics on gender norms and stereotypes covered:

- [NA]

For all beneficiary and other population groups

Good morning/good afternoon. Thank you for attending our focus group session/in-depth interview for (name of beneficiary or other population group). We are (firm leading follow-up assessment), and we are holding a series of focus-group discussions/in-depth interviews on behalf of the *EU 4 Gender Equality: Together against gender stereotypes and gender-based violence* project. The project is financed by the European Union and is led by UN Women and UNFPA. Project activities, such as information, education and training sessions, are primarily implemented by national and local civil society organizations. The project has been active in (country name) since 2020.

Today, we would like to discuss with you prevailing gender norms, stereotypes and discrimination practices and understand how positive change can be driven at the household and community level. I would like you to feel comfortable in sharing your thoughts and experiences – kindly note there are no right or wrong answers. Rest assured that our discussion today will be kept confidential, and we will not use names or any other identifying information in any of our reports.

Module 0. Socio-demographic characteristics

Topics on gender norms and stereotypes covered:

- [NA]

For all beneficiary and other population groups

Please tell me first a little about yourselves. What are your names and age? What are your jobs? What do you generally like to do in your free time?

Module 1. Overarching gender perceptions

Topics on gender norms and stereotypes covered:

- Relationships between women and men in society
- Perceptions on gender equality
- Prevailing gender stereotypes i.e. perceptions of women/femininity and perceptions of men/masculinity

For all beneficiary and other population groups except local advocates, CSOs and faith-based organization members

- How is equality between women and men beneficial for the economic development of our country?
- Are men and women more or less equal now in our country compared to when you were a child? What positive and negative changes have you witnessed?
- Who should be responsible for providing for the family: mainly women, mainly men or both equally? Why? And who should be responsible for managing the household: mainly women, mainly men or both equally? Why?

For local advocates, CSOs and faith-based organization members

- Are men and women more or less equal now in our country compared to when you were a child? What positive and negative changes have you witnessed since then? To what extent are you satisfied with the equality of men and women in our country? What needs to change?
- What are the main gender-based stereotypes in our country? How rigid/powerful are they? How do they undermine women's and girls' rights? How could they be overcome?
- What are the main gender-based stereotypes in the community you work in? How rigid/powerful are they? How do they undermine women's and girls' rights? What difficulties have you encountered? How could they be overcome? What has surprised you positively when you have conducted local advocacy work?
- Are there any specific population groups or constituencies that resist gender equality? How could you work with them in reversing harmful gender stereotypes?
- Are there any specific population groups or constituencies that embrace gender equality? How could you work with them in reversing harmful gender stereotypes?

Module 2. Employment and leadership

Topics on gender norms and stereotypes covered:

- Access to well-paid jobs
- Career progression
- Good-mother stereotypes
- Ability to perform any job
- Access to and performance in leadership positions
- Occupational segregation
- Discrimination in the education sector

For youth, young women and young men

- Is getting a well-paid job easy in your community? How about women and men – are there any differences? How about for people like you? Do you think your current/future job corresponds/will correspond with your talents and education?

- Do women have an equal chance of progressing in their careers? Should women stop their careers to raise children? If so, why? What support could be made available so that women would not need to stop their careers during and after childbearing?
- Can jobs in any industry or sector be performed by men and women? If not, what are the exceptions? What are the barriers preventing women's access to jobs in the fields of science, technology, engineering, and mathematics (STEM)? How could they be overcome? Would you like to see more women in these jobs?
- Can women access leadership positions in politics and the corporate sector as men do? If not, which barriers do they face, and how could they be overcome? Who performs better in these positions - women or men or there's no difference? Would you like to see more women in these positions?
- What barriers and discrimination do young girls face in schools and universities? How could they be overcome? What barriers prevent young girls' access to academic programmes in the fields of science, technology, engineering, and mathematics (STEM)? How could they be overcome?

For women with disabilities and mothers and fathers of children with disabilities

- How is employment for women with disabilities/mothers of children with disabilities/fathers of children with disabilities? Is it easy to find a formal/well-paid job? Are there any differences between women with disabilities/mothers of children with disabilities and men with disabilities/fathers of children with disabilities? Have you faced any difficulties and/or prejudices? How did you cope with that?
- What barriers and discrimination do young girls with disabilities/young boys with disabilities face any in schools and universities? How could they be overcome?

For female drug users

- How is employment for female drug users? Is it easy to find formal/well-paid jobs? Have you faced any difficulties and/or prejudices? How did you cope with that?

Module 3. Household and Family

Topics on gender norms and stereotypes covered:

- Distribution of unpaid care and domestic work in the home
- External support with childcare and domestic work
- Decision-making in the home

For fathers who attended Papa Schools/Father Groups and their partners

- How are the household chores arranged in your families? How often do you do cleaning, cooking, laundry and other similar tasks? Who is doing most of these activities? What is the decision-making process like in your family?
- Who is taking care of the children in your families? Who is doing most of these activities? What is the decision-making process like in your family? Are you aware of the legal provision on

paternity leave? If so, was paternity leave considered when the child was under 3? How could the current legal provision on paternity leave be improved?

- Are there any activities that only a woman or only a man can do around the household? Why? Are you happy with such a division of labour in your family in general? Would you like to change anything?
- At home, who is responsible for making decisions on day-to-day expenditures? And on big purchases or investments? Who has the final say on these matters?
- Has the balance in household chores, childcare and decision-making shifted since your/your partner's participation in a Papa School/Father Group? If so, what changed?

For health-care professionals

- Are there any activities that only a woman or only a man can do around the household? At home, who should be responsible for making decisions on day-to-day expenditures? And on big purchases or investments? Who should have the final say on these matters?
- What are the main barriers limiting men's engagement during pregnancy? How could these be overcome?
- What are the main barriers limiting men's engagement in the day-to-day care of their small children and family (changing children's clothes/diapers, feeding children, cooking, cleaning)? How could these be overcome?
- What are the main barriers limiting men's engagement in their children's upbringing, including leisure activities and educational development? How could these be overcome?
- Over the past years, have you witnessed more fathers being involved in the day-to-day care of their small children or in their children's upbringing? If so, what has changed? If not, what needs to change?

For women with disabilities, and mothers and fathers of children with disabilities

- How are the household chores arranged in your families? How often do you do cleaning, cooking, laundry and other similar tasks? Who is doing most of these activities? How do you decide on that in your family? What kind of help might be provided to improve the situation?
- How is the childcare arranged in your family? To what extent are you personally involved in it? How do you decide on that in your family? What kind of help might be provided to improve the situation?
- Are you happy with such division of labour in your family in general?
- At home, who is responsible for making decisions on day-to-day expenditures? And on big purchases or investments? Who has the final say on these matters?
- Is your/your children's disability a barrier for family life? In what way? How do your partner and other family members perceive your/your children's disability?
- **[Only for women with disabilities]:** What aspects of your life have changed as a result of your participation in the project's activities?

Module 4. Gender-based violence

Topics on gender norms and stereotypes covered:

- Tolerance and views towards domestic violence and sexual violence
- Responses from survivors of violence
- Awareness and efficiency of laws on domestic violence and rape

For youth, perpetrators of domestic violence, young women and young men

- In general, how common do you think that domestic violence (e.g. beating, slapping, humiliating in public, controlling personal finances and relationships) against women is in our country? How could it be stopped?
- What are the reasons that some people refer to for justifying domestic violence?
- Are you aware of laws/policies on domestic violence in our country? If so, how efficient do you think these laws/policies are? Could they be improved in any way?
- Are you aware of laws/policies on rape in our country? If so, how efficient do you think these laws/policies are? Could they be improved in any way?
- What should a woman who is facing violence in her family do? What type of help and support should she seek? Are these help and support mechanisms available? Are they accessible? Are they affordable? Are they effective? Should others intervene in conflicts between a husband and wife when these lead to violence?
- What could further be done in our country to prevent gender-based violence?
- *[Only for perpetrators of domestic violence]*: What aspects of your life have changed as a result of your participation in the project's activities?

For survivors of domestic violence and female drug users

- In general, how common do you think that domestic violence (e.g. beating, slapping, humiliating in public, controlling personal finances and relationships) against women is in our country? How could it be stopped?
- What should a woman who is facing violence in her family do? What type of help and support should she seek? Are these help and support mechanisms available? Are they accessible? Are they affordable? Are they effective? Should others intervene in conflicts between a husband and wife when these lead to violence?
- Are you aware of laws/policies on domestic violence in our country? If so, how efficient do you think these laws/policies are? Could they be improved in any way?
- Are you aware of laws/policies on rape in our country? If so, how efficient do you think these laws/policies are? Could they be improved in any way?
- *[Asked among those aged 18+]*. I would like to ask you some sensitive questions on your personal experience. You may not respond if it is not comfortable for you to talk about this right now.
- If you used formal resources (e.g. law enforcement, health services, social services, victim service organizations), what helped you make this decision? Were they helpful? Were they sensitive? Did they fulfil your expectations? What could be improved?

- What could further be done in our country to prevent gender-based violence?
- *[Only for survivors of domestic violence]:* What aspects of your life have changed as a result of your participation in the project's activities?

For faith-based organization members

- In general, how common do you think that domestic violence (e.g. beating, slapping, humiliating in public, controlling personal finances and relationships) against women is in our country? How could it be stopped?

Module 5. Reproductive health

Topics on gender norms and stereotypes covered:

- Child marriage
- Sex before marriage
- Son preference
- Contraceptive use
- Women's choice on abortion
- Responsibility towards pregnancy
- Tolerance towards homosexuality

For youth, young women and young men

- I would like to ask you some sensitive questions. You may not respond if it is not comfortable for you to talk about this right now.
- When do people in your area usually get married? Is there any difference for women and men? What age do you suppose to be too early and too late for marriage? And for giving birth to a first child? Why?
- Should men abstain from having sex before marriage? If so, why? Should women abstain from having sex before marriage? If so, why?
- In a couple, if a man does not want to use contraception (e.g. condoms) during sex, but a woman would not like to get pregnant, what should she do? Can unsafe sex be justified if a man does not want to use contraception? Who is responsible for avoiding pregnancy: women, men or both?
- Would you say that in our country, having at least one son is seen as very important for the family? If so, why?
- Is abortion within the first three months of pregnancy justified? If so, under which grounds do you think it is justified? Should it always be women's choice, should it never be women's choice, or somewhere in between? Why?
- Some people prefer having sex with persons of the same sex. Do you find this acceptable or unacceptable? Why?
- *[Only for youth in the educational system]:* What aspects of your life have changed as a result of your participation in the project's activities?

For female drug users

- How do you feel about your health? Do you do anything to improve your health? Does your family or any government or civil society institution help you with that? What type of support do you get? What other help would you need?
- What aspects of your life have changed as a result of your participation in the project's activities?

For local advocates, CSOs and faith-based organization members

- What are the main harmful traditional practices (e.g. child marriage, gender-biased sex selection, female genital mutilation/circumcision) in the community you work in? How do they undermine women's and girls' rights? How could they be stopped? What difficulties have you encountered in trying to stop harmful traditional practices?
- What aspects of your life have changed as a result of your participation in the project's activities?

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