



Gender norms and practices in the questions of maternal health, reproductive health, family planning, fatherhood and domestic violence.



The conclusions and recommendations presented in this publication are the opinion of the authors and may not represent the point of view of UNFPA.

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LIST OF ABBREVIATIONS

| | |
|-------------|--|
| IUS | Intrauterine spiral |
| CIAO | City internal affairs office (Police department) |
| CRC | Civil Registration Center |
| STI | Sexually Transmitted Infections |
| KR | Kyrgyz Republic |
| PWD | Persons with disabilities |
| MH | Maternal health |
| NSC | National Statistical Committee |
| CCFS | Centers for Child and Family Support |
| FP | Family planning |
| RH | Reproductive health |
| RCMI | Republican Center for Medicine and Information |
| SH | Sexual Health |
| DV | Domestic Violence |
| FMC | Family Medicine center |

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1. INTRODUCTION

The importance of the role that men play in the questions of reproductive health and parenting was confirmed by the programs of action adopted at the International Conference on Population and Development (Cairo, 1994) and at the Fourth International Conference on Women (Peking, 1995). They illustrate that the aim of such programs must be the promotion of equality and partnership between men and women in all areas of domestic life, including the maintenance of reproductive health and parenting.

This is why the issue of the necessity of male involvement and responsibility in the questions of male and female reproductive health has been increasingly discussed over the past few years. Kyrgyzstan's National strategy to attain gender equality by 2020 as well as the National plan of gender development 2012-2014 (Resolution 443 of the Government of Kyrgyz Republic, dated 27.06.2012) both address the issue of the lack of functional knowledge related to reproductive health among the Republic's male population

However, much like in many other countries, in Kyrgyzstan the questions of family planning as well as reproductive and maternal health are all too often thought of as «female» questions. In spite of the high rates of maternal mortality, abortions and sexually transmitted infections¹, the discussion of these questions takes no concern of the fact that these problems depend not only on the actions of women, but also on the actions of men.

This makes crucial the question of male responsibility. Are men at all responsible for the health of the Republic's women and their progeny? Global research has shown that men rarely take part in the choice of contraception and decisions related to abortions. Male involvement in the issue of family planning is often limited to the expression of the man's opinion as regard the baby's birth. At the same time, it is clear that is quite impossible to adequately address problems related to female reproductive health without involving men in the solution. With a high degree of assurance, one can say that this is the reason for the ineffectiveness of the many reproductive health programs directed exclusively at women.

There is a need for the development and realization of scientifically based programs designed specially to increase the degree of male involvement in the questions of reproductive health and parenting. Such programs will prove much more efficient at ameliorating the problems of family planning, reproductive health, parenting and domestic violence.

The degree to which men feel responsible for the health of the Republic's women as well as the upbringing of children is largely determined by the level of the development of healthcare services and morality of young people, which in turn is affected by relations within their families and the mass media.

In connection to this the United Nations Population Fund initiated a survey of gender norms and practices. The survey touches upon the issues of female reproductive and maternal health, sexually transmitted infections, domestic violence and the role that men play in parenting.

The results of this survey should become the basis for a strategy of working with the male portion of the Republic's population in hopes of helping them to change their behavior for the sake of improving the health of the women in the Republic and to understand their responsibility for the birth of healthy children and the subsequent upbringing of the latter.

2. RESEARCH GOALS AND METHODOLOGY

The goal of this research project was dual. First, it was intended to study the involvement of men in the questions of reproductive health, family planning, maternal health, responsible parenting. Secondly, the research project was aimed at estimating the necessary degree of male involvement in these questions.

Prior to the beginning of the research project a **hypothesis** was developed. It stated that increased male involvement in the questions of family planning, maternal health, family health and domestic violence sexually transmitted infections and fatherhood would (1) allow for more trust in familial relations and decrease the amount of unwanted pregnancies as well as abortions; (2) improve the health of mothers, fathers and children as well as the processes of labor and the postnatal period; (3) pass on sound moral principles to the next generation of boys and girls.

The research answers the following questions:

1. What is the degree of male involvement in the questions of family planning, maternal health, family health, domestic violence, sexually transmitted infections and fatherhood?
2. What are the popular benefits of increased male involvement in the questions of family planning, maternal health, family health, domestic violence, sexually transmitted infections and fatherhood?
3. What are the actions necessary to increase male involvement in the areas where this would yield highest popular benefits?

The results of this research will serve as the basis for the development of governmental programs aimed at altering gender norms and practice among the male population of the Republic so as to improve parenting and family planning, ameliorate the issue of sexually transmitted infections and stop domestic violence.

Research geography: the cities of Bishkek and Talas, Chui and Talas provinces.

A diverse working group was established to ensure the successful completion of the research project. The members of the working group represent all the key ministries of the Republic – the Ministry of Social Development of the Kyrgyz Republic, Healthcare Ministry, Ministry of Labor, Youth and Migration of the Kyrgyz Republic and Ministry of Education and Science - as well several non-governmental organizations and the United Nations Population Fund. The members of the working group took part in all key aspects of the research projects, including development of its methodology and the questionnaires and the discussion of the structure of the report.

Research methodology included the combination of qualitative and quantitative research methods.

The quantitative method was based on the survey of the adult population and schoolchildren:

- Permanent population aged from 18 to 49; citizens of the Kyrgyz Republic, married officially or otherwise. The sample population amounted to 400 people (200 men and 200 women), 100 from each geographical area of research. Sampling method –

proportional quota sampling at the stage of selecting control characteristics (gender, type of settlement of habitation); random at the stage of respondent selection. The survey was carried out «face to face» by educated interviewers and included no less than three sessions to ensure depth and accuracy;

- Students of the 11th year of school. Sampling method – quota sampling (type of settlement of habitation, language of education), 200 respondents. School sampling was carried out under the guidance of specialists from the Ministry of Education and Science of the Kyrgyz Republic. Data collection method – written survey.

The qualitative method included in-depth interviews with experts and thematic surveys of families. The table below presents the number of interviews carried out in each target group.

Table 1. Number of respondents in each target group

| Target group | Number of respondents |
|--|-----------------------|
| Members of city <i>kenesh</i> | |
| Department of social development, department of family and child support | |
| Healthcare system | |
| Education and science system | |
| Province administration/ Bishkek mayor office | |
| Coordination centers, non-governmental organizations | |
| International organizations | |
| Family/Child psychologists | |
| Total experts interviewed | |
| Families (case study) | |
| Adult population | |
| Students of the 11th year of school | |

For the purposes of the thematic surveys (case studies) the families were separated into «functional» families, in which the men took care of their spouses, were involved in family planning and parenting; and «dysfunctional» families, in which only the woman was involved in the processes of parenting, the woman had many children with small intervals between births and lived in otherwise difficult conditions. Information regarding such families was provided by the experts of family healthcare centers, departments of family and child support, and the police.

The research also uncovered data about the activity and experience of antenatal preparation schools. Data collection included interviews with medical workers who were involved in and well aware of the activities of such schools as well as a survey of married couples as regards their attendance of the classes offered by the schools.

Prior to the beginning of fieldwork, all participants of the survey were briefed on the following questions:

- Goals of the research
- Respondent selection
- Psychological aspects of «face to face» surveys

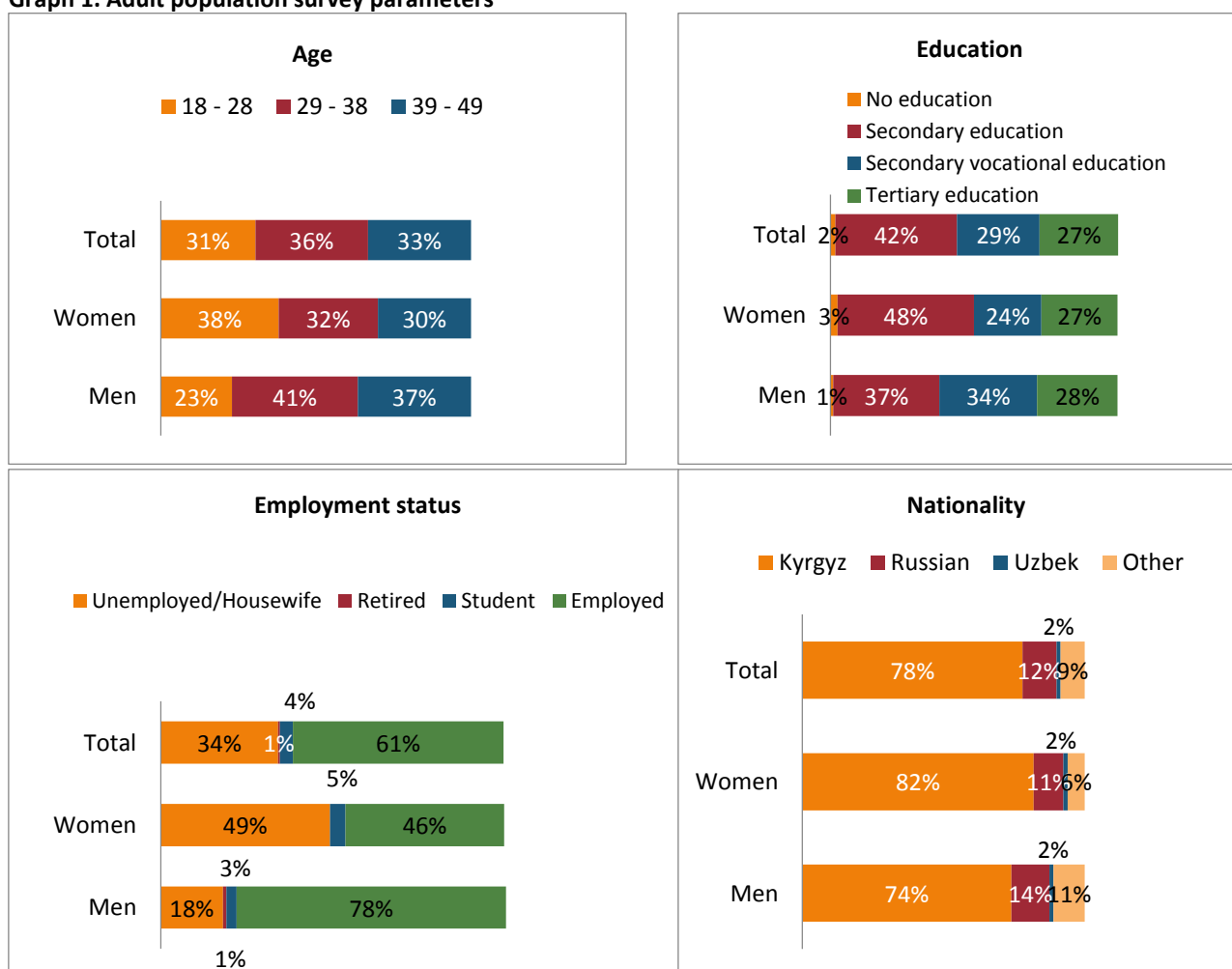
- Questions of confidentiality and safety
- Questionnaire completion techniques
- Completion requirements
- Practice survey completion
- Coding and electronic analysis of the surveys

Quality control took place in several stages: quality control during survey, selective quality control by telephone, questionnaire completion control, arithmetical and logical control of electronic data analysis.

Data processing was carried out using SPSS.

The chart below provides data regarding the survey of the adult population sample.

Graph 1. Adult population survey parameters



92 boys and 118 girls took part in the survey of the schoolchildren. 59 percent of the questionnaires were completed by schoolchildren of 17 years of age, 38 percent – by children aged 18, and 3 percent – by children aged 16.

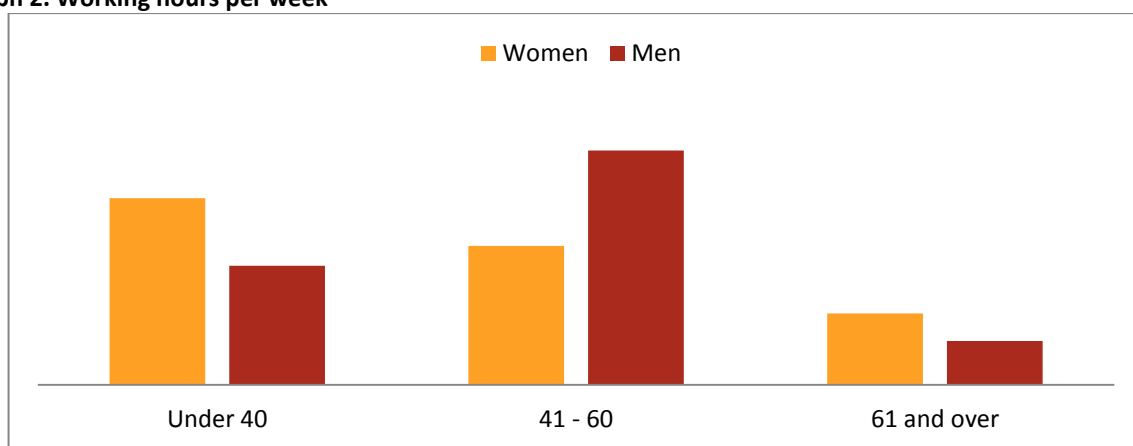
The opinions of a total of 665 people were collected and generalized in the course of the research project.

3. RESEARCH PARTICIPANTS CHARACTERISTICS

Of the total number of people surveyed, 78 percent of men and 46 percent of women were employed at the time of the survey. 18 percent of the men surveyed were unemployed. Unemployed women and housewives constituted 49 percent of the total female population of the sample.

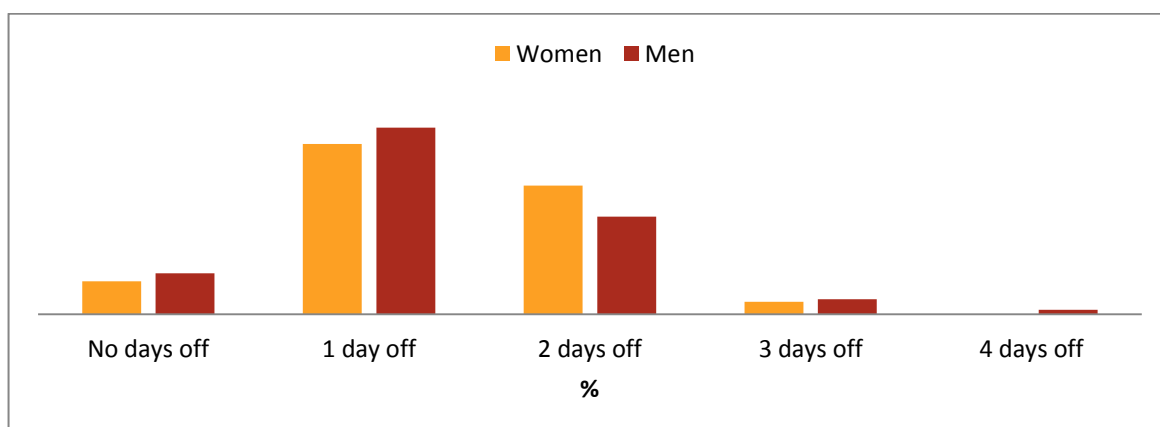
70 percent of the men and 53 percent of the women surveyed had a workweek of over 40 hours. Of them, two out of ten women and one out of ten men worked over 61 hours a week.

Graph 2. Working hours per week



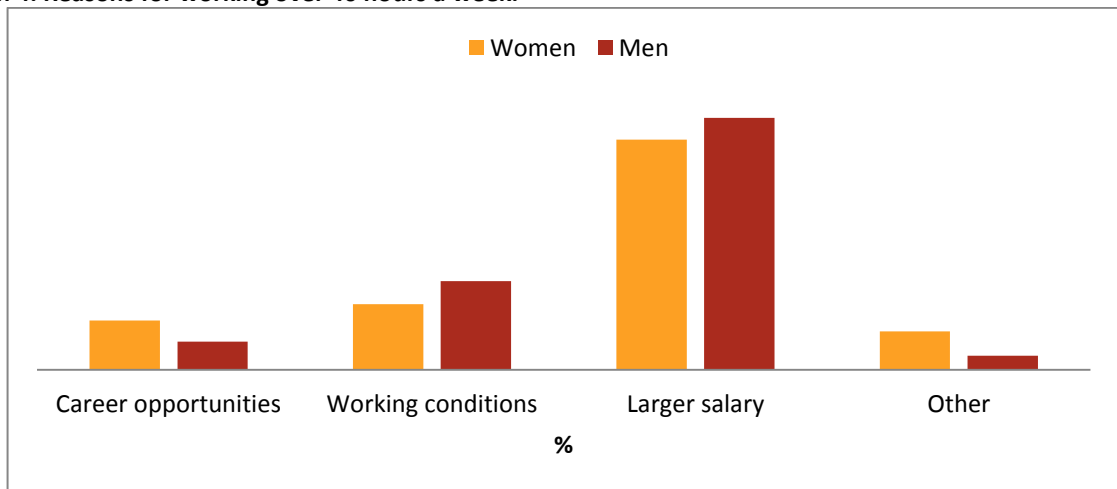
The relative majority of employed women (49 percent) had one day off per week. 37 percent of employed women had two days off per week. It was more common among men to have one day off per week (54 percent). 28 percent of men had two days off every week. The amounts of men and women who work without days off were almost the same – one in ten (10 – 12 percent). 4 percent of people of both genders had 3 days off a week.

Graph 3. Days off per week



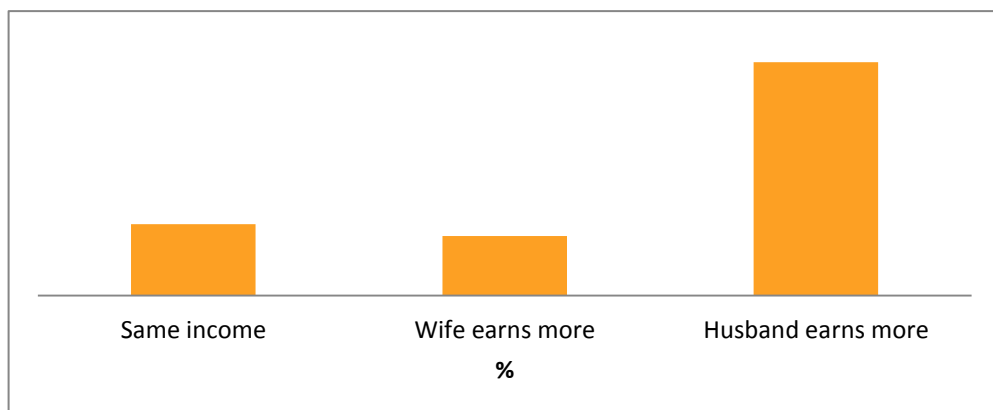
The motivation for overworking among both men and women is much alike. Most work over 40 hours a week looking to earn more money. The only difference is that more women than men overwork to improve career prospects and other reasons besides increased salaries.

Graph 4. Reasons for working over 40 hours a week.



Taking into consideration the fact that two-thirds (64 percent) of the employed people involved in the survey work over 40 hours a week with only one day off per week, it is quite clear that the vast majority of people surveyed do not have sufficient time to address the questions of family relations, parenting and personal development.

Graph 5. Relative spouse income



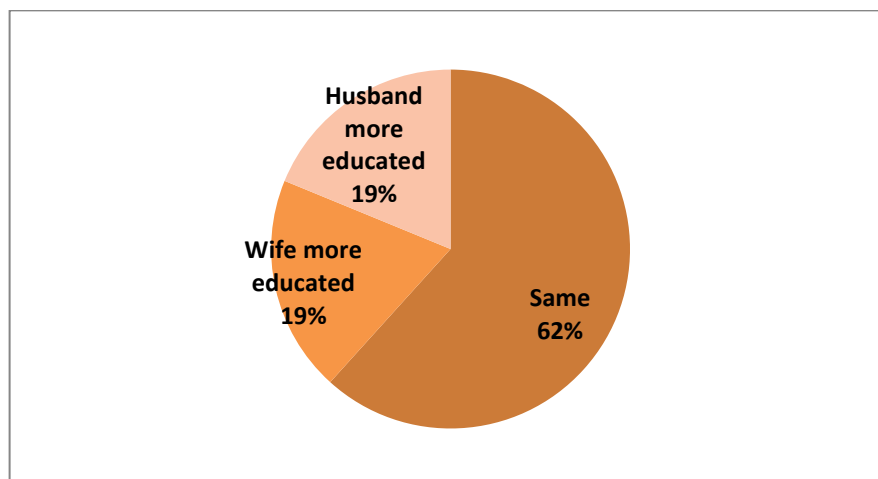
The research showed that in two-thirds of the families (64 percent) the husband earns more than the wives. In two out of every three surveyed families, the spouses have equal incomes. 16 percent of the respondents reported that the wife earns more in their families than the husband.

It is noteworthy that of the people surveyed when asking the spouse for money for personal expenses, less women than men feel uncomfortable (33 percent and 42 percent respectively).

At the same time 85 percent of men and 49 percent of women reported that feel that what they earn is not sufficient.

In the majority of the cases (62 percent) the spouses have the same level of education. In two out of ten couples (19 percent) the husband is more highly educated than the wife. This figure is equal to the percentage of couples in which the wife is more educated than the husband (19 percent)

Graph 6. Relative education levels of spouses



Just over half of the families surveyed (51 percent) in which the partners are aged 18 to 28 live with the husband's parents. As the age of the partners increases, so does the percentage of families living separately. By age 49 most (81 percent) people with families live separately from their parents.

Table 2. Status of cohabitation with parents.

| Type of settlement | | Age in years | | | |
|--------------------|------------------------------------|--------------|-------------------|-------------------|-------------------|
| Urban | Living separately | | 60 percent | 73 percent | 78 percent |
| | Living with parents of the husband | | 39 percent | 23 percent | 19 percent |
| | Living with parents of the wife | | 2 percent | 4 percent | 3 percent |
| | | | 100 percent | 100 percent | 100 percent |
| Rural | Living separately | | 32 percent | 63 percent | 84 percent |
| | Living with parents of the husband | | 66 percent | 36 percent | 16 percent |
| | Living with parents of the wife | | 2 percent | 1 percent | |
| | | | 100 percent | 100 percent | 100 percent |
| Total | Living separately | | 47 percent | 68 percent | 81 percent |
| | Living with parents of the husband | | 51 percent | 29 percent | 17 percent |
| | Living with parents of the wife | | 2 percent | 3 percent | 2 percent |
| | | | 100 percent | 100 percent | 100 percent |

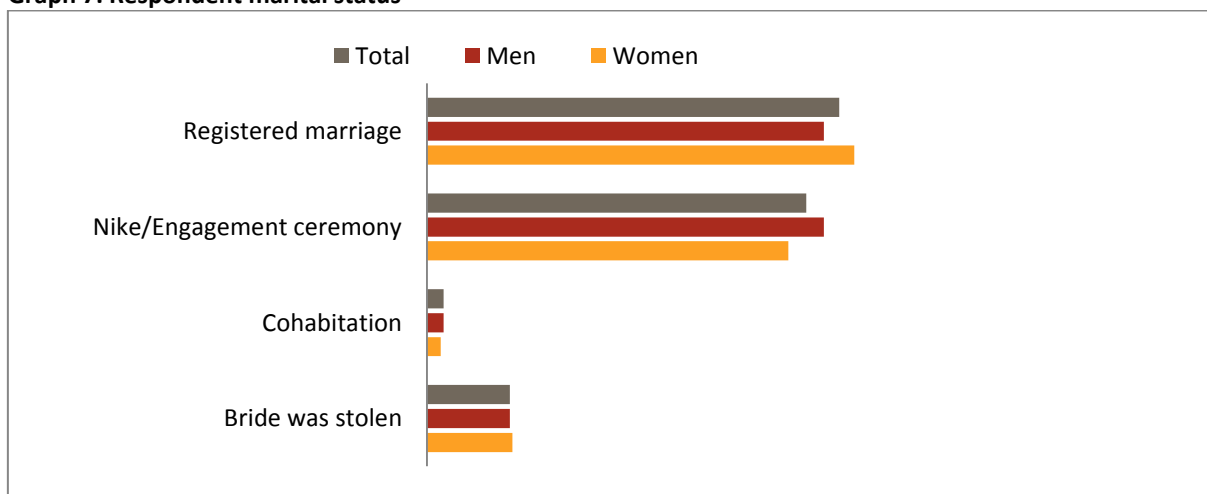
The number of families living with the parents of the wife is negligible in comparison to the amount of families living with the parents of the husband. The former did not exceed 2 percent in any of the age groups. The highest percentage of families cohabitating with the parents of either spouse was identified in rural areas of the Republic among people aged 18 to 28 (66 percent). Within the same age group in urban areas, the percentage of families living with the spouses' parents is almost twice lower (39 percent). The majority of families in urban areas (60 percent) live separately.

4. MARITAL STATUS, AWARENESS OF MARRIAGE-RELATED ISSUES.

MARITAL STATUS

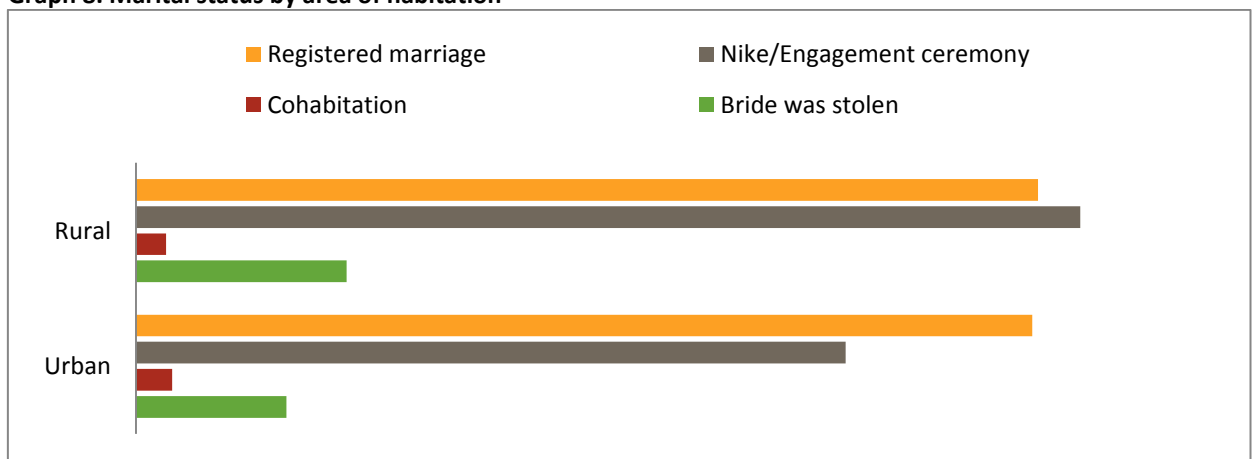
The analysis of the marital status of survey respondents shows that 75 percent of the married couples had officially registered marriages. 69 percent of the couples had religious marriage ceremonies and 3 percent of the people surveyed cohabited without being married. 15 percent of the couples admitted that their marriage was based on a kidnapping.

Graph 7. Respondent marital status



There are certain differences in the marital status of men and women. More men than women reported to have had a religious marriage (72 and 66 percent respectively), while more women than men reported to have been married officially (78 and 72 percent respectively).

Graph 8. Marital status by area of habitation



The marital status of the respondents varied significantly depending on their area of habitation. Religious marriages and bride kidnappings are more common among people living in rural areas (20 percentage points more religious marriages and 5 percentage points more bride

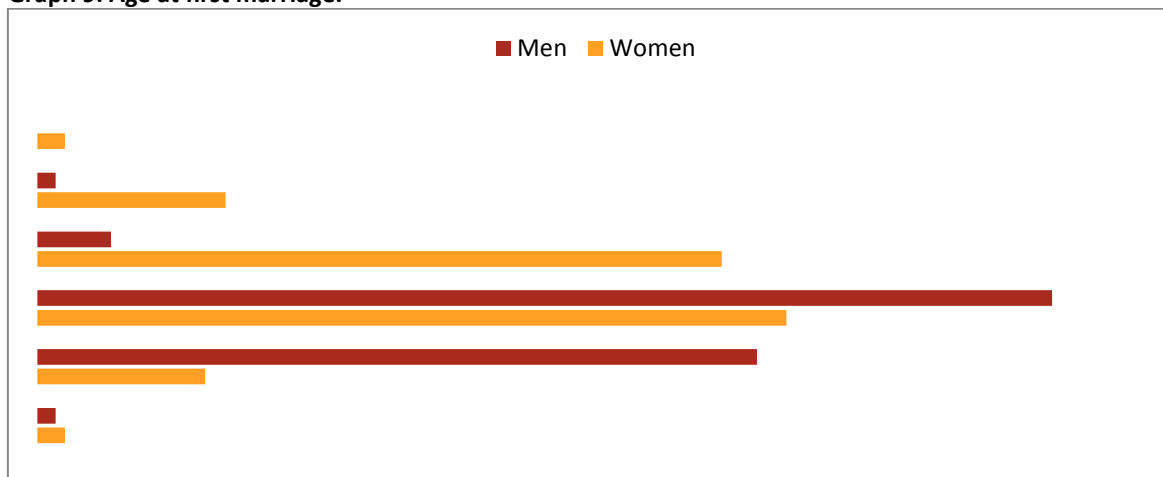
kidnappings). The percentage of official marriages in the same for urban and rural areas (75 percent in both).

It is not of little importance that there are significantly more people aged 18 to 28 cohabitating without official marriage than people aged 39 to 49.

AGE AT MARRIAGE

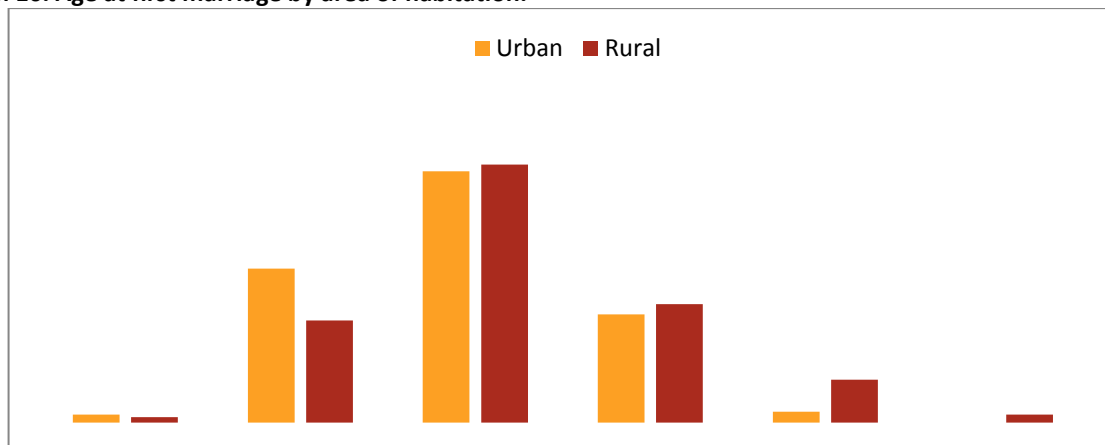
Despite the fact that the minimum age of marriage established by the government of the Kyrgyz Republic is 18, some women get married at a younger age. One in seven female respondents was married before the age of 18. Of them, 12 percent were 17 years of age and 2 percent were 15 years old. The majority of survey respondents (78 percent) were of legal age at the time of the marriage – 18 to 24 years old. Nine percent of the respondents got married aged 25 to 30. Two percent were over 30 at the time of their marriage.

Graph 9. Age at first marriage.



The vast majority of men (94 percent) get married at an age much later than the women (24 to 30 years of age). No more than one percent of male respondent were married before reaching legal age.

Graph 10. Age at first marriage by area of habitation.

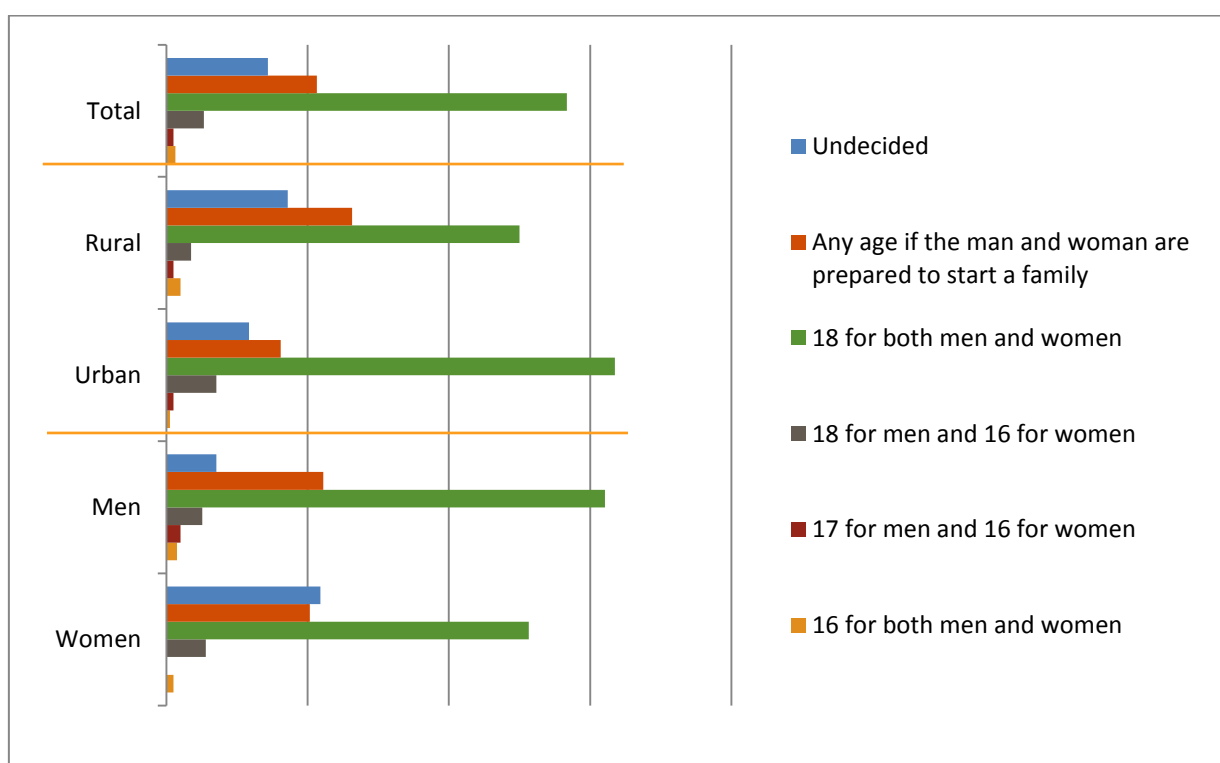


The proportion of people who got married aged 20 to 24 is the same for urban and rural areas (47 to 48 percent). Marriage before legal age is much more common in rural areas (10 percent as opposed to 2 percent in urban areas). Members of the urban population are more often married aged between 25 and 30.

AWARENESS OF MARRIAGE-RELATED ISSUES

Just over half of the respondents (57 percent) correctly indicated the legal age for marriage in the Kyrgyz Republic. One in seven respondents (14 percent) admitted that he or she did not know the correct answer. Almost a third (29 percent) of married adults could not answer the question correctly. A high percentage of respondents (21 percent) said that age at marriage is not regulated by the government and that people can get married whenever they so wish.

Graph 11. Responses to the question of legal age of marriage



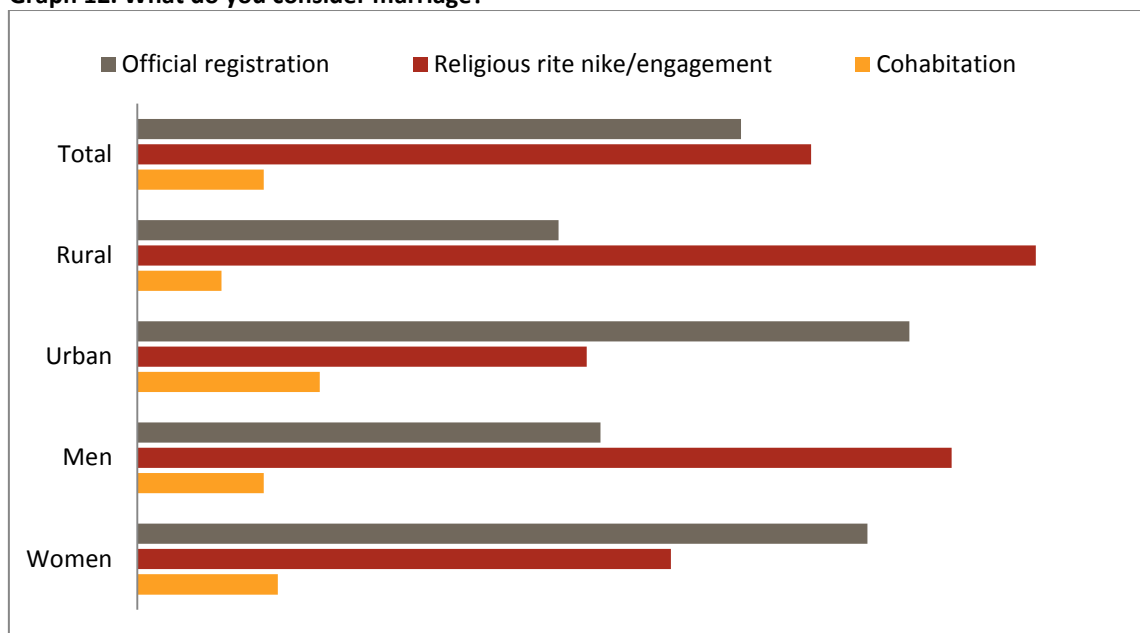
Correct answers as regards the minimum age of marriage were much rarer among residents of rural areas. The percentage of incorrect answers was higher among residents of rural areas than among residents of urban areas and among women than among men. In both subgroups the about one-fifth of the respondents (17 percent of residents of rural areas and 22 percent of women) admitted that they do not know the answer to the question.

Children in the 11th year of school are, much like the adults, insufficiently informed of the minimum age of marriage. Only 53 percent of the schoolchildren surveyed could give the correct answer. A third of the teenagers (36 percent) believe that marriage is legal at any age. Schoolchildren are also insufficiently informed of the freedom of marriage. 81 percent believe that the agreement of the man, the woman and their parents is necessary for a marriage to take place. 6 percent responded that the parents' agreement alone is sufficient. Only ten percent of the teenagers surveyed could give the correct answer.

In addition, the schoolchildren are not sufficiently informed in regards to the age until which a person is under children's rights legislation. A quarter of the respondents (24 percent) believe that a child is a person less than 16 years of age. One in ten respondents (11 percent) indicated that a child is a person less than 14 years of age. Only half of the schoolchildren surveyed (56 percent) could give the correct answer.

57 percent of adult respondents consider a religious marriage legal. 48 percent respondent that marriage is a *nike* – a traditional engagement rite. 9 percent believe that marriage is cohabitation. Less than half (43 percent) of the respondents indicated that official registration is necessary of marriage.

Graph 12. What do you consider marriage?



The opinions of schoolchildren as regards to what constitutes marriage are as diverse as those of the adult respondents. 43 percent believe official registration to be necessary. 42 percent think that an engagement rite constitutes marriage. 8 percent think that cohabitation is a sufficient condition of marriage. 2 percent believe that bride kidnapping is a form of marriage.

Schoolchildren are well informed as regards the criminal nature of bride kidnapping. Two-thirds of them are aware that bride kidnapping is a criminal offence. Many students correctly indicated the incarceration times and the articles of the Republic's Criminal Code concerning this issue.

55 percent of the residents of urban areas believe that official registration constitutes marriage. In contrast, 64 percent of the residents of rural areas believe that a *nike* or an engagement is a form of marriage. It is more common in urban areas (13 percent of respondents) to believe that marriage constitutes cohabitation without official registration or religious ceremonies (6 percent of respondents in rural areas).

More men than women believe a religious rite sufficient for marriage (58 percent and 38 percent respectively).

Excerpt from interview with a representative from an office of social development (bishkek):

«We have many problems caused by popular confusion as to what marriage is. Many avoid registration on purpose, because without official registration, a marriage is not considered legal, which allows for extra welfare.

Just recently we were contacted by the Association of Single Mothers. They asked us to provide welfare assistance to a single mother who had just given birth to her eighth child. For every one of her children she had the appropriate paperwork. Officially, she was a single mother. It turned out, however, that she was in a stable relationship with a man, the father of all eight children, with whom she had had a *nike*. Without registration, she kept asking for assistance.»

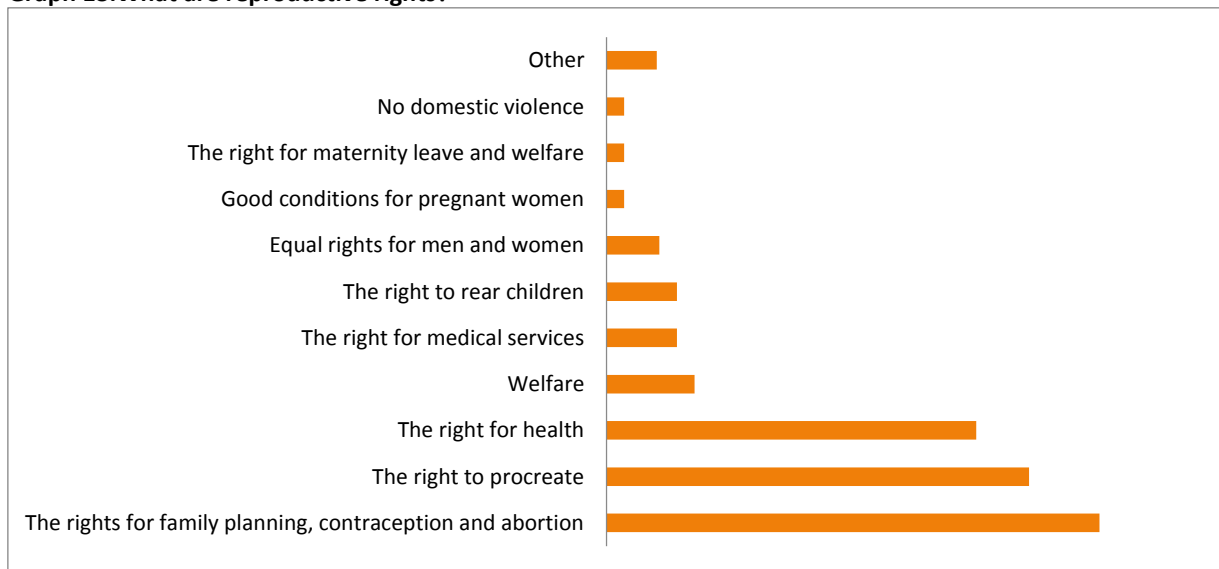
5. REPRODUCTIVE HEALTH

71 percent of the women surveyed and 76 percent of the men admitted that they did not know what reproductive rights were.

The majority of respondents demonstrated sufficient knowledge of reproductive rights. Oftentimes, however, the rights were more narrowly interpreted by the respondents than in fact stipulated by law of the Kyrgyz Republic.¹

¹ Reproductive rights – the citizens’ rights to procreate, receive reproductive healthcare, make decisions as regards the birth of a child when married or single, and receive appropriate medical, social and informational support in the matter. KR law “of the citizens’ reproductive rights and the realization of the latter” dated August 10 2007, N 147

Graph 13. What are reproductive rights?



29 percent believe reproductive rights constitute rights related to family planning – the rights for abortion and contraception. A quarter (25 percent) indicated that reproductive rights are limited to the right to bear children. One-fifths thought it was the right of both men and women for health.

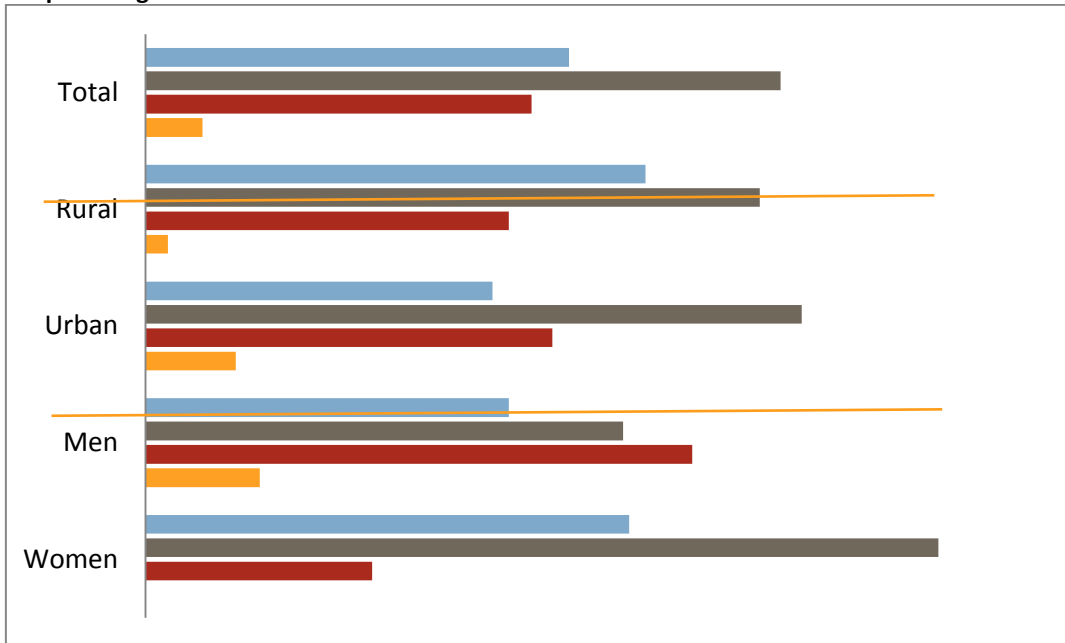
FIRST SEXUAL EXPERIENCE

A third of survey respondents (30 percent) had their first sexual experience before they reached the age of majority. A quarter (26 percent) was aged 15 to 17. 4 percent were 12 to 14 years of age. The relative majority of survey participants indicated that they were aged between 18 and 20. 28 percent were over the age of 20.

It is more common among residents of urban areas to have one's first sexual experience before the age of majority than among residents of rural areas (33 and 26 percent respectively).

More men than women had their first sexual contact before the age of majority – 44 and 15 percent respectively. One of ten of them had their first sexual experience aged between 12 and 14.

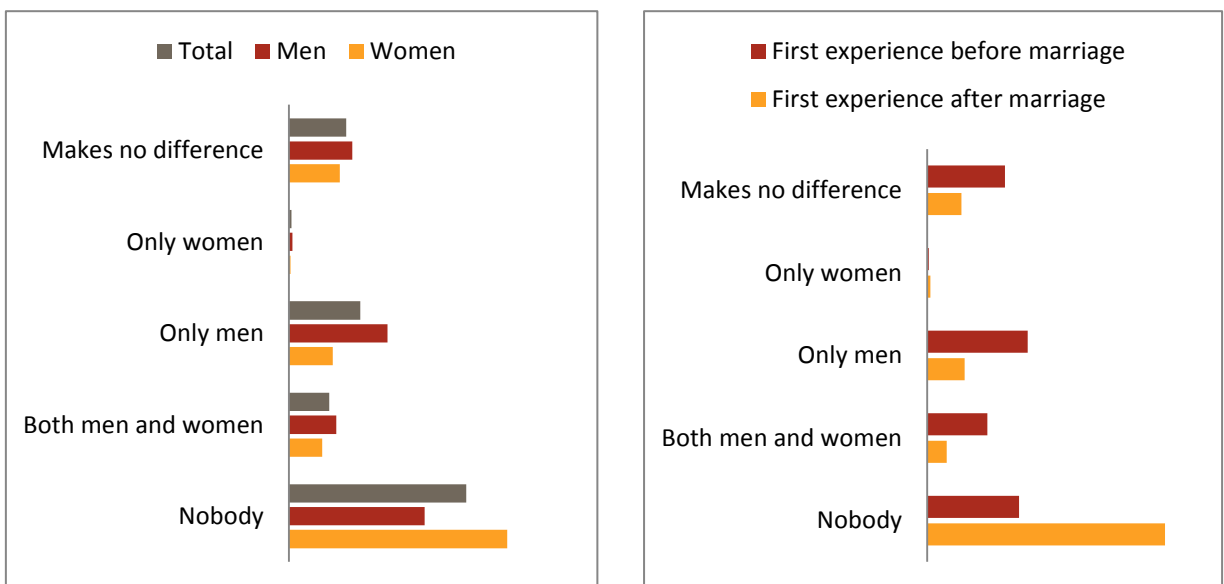
Graph 14. Age at first sexual contact



A total of 78 percent of men and 18 percent of women reported to have had their first sexual contact prior to marriage.

Half of the survey respondents (51 percent) believe, with hindsight, that neither men nor women need premarital sexual experience. The majority of women (63 percent) indicated this to be their opinion. The relative majority of men (39 percent) held the same opinion. 1.8 times more men than women believe premarital sex to be necessary. 28 percent of men and 13 percent of women believe that only men need premarital sexual experience. The percentage of respondents that indicated that only women need premarital sex was under 1 percent.

Graph 15. Responses to «Who needs premarital sexual experience? »



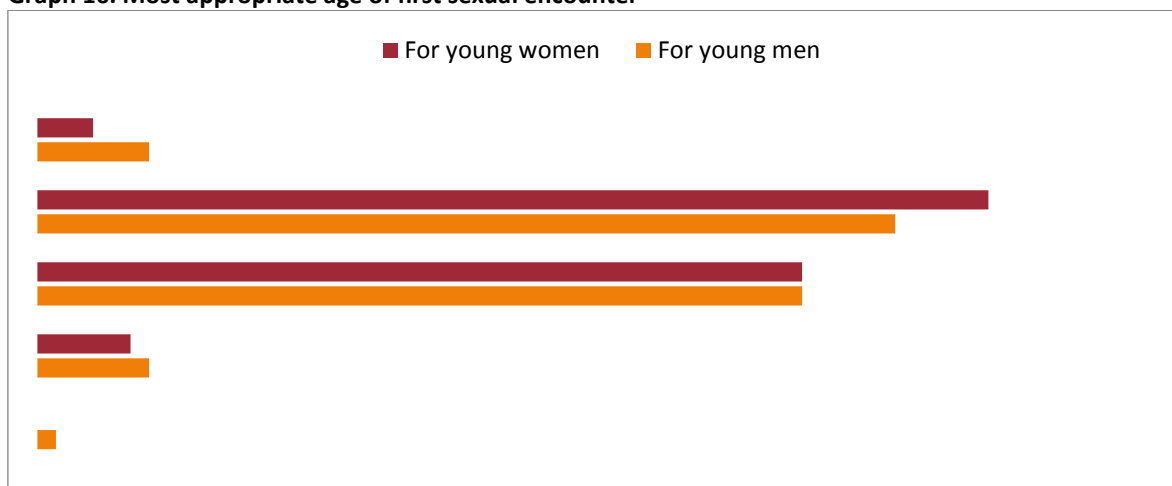
The majority (72 percent) of those who had their first sexual contact in marriage indicated that no one needs premarital sex. In contrast, those who had their first sexual contact before marriage believe that premarital sexual experience is necessary, but only for men.

1.7 times more people who responded that premarital sex was not necessary were residents of rural areas (64 and 37 percent of residents of rural and urban areas respectively). More urban residents than rural residents indicated that premarital sex is necessary for men (30 and 11 percent respectively).

Respondents aged between 39 and 49 are more prone to believe that premarital sex is unnecessary than respondents aged between 18 and 28 (56 and 48 percent respectively).

The vast majority of schoolchildren in the 11th year of school (87 – 92 percent) believe that it is most appropriate to begin sexual activity after the age of majority. 6 percent indicated that it is appropriate when aged between 15 and 17, or even 12 and 14 (1 percent).

Graph 16. Most appropriate age of first sexual encounter

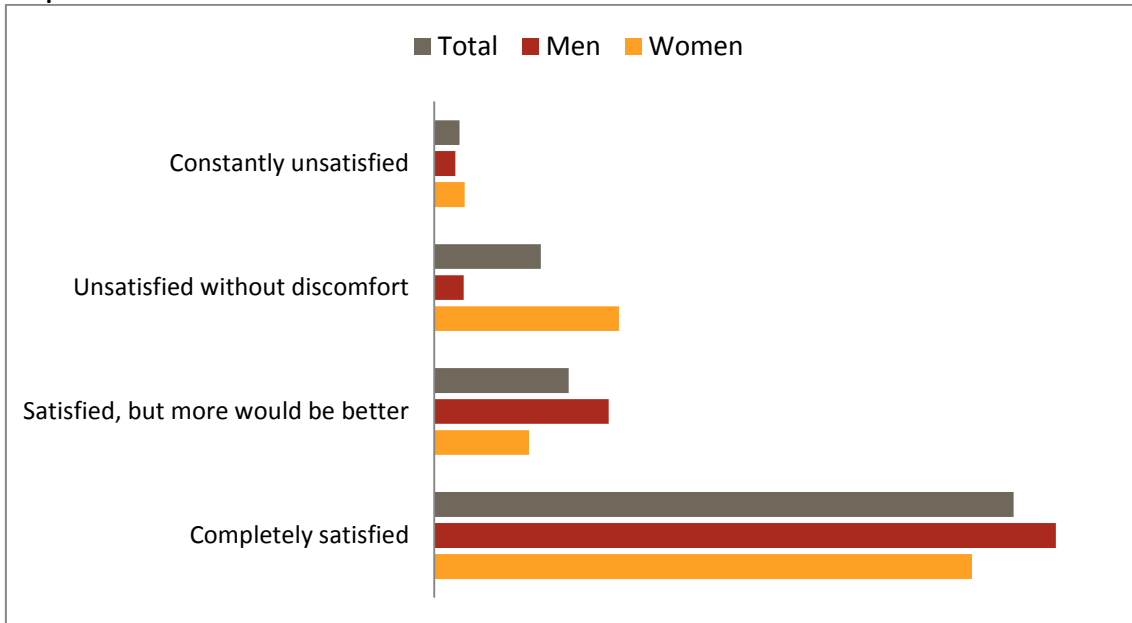


70 percent of the students do not approve of young women that have premarital sex. 53 percent do not approve of young men being sexually active before marriage. It is more common to approve of young men having premarital sex (12 percent of respondents) than of young women (5 percent of respondents).

SEXUAL SATISFACTION

73 percent of men and 64 percent of women are completely satisfied with their sexual life. Two out of ten men (21 percent) and one out of ten women (11 percent) said they were generally satisfied, but would like sex to happen «more often. »

Graph 17. Sexual satisfaction

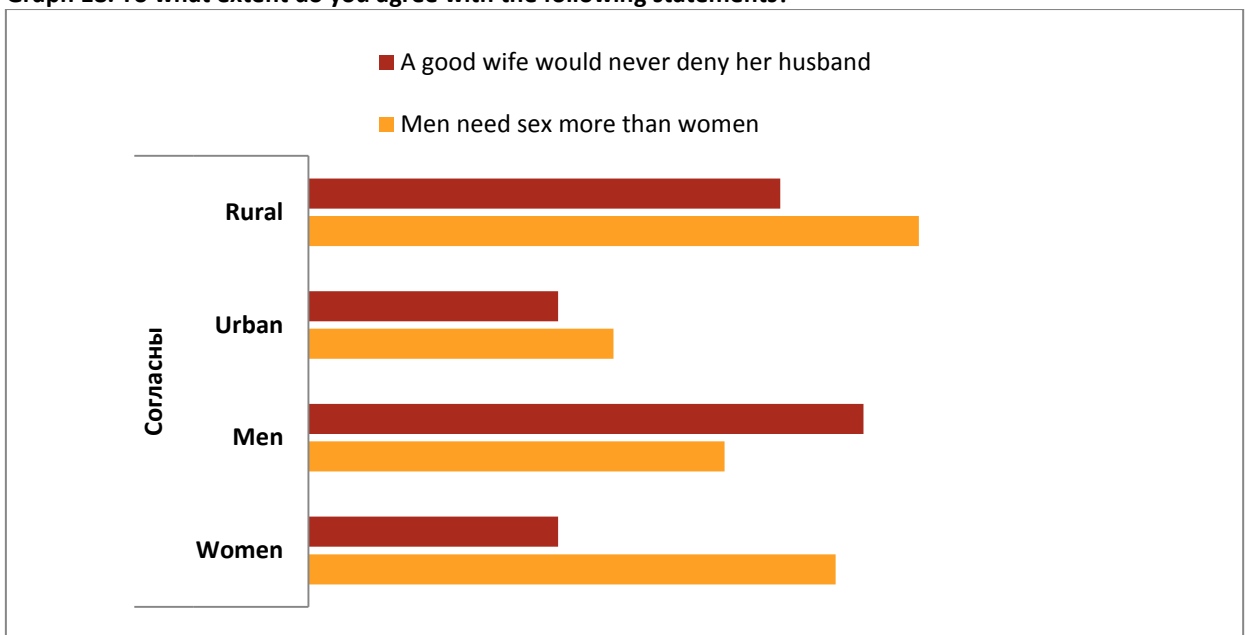


22 percent of women and 13 percent of men indicated that they are not sexually satisfied, but that the fact causes them no discomfort. The percentage of people unsatisfied with their sexual relations is the same among men and women (3 – 4 percent).

The rate of sexual satisfaction is highest (78 percent) among partners aged between 18 and 28. The rate decreases with age. There are more unsatisfied couples in older age groups.

The study showed that a significant proportion of the respondents were exposed to gender stereotypes in their families. The overwhelming majority of them (84 percent of the women and 80 percent of the men) agreed that "men need sex more than women." Three-fifths of the women (74 percent) and five-sixths of the men (85 percent) agreed that "a good wife never refuses her husband."

Graph 18. To what extent do you agree with the following statements?



Rural residents are more prone to gender stereotypes than residents of urban areas. The indicators show a significant difference.

The existence of such stereotypes means that the wishes of the spouses in regards to sexual life within the family are not always taken into consideration. 26 percent of the survey respondents indicated that sometimes their wishes are not taken into account. 7 percent said that their wishes are never considered. There were no significant statistical differences in these indicators between men and women.

FAMILY PLANNING AND PREGNANCY

The study of what the participants consider «family planning» and «planned pregnancy» showed that there is a significant difference between their understanding and the medical definition of the terms.

The medical understanding of a planned pregnancy includes a whole range of measures that begin three or four months prior to expected conception. It includes the decision to conceive and bear a child, a medical examination, numerous medical tests, specialist consultations, avoidance of harmful habits, balanced diet, regular sexual activity, and proper sleep and rest among others.

Excerpt from an interview with a representative of a pediatric hospital:

«We do not conduct activities related to family planning, but we see the consequences of their lack.

There have been 30 percent more congenital anomalies among children over the past seven to eight years than before. Among them are heart defects, atresia of the anus, cerebrospinal and diaphragmic hernias, congenital anomalies of the anterior abdominal wall and others.

These anomalies are mostly caused by prenatal infections – STI's. Planned pregnancies and preventative medicine are the best methods to prevent the occurrence of such defects. Many believe that pregnancy planning includes only allowing appropriate periods of time to pass between pregnancies. We, pediatric surgeons, believe that there is much more to planning. Both parents need to be medically examined before conceiving. Here, a woman will go to the gynecologist because she had got pregnant, while the husband rarely shows up at all. If there is an

Excerpt from an interview with a couple
(Bishkek):

Question: Did you plan your pregnancies?

Woman, aged 28: Yes. Both of my children were planned.

Question: Tell us how you planned their births?

Woman: We talked and decided to have a second child. I went to the doctors and had my spiral taken out. We agreed that my husband would quit drinking. Two months later I got pregnant.

Question: Did you get a general examination – blood tests, urine tests, a smear? Perhaps you took some vitamins?

Woman: I did not. My doctor did tell me I needed a smear, but I didn't go. Why would I? There were no symptoms of an illness. I took all the tests three months after I got pregnant.

Question: Did the later examinations reveal any infections or inflammations?

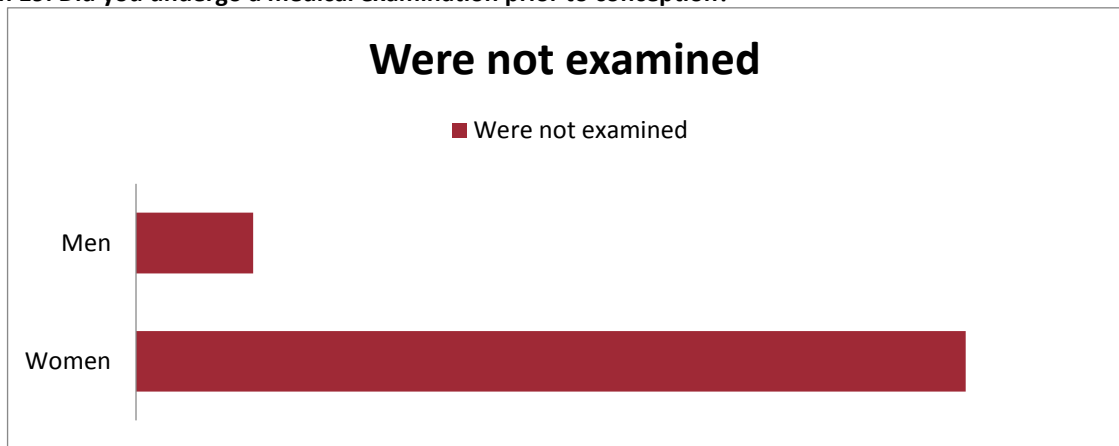
Women: Nothing serious – a yeast infection. There was something else – chlamydia – they found that in my blood test.

In contrast to the medical understanding of the term, general opinion of a planned pregnancy was shown to be limited to the very decision to *have a child*. Young couples consider the absence of contraception in a family to be family planning. At most, the majority of couples quit drinking and smoking in these case.

Consequently in the analysis of the responses of the survey participants to questions about family planning and planned pregnancies, it is important to take into account the understanding of both men and women among them of the terms «family planning» and «planned pregnancy.»

Most couples undergo medical examinations if they are unable to conceive. In such cases it is most common for the woman to go through an examination first. Men usually undergo medical tests *after the woman had passed hers and no problems were found, but no conception takes place still.*

Graph 19. Did you undergo a medical examination prior to conception?



Excerpt from an interview with a couple (Talas):

Question: How did you prepare for conception?

Woman, aged 35: I have hepatitis C, so prior to conceiving a child my husband and I consulted many doctors, passed extensive tests and underwent many examinations. We did everything as recommended. We conceived only after the approval of the doctors. None of my sisters waited for doctors' approval to conceive, but I had to. My situation is complicated.

Two out of ten women (22 percent) and one out of ten men (11 percent) reported that they had had medical examinations that included a visit to a gynecologist/ urologist/ andrologist and a consultation with a geneticist prior to conception.

Excerpt from an interview with AN urologist (talas province):

«In my twenty years of experience, there has never been a case where a man came in with questions regarding family planning that is prior to conception. They come when there are problems – when they suspect there might be an STI involved or they have been unable to conceive for many years. The wife will usually go through years of futile medical examinations

11-graders believe it is more important for the woman to undergo appropriate medical examinations than for the man (96 and 82 percent of responders respectively).

A third of adult responders (33 percent) indicated that the optimal interval between pregnancies is two years. 46 percent thought that three years was best. 13 percent responded that four years should pass between pregnancies. Four percent indicated one year is sufficient, while 3 percent believe that the amount of time between pregnancies does not matter.

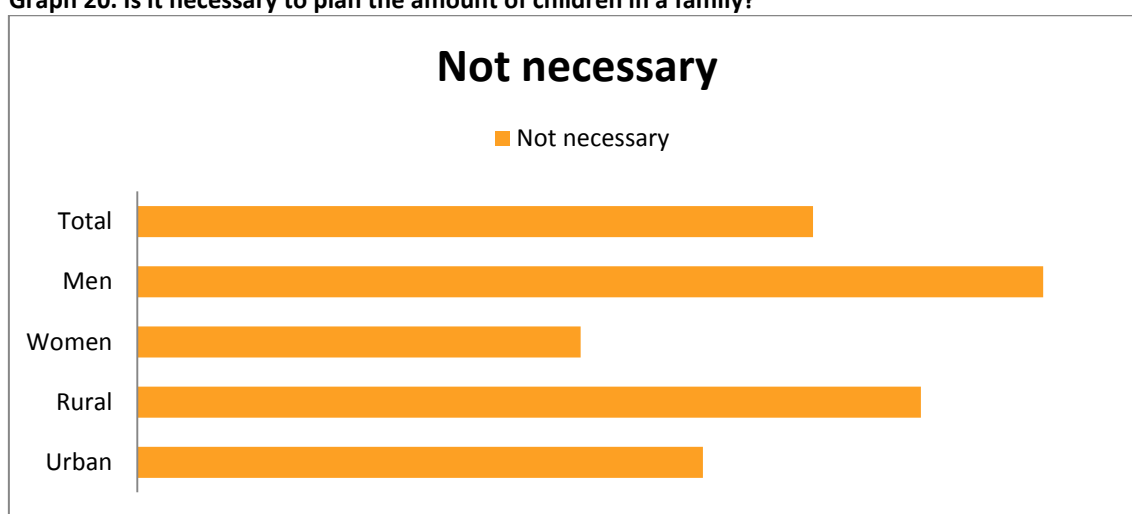
Schoolchildren are not sufficiently informed in regards to the necessary amount of time between pregnancies. 13 percent believe that one year is sufficient. 12 percent indicated that the amount of time between pregnancies has no effect on a woman's health.

Nine out of ten adults (90 percent) and 8 out of ten schoolchildren (83 percent) believe that a 15-year-old girl should not bear children because her body is not yet fully prepared for motherhood and because she would be incapable of rearing children because she herself is too immature. Among arguments in support of early pregnancies the most common are: *since she is married, she can give birth; puberty begins at 12 years of age, so it is ok to give birth at 15; sharia law allows giving birth at 15.*

30 percent of adult men and women and 15 percent of the surveyed schoolchildren believe ages between 18 and 19 to be the best age for childbirth. The rest of the participants indicated ages above 20.

About a third of the participants of the survey (28 percent) believe that it is not necessary to plan the number of children in a family. Many responded that it is up to the will of God – *there will be as many children as God will grant.*

Graph 20. Is it necessary to plan the amount of children in a family?



The opinion is more common among men than among women (37 and 18 percent respectively). At the same time, more residents of rural (32 percent) than urban (23 percent) areas express a negative opinion as regards planning the number of children in a family .

Excerpts from in-depth interviews:

Bishkek, mother of numerous children:

Question: You said you had nine children and that your youngest is 8 months old. Did you plan to have a certain number of children in the beginning of your marriage?

Answer: We did not have a plan. God gave us many children. To some He gives no children. My husband left us. He now lives separately. I am taking care of the children on my own. I don't think I will have any more.

Talas province, young family:

Question: Do you have a plan as to how many children you would like to have? How many do you need?

Wife's answer: I don't know. We have not discussed it. We will have as many as God will give.

Bishkek, family couple, both spouses aged 26 years:

Question: Have you decided how many children you would like to have?

Answer: We have, actually. We want three – both boys and girls. Although you never know. We plan, God decides.

The vast majority of adults and schoolchildren believe that it is necessary for both spouses to participate in this decision. 90 percent of men, 95 percent of women and 93 percent of schoolchildren believe it necessary to plan the number of children in a family. 3 percent believe that other relatives should make the decision – for example the mother in law.

except from an interview with a representative of an office of social development (bishkek): «The issue of family planning is crucial. The absence of planning is becoming a burden for both the social development system and the state budget.

We have disabled people, people with sight and hearing impediments. These are often genetic illnesses. Many families have four or five children. We have one welfare recipient who has five daughters – all of them with sight impediments. Once, very delicately, we suggested that he discuss the matter with his wife. Perhaps five children would be enough. His reaction was horrible. We were insulted. «Who do you think you are? Stay out of my life! She will continue to give births until she bears a son!»

This case is not unique. People need to be educated, enlightened, so that they would understand their responsibility for the children. No one argues that women should not give births, but we are talking about healthy children. Year by year, the number of children with congenital defects increases. They are disabled from birth.

This is why there is a need for family planning programs that would involve men as well as

FAMILY PLANNING DISCUSSIONS

A third of the families surveyed (35 percent) never discusses the questions of contraception and unwanted pregnancies. When discussed, the issues are more often brought up by women (40 percent) than by men (33 percent). This indicator is correlated to the age of the respondents. The younger the woman, the more rarely she will speak to her husband about contraception. It is more common for men to tell women under 28 years of age about contraception (56 percent of respondents). In the older age groups the relation is reversed. Here, women are more likely to tell their husband about contraception (34 percent of respondents).

This tendency was observed in the interviews with married couples. Women often said that when they were young, they would often be too shy to talk to their husbands about family planning. They were ashamed of even saying the words «condom» and «intrauterine spiral». With age, however, *having given a few births and had a few abortions, women felt more open about their thoughts on family planning and could discuss them with their husbands more freely.*

METHODS OF FAMILY PLANNING

The study showed a wide variety of contraception methods in different age groups. There is a high percentage of people that use no means of contraception in every age group. The percentage is highest among the younger age groups. The relative majority of sexually active teenagers (36 percent) that had sexual experiences prior to 15 years of age had unprotected

sex. 17 to 26 percent of teenagers aged 15 to 18 have unprotected sex. There are slightly less people aged between 25 and 40 who use no form of contraception than among other age groups, both younger and older.

Table 3. Contraception methods by age (percent)

| Contraception methods / Age | under 15 | | | | | | |
|---|----------|--|--|--|--|--|--|
| Percentage of respondents who have had sexual contact | | | | | | | |
| No protection | | | | | | | |
| Intermittent abstinence | | | | | | | |
| Interrupted intercourse | | | | | | | |
| Condoms | | | | | | | |
| IUS | | | | | | | |
| Pills | | | | | | | |
| Injections | | | | | | | |
| Sterilization | | | | | | | |
| Climacterium | | | | | | | |
| | | | | | | | |

Intermittent abstinence is used as a method of contraception is mainly used by teenagers under 15 years of age. In all other age groups the indicator is stably low, and never above 2 percent.

Interrupted intercourse is mainly used by people under 16 years of age (15 to 23 percent). The usage of this method decreases in older age groups and was not observed at all in the 41-49 age group.

Condoms are a popular method of contraception among people of all age groups. However, among people aged 41 to 49 only a quarter use condoms. 32 percent of people aged 15 use condoms.

The use of spirals begins around 17 to 18 years of age (3 percent of respondents). The indicator grows in older age groups and reaches the maximum of 34 percent among people aged between 41 and 49. Starting at the age of about 18 young people also begin to use contraception pills, but the indicator does not show any significant increase with age. The percentage of people using contraception pills is highest in the 41 – 49 age groups (7.7 percent). Contraceptive injections are also unpopular in all age groups, with the maximum of 7.3 percent users (aged 41 – 49).

Excerpts from interviews with family couples:

- I am absolutely against sterilization. Who needs it? Why would either I or my husband voluntarily undergo a surgery? Anything can happen. It's better to find another method.

- Who thought of that? I think that if women want to be sterilized – let them. Men should remain men.

- What if the family falls apart as a result? Then What? I am against sterilization. It is unnecessary. There can be consequences, too.

The vast majority of respondents (86 percent) hold a negative opinion of sterilization as a method of preventing unwanted pregnancies. Only five percent of respondents consider it an acceptable method of contraception. Eight percent of the female respondents held a positive opinion of female sterilization; five percent found male sterilization acceptable. A very small minority of men support either female or male sterilization. The percentage of men with a positive attitude toward sterilization does not exceed half a percent.

The majority of cases of sterilization described by survey respondents are cases of an ectomy of the reproductive organs. All of these cases were registered among men and women aged between 31 and 41.

Sterilization is not a very popular method of contraception among medical workers as well. The most common medical opinion is that *despite the fact that the method is 100 percent effective, one cannot speak of all the advantages and disadvantages of the method due to the small number of operations that have been performed in the country.* Sterilization as a method of contraception is only recommended to families with many children or as a last resort.

The National strategy of the Kyrgyz Republic until 2015 speaks of the difficulties in realizing reproductive rights caused by the population's mentality, traditions and culture as well as the prevalent gender stereotypes. The negative character of the population's attitude towards male sterilization shifts the burden of responsibility to the women.

The study showed the variability of unprotected sex by gender. In all age groups women have more unprotected sex than men (table 4).

Table 4. Proportion of respondents that use no methods of contraception by age and gender. (percent)

| | Under 15 years of age | 15-16 years of age | 17-18 years of age | 18-25 years of age | 25-30 years of age | 31-40 years of age | 41-49 years of age |
|--------------------------------|-----------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| Women who have unprotected sex | | | | | | | |
| Men who have unprotected sex | | | | | | | |

Condoms are a popular method of contraception among men of all age groups. They are most popular among young men aged between 18 and 25 (66 percent). The most common «female» method of contraception is the intrauterine spiral. It is most popular among women aged 31 to 49 (31-34 percent).

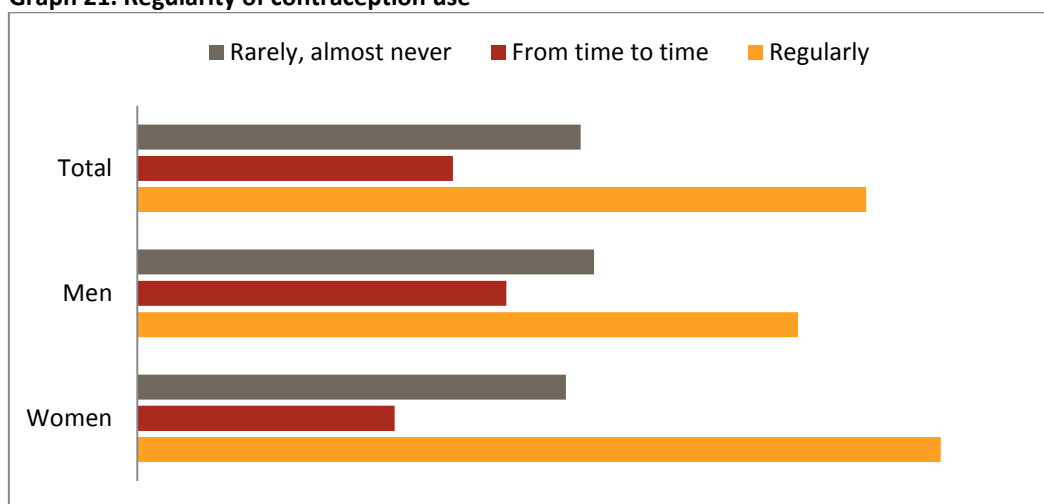
20 percent of the students of the 11th year of school were unable to answer the question as to how a young man and a young woman could protect themselves against an unwanted pregnancy. Of those young men who did answer, 71 percent recommended condoms, 9

percent recommended contraceptive pills and 16 indicated abstinence. Young women recommended pills (39 percent), condoms (30 percent), spirals (5 percent) and abstinence (18 percent).

REGULARITY OF USE OF CONTRACEPTION

A third of the respondents (30 percent) rarely or hardly ever use contraception. One-fifth sometimes uses contraception. 49 percent of the families surveyed use contraception on a regular basis. From among the people surveyed more women regularly use contraception than do men (54 and 44 percent respectively).

Graph 21. Regularity of contraception use



Excerpts from interviews with family couples:

- The wife manages this in our family... Usually I ask : «What about today?» If she has special days she tells that we can't. Of course, sometimes she makes it up. (36-year-old man, Talas province)
- My husband has a positive attitude to contraception, He thinks it is better than an abortion.(27-year-old woman, Bishkek)
- It is the woman that gets pregnant, so she should think about these things. Men should also take care. Very often these days men get blackmailed by pregnancy. Both partners should make the decision, but for women the consequences are more vital, so they should care more. (28-year old man, Chui province)

Two-thirds of the female respondents (62 percent) believe that their husbands have a positive attitude to contraception. One-fifth (17 percent) indicated that their husbands are indifferent to the matter. One out ten women believes that her husband has a negative opinion of contraception and therefore decides on the matter herself.

In rural areas the percentage of people under 18 years of age who use no method of contraception is four times higher than among those who live in urban areas. The figure drops to 2 or three times higher in older age groups.

PREGANCIES AND ABORTIONS

188 of the e200 women surveyed (95 percent) had had at least one interrupted pregnancy at the time of the survey.

The total number of pregnancies among the 200 women surveyed amounted to 491. Of the, more than a third (37 percent) were not planned. 84 percent of the total pregnancies ended with births. 16 percent of the total were terminated (8 percent by abortion, 8 percent by miscarriage).

Excerpts from in-depth interviews:

- I have a patient who has had three children by her husband. Both are unemployed. There is not enough money in the family. Once she came in, and it turned out that she was pregnant. She started crying. She was afraid her husband would make her give birth. In the end she had a mini-abortion and decided to tell neither her husband nor her mother in law. Every woman has the right not to tell. We are obliged to keep her secret. This is not a big problem. (gynecologist, family medicine center, Bishkek).

- Sometimes we perform the operation, but advice the wife not to tell her husband. We have seen many husbands walk away from their families or get lovers after they find out their wife lost an ovary. Sometimes, the husband does not have to know everything – for the sake of the family. Some religious men these days are against abortion and contraception. It is from them that women hide their abortions. (doctor, Bishkek).

- I don't think men have the right to tell women what to do. Nor that we have the right to tell the women to make a decision together with their husbands. It is every woman's right to interrupt a pregnancy within the first 12 weeks, if she so chooses. The woman will know better whether or not to discuss the issue with her husband. (Doctor, family medicine center, Talas).

-I had had an abortion even before I got married. I did not tell my husband. Why would he have to know? (woman aged 27, Chui province).

10.9 percent of the total number of pregnancies (54 pregnancies) occurred within a year of the previous pregnancy. 19.7 percent (97 pregnancies) occurred within two years.

No statistically significant discrepancies were observed in the responses of men and women as regards the number of births. However, men indicated a higher number of miscarriages than women.

Among the most common reasons for abortions were another child (32 percent), medical reasons (24 percent), and poverty, inability to afford another child (18 percent). Other, less common reasons, included young age (4 percent), no wish to have a child (4 percent), no wish to give birth to a girl (2 percent).

In half of the cases, the decision to interrupt the pregnancy was taken by two partners together (48 percent of the cases). In 15 percent of the cases the

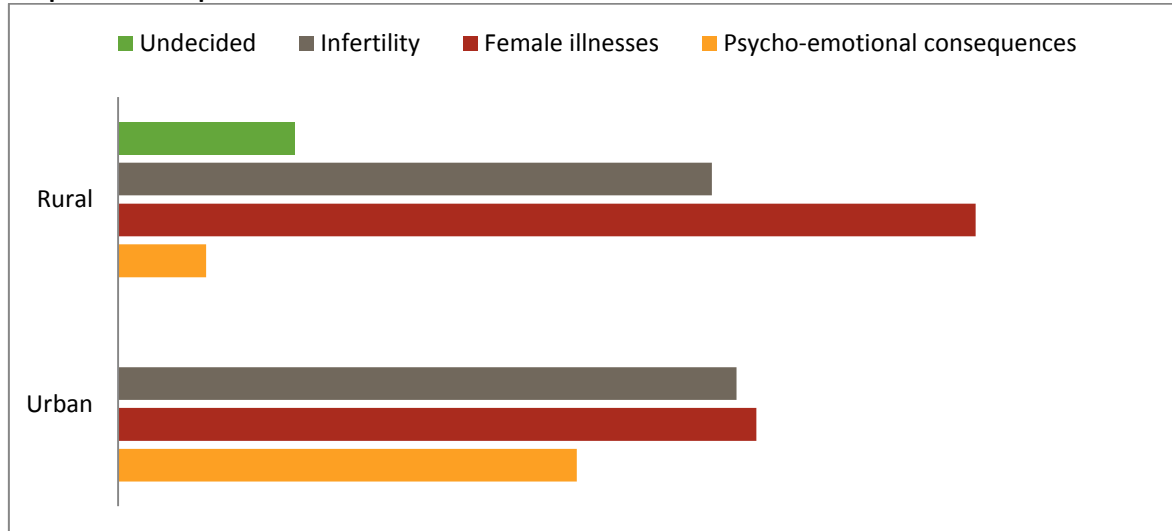
woman made the decision alone. Men made the decision in 14 percent of the cases of abortion. A part of the women surveyed (17 percent) answered that the decision was recommended by their doctors. In some families, other family members took part in the decision, most usually the mother in law (6 percent).

Interviews with married couples showed that women do not always inform their husbands of their pregnancies or subsequent abortions. This inference is supported by the discrepancies in the responses of men and women to questions regarding abortions, miscarriages and the number of pregnancies as well as the interviews with medical workers: «*The poor women sometimes even make the decision to have an abortion alone. They come alone, in secret from their husbands. They say that they live with their mother in law and that they have another small child and ask us not to tell anyone. In these cases we perform the abortions in confidentiality.*»

Medical workers and psychologists claim that *in normal functional families every decision, including decision related to contraception and abortion should be made by the two spouses in cooperation.* At the same time, the experts admit that sometimes it is necessary not to tell the husband, especially if he can be expected to react aggressively or violently.

Half of the survey's female responders, who live in rural areas, believe that the consequences of an abortion include numerous diseases of the female reproductive system, such as *menstrual disorders, infection, inflammation, hormonal disorders as well as kidney disease and cancer among others*. A third of the female inhabitants of rural areas (35 percent) believe that an abortion may bring about female infertility. One in ten women had difficulties answering the question.

Graph 22. Consequences of abortion²



Much like the women of rural areas, female respondents from urban areas indicated that numerous diseases (37 percent) and infertility (36 percent) can all be caused by an abortion. However, female respondents from urban areas more commonly indicated the emotional and psychological effects of an abortion (27 and 5 percent among women of urban and rural areas respectively). Many said that abortion is *child murder*, and that *such a sin will make woman suffer from guilt*. Women also believe that *an abortion can have negative consequences on family life* and lead to stress and depression.

In the course of in-depth interviews, however, such an opinion of abortion found little support. The majority of women who had had one or more abortions easily spoke of their experience and said they felt little to no guilt in relation to having «killed a fetus». Presumably, the freedom of the choice the woman had made and her motivation for the abortion is the determining factor in the question of the abortion's emotional and psychological effects. The effects were diminished among women that were motivated to interrupt their pregnancy by reasons they understood and made the decision freely. The effects increased in cases when the decision was made due to medical reasons or by the husband or even other relatives.

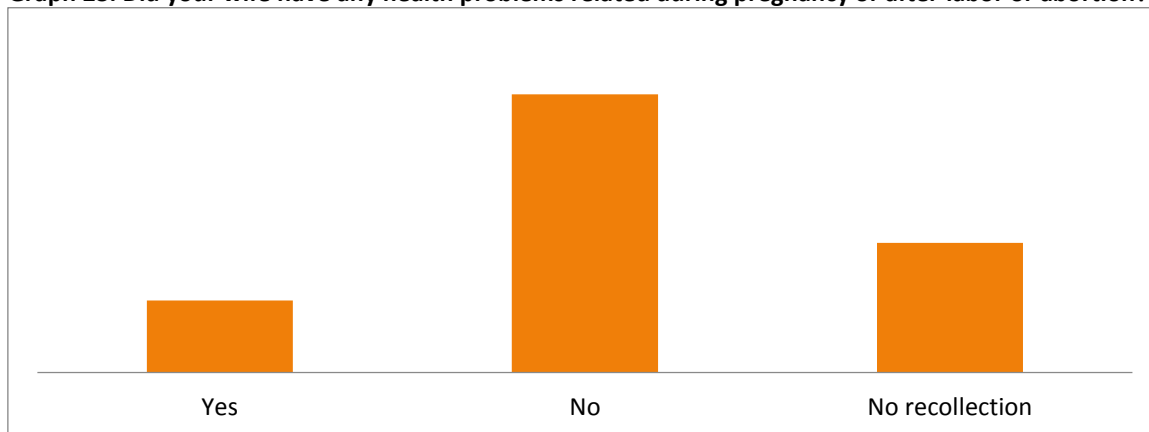
Just over half (53 percent) of the schoolchildren in their 11th year of study think that an abortion is murder. 27 percent believe it to be the elimination of an unwanted fetus, while a total of six percent believe it to be a crime or a sin – 3 percent each. Every seventh schoolchild left the answer to this question blank.

² Only women were asked this question

In contrast to the survey's adult respondents, 71 percent of schoolchildren believe that infertility is the consequence of an abortion. 20 percent said that the effects can be negative, but did not specify. 10 percent did not answer the question.

Over half the men surveyed reported that their wives had no health problems when pregnant or in the time following births and abortions. 15 percent of the men reported that their wives did have some pregnancy-, labor- or abortion- related health problems.

Graph 23. Did your wife have any health problems related during pregnancy or after labor or abortion?³



The majority of men could not name the exact nature of the health problems their wives had experienced. Almost a third of the men surveyed (27 percent) could not answer the question. Many had no recollection of the health of their wives around the time of pregnancy, labor or abortion.

MALE PARTICIPATION IN LAST LABOR

The survey of women who had given birth showed that 28 percent of men did not accompany their wives on their visits to the doctor at the time of the women's last pregnancy. The others, 72 percent, accompanied their wives on doctor visits with varying regularity. In the majority of the cases, the man simply escorted his wife to the doctor's office and waited outside until the end of the meeting. It was rare for a doctor to remember a time when a husband and wife came in together for a pregnancy-related consultation. 43 percent of men responded that they wanted to accompany their wife to a doctor, but were unable for work-related reasons.

It became apparent in the course of family interviews that although women believe it is important that the husband accompany his wife to a doctor's visit, it is far more important that he keep his job and continue to earn money. This answer was especially common among residents of rural areas, where a doctor's visit can cost a lot in terms of transportation in both time and money. In some families *the mentality does not allow the man to accompany his wife to a gynecology-related visit.*

³ Only men were asked this question

Excerpts from interviews with men and women:

Question: Did you accompany your wife to the hospital visits during the time of her pregnancy?

- I did not accompany her to every gynecology visit, but during her pregnancy my wife developed an arrhythmia, and she was admitted into a hospital. After that I took time off work every day to come and visit her. (38-year-old man, Bishkek)

- I work with the border patrol, so I could not accompany my wife to hospital visits. In the last months of her pregnancy she had to go almost every week. I could not take time off work. (28-year-old man, Talas province)

- Of course I wanted to go together with my wife, but we sell clothes at a bazaar. One of us always has to be at work, otherwise someone else will take our place. When she got pregnant I worked more often. We needed money. (31-year-old man, Bishkek)

- I do not understand the question at all. Why would I spend time going around hospitals? People who have nothing else to do, let them take their wives everywhere. The husband should be earning money not wasting time. Ask any woman – would she rather have her husband sit together with her in line to the doctor or be away making the money needed to afford that doctor? (39-year-old man, Bishkek)

- I am an adult educated woman. Although it feels good to have my husband around all the time, I cannot expect him to leave work all the time. He saw the baby's ultrasound recorded on a CD. He trusted my choice of doctor and hospital. Why would both of us spend time on the visits? (27-year-old woman, Bishkek)

- I always went to the doctor with my mother and sister in law. It is not normal for the husband to come as well. He was always working in the field. He could only visit me once a week. (26-year-old woman, Chui province)

43 percent of future father did not see the ultrasound of their unborn child or hear the heartbeat. Half of them (49 percent) would have liked to.

Table 5. Male participation in last labor (women's answers)

| During your last pregnancy and labor, how often did your husband... | Always | Sometimes | Never |
|--|---------------|------------------|--------------|
| 1. Accompany you to the doctor when you were pregnant? | 38 percent | 34 percent | 28 percent |
| 2. See the ultrasound and listened to the heartbeat of the fetus? | 28 percent | 29 percent | 43 percent |
| 3. Show interest as to how your pregnancy was developing and the condition of the fetus? | 66 percent | 25 percent | 9 percent |
| 4. Remind you of the necessity of regular hospital visits? | 56 percent | 18 percent | 26 percent |
| 5. Present during labor? | 10 percent | | 90 percent |
| 6. Take care of breastfeeding? | 66 percent | 15 percent | 19 percent |
| 7. Make sure you could have enough sleep and rest during your pregnancy and after birth? | 58 percent | 26 percent | 16 percent |
| 8. Give you money for hospital visits, medication, fruit, vegetables and meat during and after pregnancy | 84 percent | 9 percent | 7 percent |
| 9. Abstain from sexual activity after your pregnancy? | 68 | 24 percent | 9 |

| | percent | | percent |
|--|------------|------------|------------|
| 10. Insist on contraception after your pregnancy? | 63 percent | 22 percent | 15 percent |
| 11. Help around the house (cooking and cleaning)? | 42 percent | 35 percent | 23 percent |
| 12. Help you with the baby (bathing, swaddling, laundering, and bottle-feeding)? | 50 percent | 28 percent | 22 percent |

It is more difficult for men of rural areas to see the ultrasound and hear the heartbeats of their unborn children.

The study showed that men who saw the ultrasounds and heard the heartbeats of the fetuses experienced a wide spectrum of positive emotions. In specialist opinion, *this improves family relations and raises them to a higher spiritual level.*

Excerpts from interviews with healthcare specialist (Talas province):

- There is no choice of healthcare clinics in rural areas. People go to hospitals that are in their vicinity. The clinics cannot print pictures or make recordings of the ultrasound. Men rarely come with their wives to see the ultrasounds. The situation is very different in the cities. There, the husbands often come together with their wives.

Of course it is good for the husband to hear the heartbeat of the fetus. It will change his attitude toward the mother and the baby. It is very important that the husband be involved from the very beginning of the process.

Excerpts from interviews with men:

- When my wife was pregnant with our first child, we went for an ultrasound examination. I did not enter the doctor's office or even the corridor – so many pregnant women. I was shy. I did see the printout. It was very interesting, but I could not make sense of it at all. During our last pregnancy, however, I did come in for the examination. We made a recording. The feeling was indescribable. (38-year-old man, Bishkek)

- It is difficult to describe what I felt when I saw my child on the ultrasound. He was so small, so defenseless. Then I heard the heartbeat. For the first time in my life I understood what that means. I felt so responsible; I was very nervous; I was full of love. I felt all that at the same time. I don't think there is a word for what I felt. (26-year-old man, Bishkek)

Excerpts from interviews with experts:

- I do not think there is any benefit for the men from being present during labor. There may be some good for the women, but not for the men. This is my personal opinion. Why would two people suffer? I am a doctor, so I understand, but the process may come as a shock to someone who is not prepared. I am against the husband being present during labor because I think the family should not see so much suffering. Of course, the husband should understand that labor is very difficult, but this can be achieved by more humane methods. Why would we torture men?

As a specialist, I can say that witnessing labor can decrease a man's libido. In order to remain sexually attractive, women should not be so open with their husbands. Some things should remain private. (urologist, professor, Bishkek)

- When someone is present during labor – the mother in law, the husband or a sister – labor becomes much easier for the woman. She will feel much calmer and more assured in the presence of her relatives, which leads to safer labor. Many men do not know that a woman should not carry heavy things or carry out difficult work after labor. When men see how much their wives suffer during labor, when they are close to them, men will have more respect for the women, their thinking will change. (obstetrician, Talas province)

- It is not equally beneficial for all men to be present during labor. Some get scared. The process can be very difficult psychologically. Some faint; the blood pressure of others may rise. The benefit is that men become much more compassionate to their wives after this. Many men believe that «all women give births. It is a normal process, like going to the restroom.» Some say «finished giving birth? Go work. Three days is enough rest.» (psychotherapist, Bishkek).

- Men should be intimately involved in women's health. There have been more cases of men being present during childbirth in recent years. The majority of them are young men aged from 25 to 30. This is very good for the families – a challenge for both the husband and the wife. It is important that the husband be present at the birth of his child. The primary medical objective of having the father in the room is to make the process safer for the mother, to decrease the amount of medication and increase psychological support for the mother. However, I think that the most important reason is to strengthen the family. The husband should see how difficult it is to give birth so that before deciding to have another child he would think back to this experience. (doctor, city perinatal center, Bishkek)

One in ten men surveyed (10 percent) was present at the time of childbirth⁴. Their opinions on the matter vary greatly. They range from believing that the process strengthened their relationship to the opposite. Some said that the process made their wives sexually unattractive. Medical workers also hold differing opinions in regards to this.

⁴ According to RMIC data, relatives were present in 51.2 percent of the births in 2011. The indicator is highest in Osh – 80.9 percent- and lowest in Bishkek – 33.7 percent. The indicator reached 37.5 percent in the Talas province and 51.7 in the Chui province. A survey of maternal ward employees showed that it was very uncommon for the husbands to come.

Excerpt from an interview with a 26-year-old man, Bishkek:

- My wife had a planned caesarean section. I agreed to be present. The whole hospital knew me, everyone supported me. As turns out, not many men agree to be present during labor. They do not want to enter the hospital room, refuse to be given the baby. Usually only the mothers come. I was the only one who came at that time.

The doctors told me what would happen. They put me in a separate room. There I waited for the surgery to finish. Then they brought the baby, put him on my chest and told me stay with him for two hours. I was so happy. I was holding something that was so close to my heart. I looked at my son. He was moving and squeaking. He peed on me a couple of times. Although I knew what would happen, everything was so unexpected. I cannot tell you how happy I was.

Excerpt from an interview with a 27-year-old man (Talas):

- I was not present during labor. I stayed in the prenatal ward. I was scared, my wife was screaming. I felt so sorry for her. Her face was full of suffering afterwards. She wanted me to be near, but I did not go.

The general opinion of the experts interviewed is that *given sufficient preparation and the desire of both spouses for the man to be present*, there are many benefits for both spouses from the husband's presence. Insufficient preparation can lead to many negative results *men can faint or start fighting the doctors*. This puts extra pressure on the medical personnel. This can happen if the hospital *makes it obligatory for the man to be present in order to make the hospital appear more developed*.

One in six female respondents (16 percent) received no or little extra money from her husband for medical expenses and an improved prenatal and postnatal diet. 34 percent of the husbands were not always interested in the progress of the pregnancy. 26 percent never spoke to their wives about the necessity of regular hospital visits during pregnancy. 20 percent were indifferent to breastfeeding. 16 percent did not take special care to allow their wives enough sleep and rest during or after pregnancy.

A third of the husbands (33 percent) did not abstain from sexual activity after pregnancy. 37 percent were not stable in their use of contraception. 23 percent of the husbands did not help their wives with taking care of the baby (bathing, swaddling, bottle-feeding, etc.) or with doing housework (cooking, laundering, cleaning).

Excerpt from an interview with an obstetrician (bishkek):

- I think that there are many benefits from the man being present at the birth of his children. It makes the process more difficult for the doctors – the husbands often interfere. But it is very good for the wife. She is calmer, feels safer so labor is better. Most importantly, however, it makes families stronger.

- There are husbands that make the situation more difficult for everyone. There was a case, when the husband, seeing his wife suffer, he started shouting and demanding that we make it stop faster. He tried to fight us. The woman felt very ashamed of his behavior, she started crying. She must have experienced a hormonal change because her labor ceased. We tried to throw the husband out, but he did not want to leave. Only after we got him to leave the room did the labor continue. In such cases it is better that the husband be absent.

- Often the partners are insufficiently prepared. They do not know what to do, but some believe that they are there to control us. They begin to try to tell us what to do. This, of course is very bad

It can be concluded that the male involvement in childbirth is usually limited to *providing the expenses and transportation and waiting in the prenatal ward*. It is much rarer for the man to be directly involved in the process.

On the one hand, the situation is conditioned by the prevalent gender stereotypes in regards to housework, parenting and pregnancy. The existing mentality is such that it is considered inappropriate for the man to show excessive care toward his wife or children so as not to appear dominated by the woman.

Excerpt from an interview with a representative of a crisis center (Bishkek)

- It is mostly considered more appropriate that the wife take care of the children alone, that it is her duty as a mother. The husband generally takes little responsibilities in the matters of housework and taking care of the children. Of course, one should take into account the fact that men are mainly the breadwinners of the family before one begins to blame the men.
- Sometimes men work double shifts in order to provide for their families, so it is not possible to say that they have no wish to help their wives. Sometimes the men simply do not have enough time or energy to help around the house.
- Generally it is considered sufficient for the man to bring home enough money so as to provide for the family's food and medical expenses. Personal care about the health of the woman is rare.

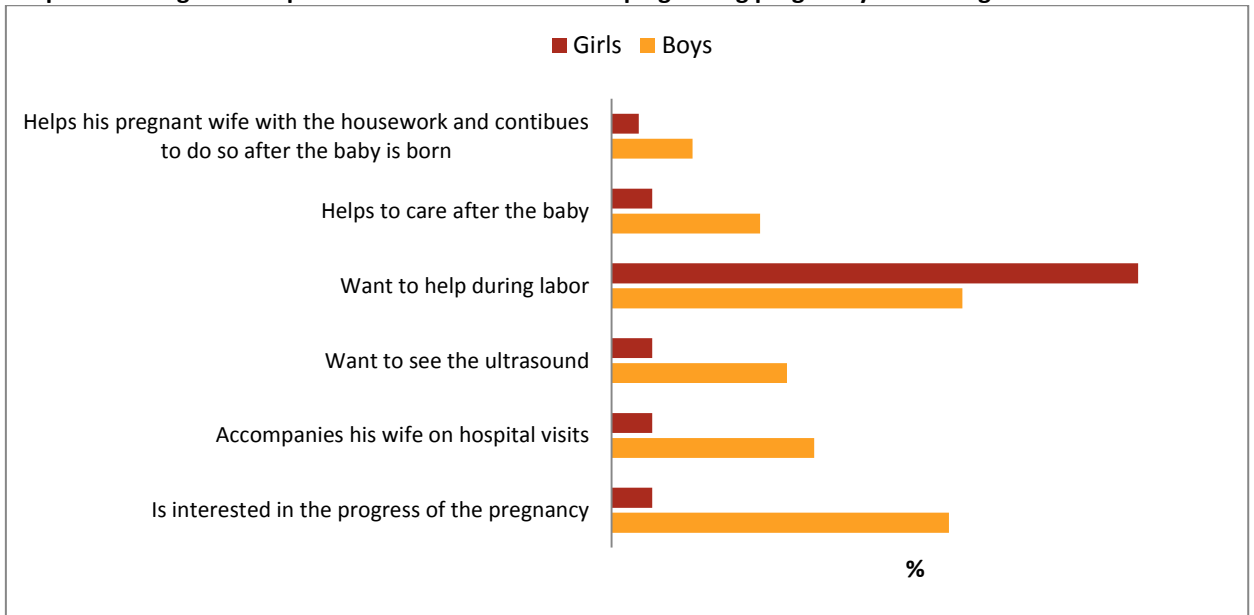
The lack of personal care showed by men in relation to their pregnant wives and children is often conditioned by economic factors. Oftentimes, men need to work extra hours so as to provide for their families. It is often considered that for such families *it would be luxury for both parents to go to hospitals, feed and bathe the child*. Some say that *if a woman gives birth to a child every year, how is the man supposed to go to every ultrasound examinations and change the babies' diapers?*

Excerpt from an interview with a representative of the family medicine center (Bishkek):

- Our mentality is very strange these days. If a cow gets pregnant, the whole family quits sleeping to take care of it. They clean the stables and take care of the cow after it has given birth. When a woman gives birth they just take her to the maternity ward and go off to celebrate. When the woman comes back home they celebrate day after day, while the woman does all the washing up.
- Sometimes it so happens that the mothers do not let their husband take care of the children thinking that the husband may not be careful enough with the baby, may drop it or otherwise hurt it. Then they begin to scold their husbands for not helping. Women take care of the children instinctively, while men do so out of a sense of duty and responsibility, care and love. It is necessary that women let their husbands have enough time with their children.

The study showed that by the time children graduate from school, the gender stereotypes that later prevent men from helping their wives and participate in responsible parenting had already been formed.

Graph 24. 11th graders' opinions about the husband helping during pregnancy and caring after the newborn



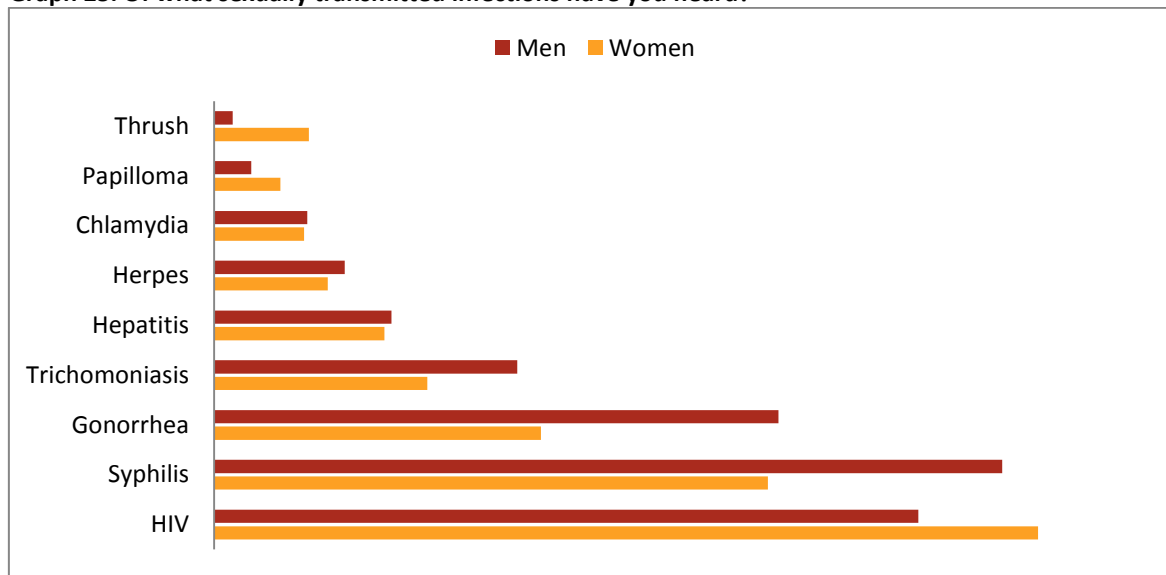
A significant percentage of the young men surveyed hold a negative opinion of the husband who: is interested in the progress of his wife’s pregnancy (25 percent), accompanies her to the hospital (15 percent), helps his spouse with caring after the baby by bathing and swaddling the baby, laundering, ironing, feeding the baby, etc. (11 percent), or helps his wife with housework (6 percent).

Many more girls thought it inappropriate for the man to be present during childbirth (26 percent of boys and 40 percent of girls).

SEXUALLY TRANSMITTED INFECTIONS

Only six of the 400 survey participants (1.5 percent) said they were unaware of sexually transmitted infections. Men are better informed of STIs than women. On average, every woman could name 2.6 sexually transmitted infections. The average man could name three.

Graph 25. Of what sexually transmitted infections have you heard?⁵



HIV was the most common response among the women surveyed (89 percent). Women also mentioned syphilis (60 percent), gonorrhoea (35 percent), trichomoniasis (23 percent) and hepatitis (18 percent). Other infections, such as herpes, chlamydia and human papilloma, were mentioned by a tenth of the survey participants (12.7 percent). More women than men consider thrush (candidiasis) to be an STI

Most men named the same STIs as the female survey participants, but with different frequency. Most men named syphilis (85 percent), HIV (76 percent), gonorrhoea (61 percent), trichomoniasis (33 percent) and hepatitis (18 percent). Like women, only one in ten men named other STIs such as herpes, chlamydia, and papilloma.

Statistically significant differences in the indicators in relation to the area of residence have only been identified in two indicators. More urban dwellers believe hepatitis to be an STI, while more rural dwellers believed chlamydia to be an STI.

The survey of schoolchildren showed that only 5 percent of 11th-graders could not name any STIs. Students are best informed about HIV / AIDS, which was mentioned by 92 percent of the respondents. Other STIs were mentioned less frequently: hepatitis (10 percent), syphilis (7percent), herpes and gonorrhoea (3 percent each). About 5 percent of the students gave incorrect answers, naming diseases such as tuberculosis and diabetes.

Almost half of the adult respondents were undecided as regards the consequences that STIs have on the body of men (46 percent) and women (50 percent). Women are more aware of the consequences of STIs than men. 6 percent more men than women could not answer the question. Respondents mentioned the following consequences of STIs: infertility (42 percent), impotence (18 percent), general deterioration of the body (7 percent), shorter life / quickened death (6 percent), infection of the partner (6 percent), cancer (1 percent). Only 0.8 percent (3 of 202 respondents) believes that the consequences of STIs include child infection.

⁵ The total exceeds 100 percent because the respondents could give more than one answer.

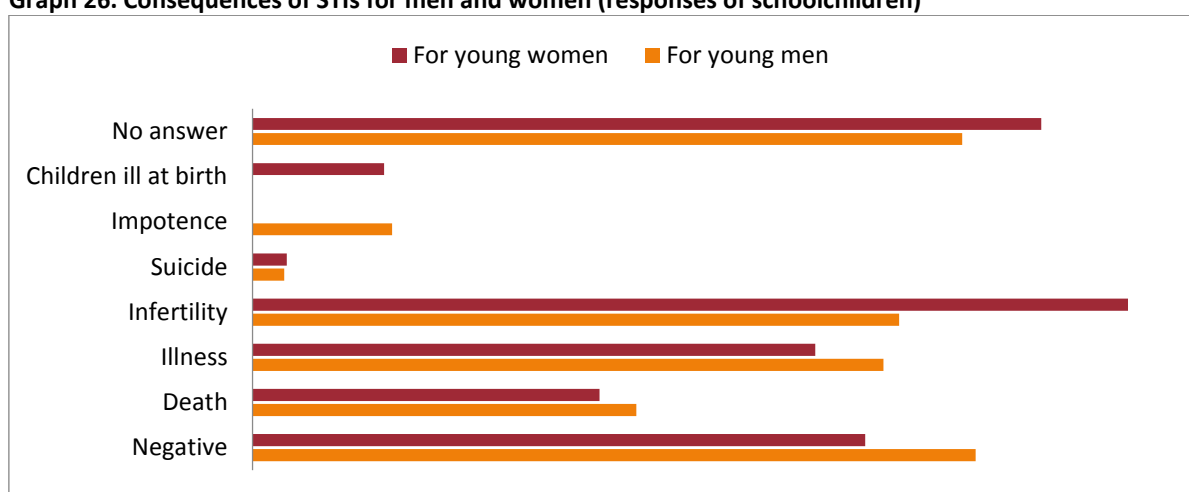
The consequences of STIs for women most frequently named were: infertility (53 percent), negative effects on the body (13 percent), cancer of the female reproductive organs (5 percent), death (5 percent), the birth of children with disabilities (4 percent), frequent miscarriages (3 percent).

It is worrisome that only a very small percentage of the respondents mentioned congenital anomalies brought on by intrauterine infections⁶.

One in ten respondents (12 percent) could not answer the question of how to protect themselves from STIs. The survey identified no statistically significant differences by gender and place of residence.

The comparison of the data generated by the survey of schoolchildren and the data generated by the survey of adults shows that schoolchildren are better informed of STIs than adults.

Graph 26. Consequences of STIs for men and women (responses of schoolchildren)⁷



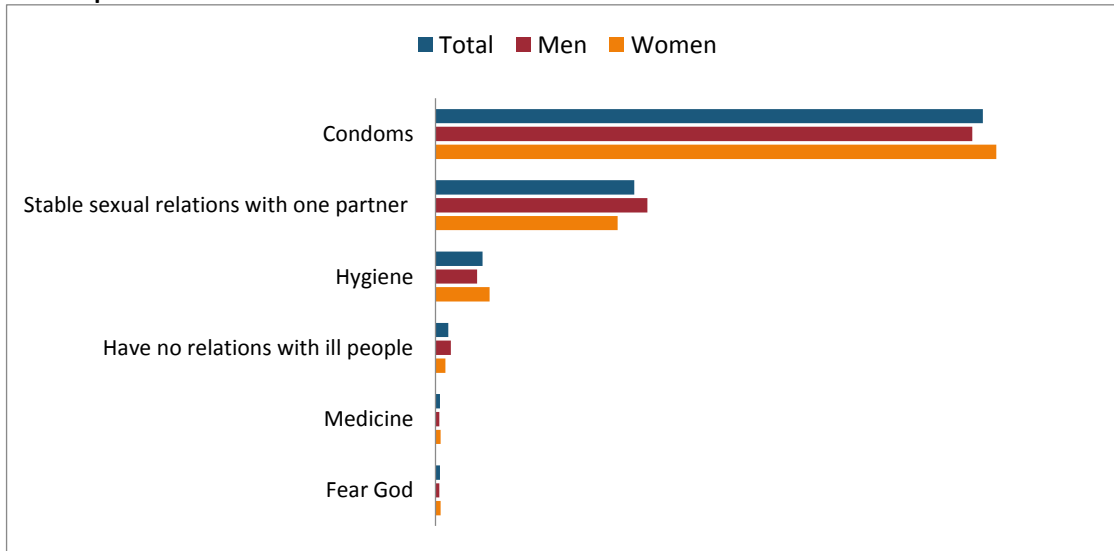
Death and child infection as consequences of STIs were more commonly mentioned by schoolchildren than by adults (5 and 0.85 percent respectively). Schoolchildren believe that women are more prone to infertility than are men (33 and 25 percent respectively).

Two-thirds of adult respondents (67 percent) mentioned the use of condoms as sufficient protection against STIs, and about a quarter believe (24 percent) that sexual relations with only one sexual partner protects one from STIs

⁶ Over the past twenty years the percentage of children dead as a result of congenital anomalies and malformations increased, while overall child mortality went down. In 2011 child mortality caused by congenital deformations and chromosomal abnormalities reached 12 percent. Available online at: <http://www.stat.kg/stat.files/din.files/census/5010012.pdf>

⁷ The total exceeds 100 percent because the respondents could give more than one answer

Graph 27. STI prevention



A small percentage (6 percent) of respondents said that maintenance of proper hygiene can protect one from sexually transmitted infections.

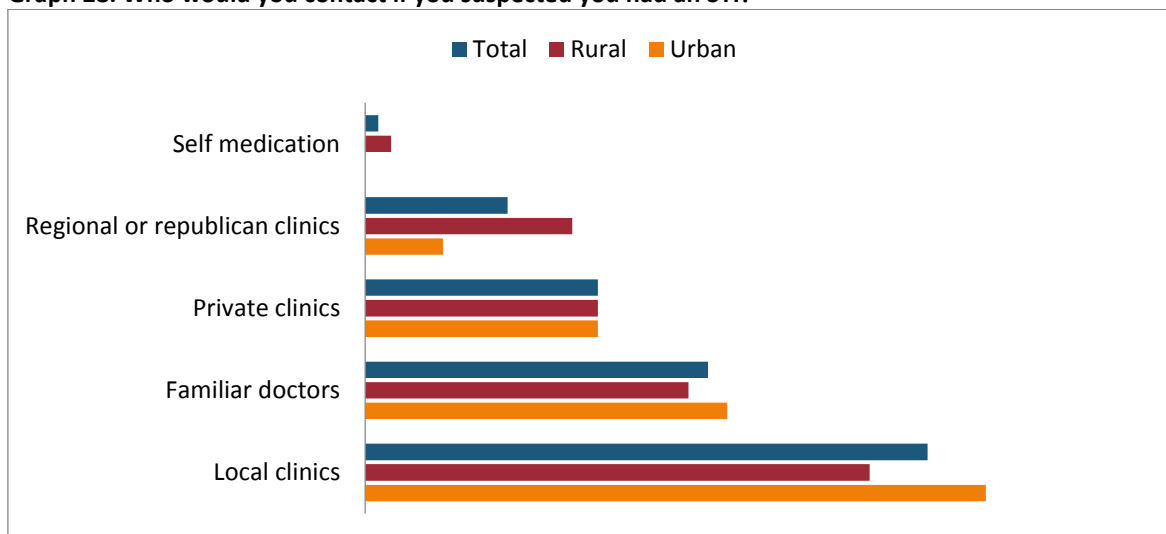
26 percent of 11th-graders said they did not know how to protect themselves from STIs. The rest of the students recommended the use of condoms (55 percent), contraception pills (5 percent) and abstinence (5 percent). Some mentioned abortion or *alternative forms of sex*.

Neither qualitative nor quantitative analysis showed that any of the respondents were aware of the possibility of emergency STI prevention within the first 72 hours of sexual contact.

The study showed that only a few couples tested for HIV and sexually transmitted infections prior to marriage. Medical workers advise to widen such practice.

The relative majority of men (44 percent) chose medical facilities local to their area of residence as their first choice if they suspect an STI. A quarter (27 percent) said they would first contact doctors with whom they are familiar. 2.5 times as many rural men (16 percent) as urban men said they would first contact regional or state medical facilities. The majority of urban men preferred local medical facilities.

Graph 28. Who would you contact if you suspected you had an STI?



The following interviews suggest that rural men prefer regional and state facilities over local medical facilities for two reasons. On the one hand they have limited access to appropriate medical services in their vicinity. On the other, they are wary of confidentiality breaches.

Excerpt from an interview with a 27-year-old man (outskirts of Bishkek):

Question: What would you do if you suspected you had an STI?

- I would not tell my wife anything at first. First, I would ask my friends about which doctor to go to. Then I would go to the doctor, and decide what to do. I think I would rather go to a doctor I know.

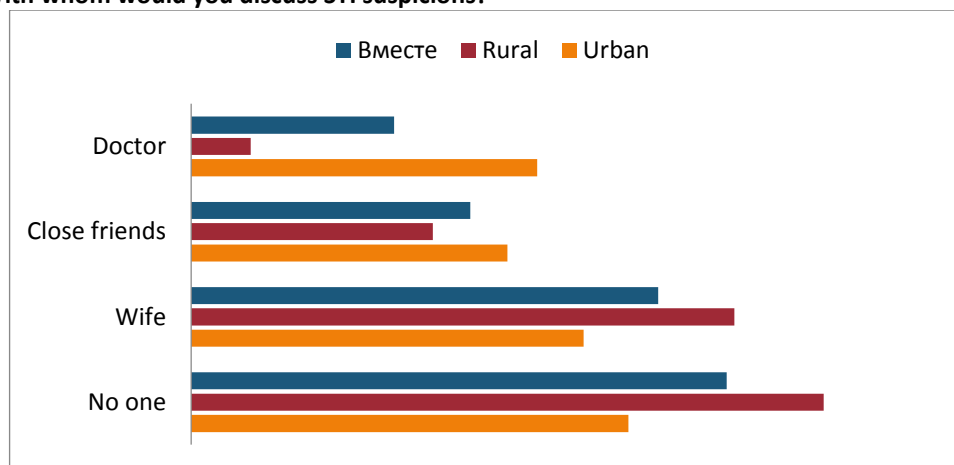
... I would not visit our local clinic. Someone would surely see me and tell my wife. It would be better to go to a familiar doctor.

Excerpt from an interview with AN urologist (Talas province):

- There are 3 places where a man can go in the entire area - Department of Urology and 2 private medical centers. Our laboratory is not very well equipped. No organization in Talas can test for viral infections, chlamydia, toxoplasma or mycoplasma. A new branch of Bonetskogo laboratory opened recently. We send people there but they chose to go to Bishkek. A week later, we get the test results. But even this is progress for the region.

The relative majority of men (36 percent) would not be prepared to discuss their suspicions with anyone. 31 percent would discuss them with their partners. One-fifth of the respondents would ask their friends for advice, and only 14 percent would be prepared to make an appointment with a doctor.

Graph 29. With whom would you discuss STI suspicions?



Rural men are less likely than urban men to discuss their suspicions with anyone (42 and 29 percent respectively). Urban men are less likely than rural men to discuss the matter with their wives (26 and 36 percent respectively). Urban men are more likely to seek medical attention (23 percent and 4 percent among urban and rural dwellers respectively)

6. DOMESTIC VIOLENCE

The survey showed that there are almost no families without conflicts between spouses. Every tenth family has conflicts several times a week, 37 percent have one conflict in a month and the

rest of the families (53 percent) several times in a year. Almost in all families spouses exchange insulting words, while both sides refuse to concede to each other.

Table 6. Frequency of domestic violence (percent)

| | Several times a week | Several times a month | Several times a year | Never |
|--|----------------------|-----------------------|----------------------|-------|
| Conflicts between the wife and the husband | | | | |
| Husband verbally abuses wife | | | | |
| Wife verbally abuses husband | | | | |
| Wife verbally abuses children | | | | |
| Husband verbally abuses children | | | | |
| Wife physically abuses husband | | | | |
| Husband physically abuses the wife | | | | |
| Wife physically abuses the children | | | | |
| Husband physically abuses the children | | | | |

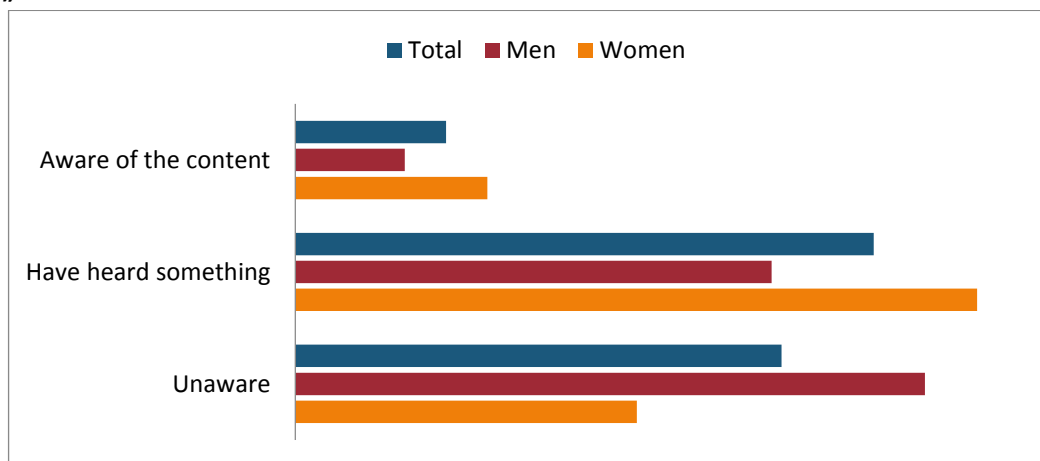
Women admitted that they verbally abuse their children more often than their husbands: from several times a week to several times a month – 34 percent as opposed to 23 percent among men. Also, women (27 percent) abuse their children more often than men (23 percent).

From time to time verbal conflicts between the spouses end in a fight, however men (73 percent) use physical methods more often than women (58 percent).

Every fifth woman (21 percent) reported that her husband does not allow her to work and meet her friends.

The majority of respondents (60 percent) heard about the existence of the Law of Kyrgyz Republic “On social and legal protection from domestic violence” (further referred to as “the law”), 12 percent of them replied that they were aware of its content.

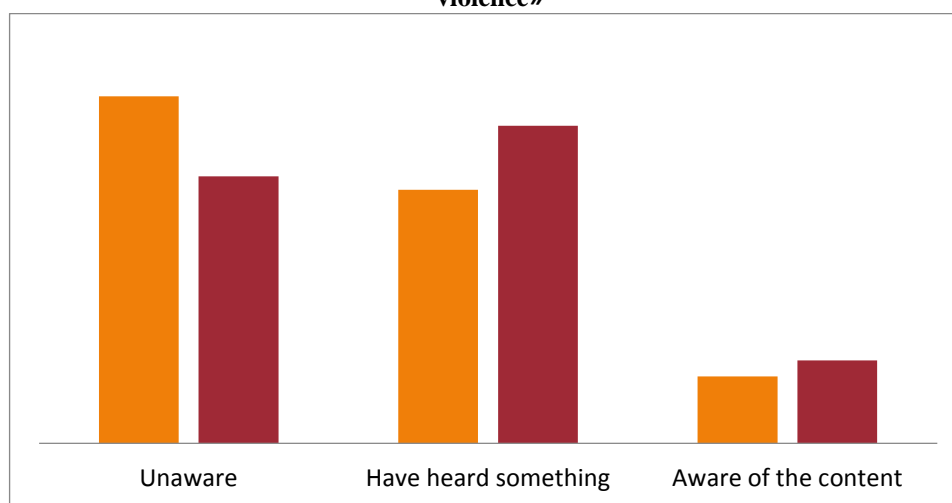
Graph 30. The awareness of the Law of Kyrgyz Republic «On social and legal protection from domestic violence»⁸



16 percent of women and 9 percent of men are well aware of the content of the law. There are almost twice more men that are uninformed about the existence of the law (52 percent) than women (28 percent).

Since the year 2004 the level of awareness regarding the law significantly increased – the amount of those people, who are unaware of it decreased by 12 percentage points.

Graph 31. The awareness of the Law of Kyrgyz Republic «On social and legal protection from domestic violence»



7. FATHERHOOD

During the Soviet Period the primary model of the family in Kyrgyz society was one in which the father plays the role of the breadwinner and income producer. All social, pedagogical and educational functions informally belonged to mothers. A triad was built at the legislative level mother – child – government, from which a father was actually excluded. This model was actively provided to the society through legislative forms. It was widely promoted and

⁸ The Law of Kyrgyz Republic «On social and legal protection from domestic violence» from 25 March 2003 year N 62

implemented through governmental institutions and thus was reinforcing the traditional understanding of motherhood and fatherhood.

It is established in the Constitution of Kyrgyz Republic that fatherhood, motherhood and childhood are «the concern of the whole society and are protected by law» (p. 1. article. 36). It is recognized in the Common law that «each parent or any other person who brings up a child are responsible for providing living conditions, within the limits of their abilities and financial capacities, that are necessary for the development of the child» (p.3 article 36). These norms are also presented in the Family Code of the Kyrgyz Republic (p. 1 article 1, p. 2 article 32).

The Labor Code of the Kyrgyz Republic grants the right for taking time off to take care of a child to the father: «time off to take care of a child can be taken fully or partially by the father of a child, grandmother, grandfather, or other relative or guardian who actually takes care of the child» (article 137).

However, the level of awareness of the population regarding this possibility is relatively low. Only two out of ten respondents (21 percent) were informed about the existence of the law that allows men to take time off to take care of a child. 32 percent of respondents are sure that this law does not exist in the Kyrgyz Republic. And almost every second respondent (47 percent) was not able to answer the question.

Half the men (50 percent) were ready to take time off to take care of a child only if their wife got sick. Every fifth man is ready to do so o

Every sixth man (16 percent) would take time off work to take care of a child, if such actions are the best choice for the family. About 8 percent of men would take time off under no circumstances. 3-4 percent of men are ready to take care of their children in the case when a wife brings more money to the family or if this is necessary for her career development.

It is important to note that more than one third of the women (36 percent) would disapprove if men would take time off to take care of a child. 6 percent would react neutrally and 58 percent would approve of such actions. Parenthood is often identified with the motherhood. This is reflected in the presence of many stereotypes and practices that relate to the questions of motherhood, fatherhood, bringing up children, division of domestic work. The opinion that pregnancy, childbirth and childcare are purely female responsibilities is very common among Kyrgyz families.

It is also important to note that limited participation of men in such matters is not always caused by stereotypes or a lack of commitment. 70 percent of men work more than 40 hours a week, and 54 percent have one day off a week. At the same time men are the main money bringers and earn more than their wives in two thirds of the families (64 percent).

The analysis of the twenty-four hour time fund of people aging from 12 years and older shows that domestic work in Kyrgyzstan is largely conducted by women. The average amount of time that women spend doing domestic work is 4, 2 hours a day – 17,4 percent of their time. Among male population it does not rise above 5,7 percent. As a result, compared to the male

population, women spend three times as much time doing domestic work and twice as much taking care of and bringing up their children.⁹

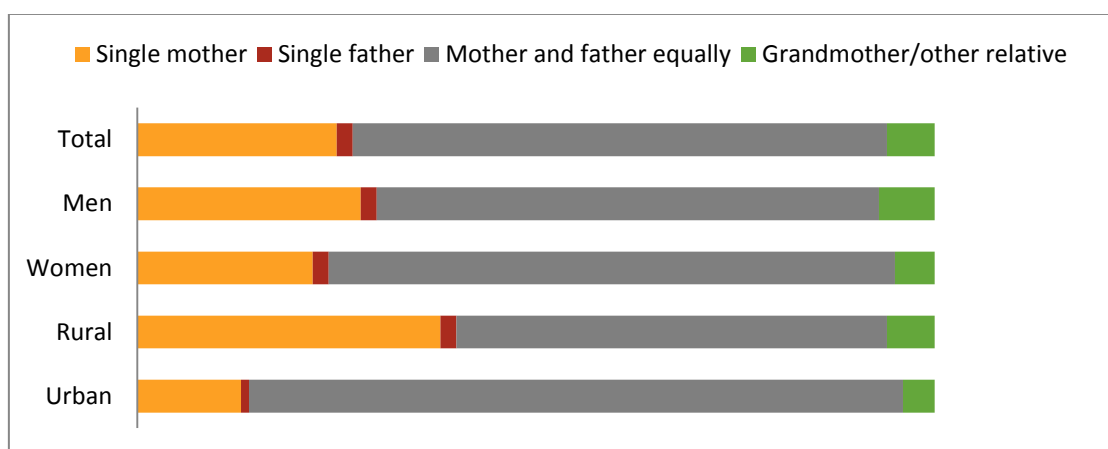
The research data shows that 83 percent of the male and female adults grew up in two-parent families with their genetic parents, 16 percent grew up without their genetic fathers and about 1 percent without their genetic mothers.

The survey of schoolchildren showed a growing number of children that grow up without the custody of both their genetic father and mother. 20 percent of schoolchildren surveyed indicated that they live without their genetic fathers and 7,5 percent live without genetic mothers. 72,5 percent of high school students live in full families under the care of the both parents.

Two-thirds of adult respondents (67 percent) who grew up with their genetic parents indicated that their mother and father took almost the same amount of care of them. 26 percent indicated that only their mother took care of them. It rarely happened that only grandmothers or other relatives (6 percent) or fathers (2 percent) took care of the respondents.

Despite the general tendency, this indicator shows noticeable differences in the composition of answers according to gender and place of residence. There were more men than women who were taken care of only by their mothers (28 and 22 percent respectively). One people in rural than urban areas were taken care of only by their mother (38 and 13 percent respectively).

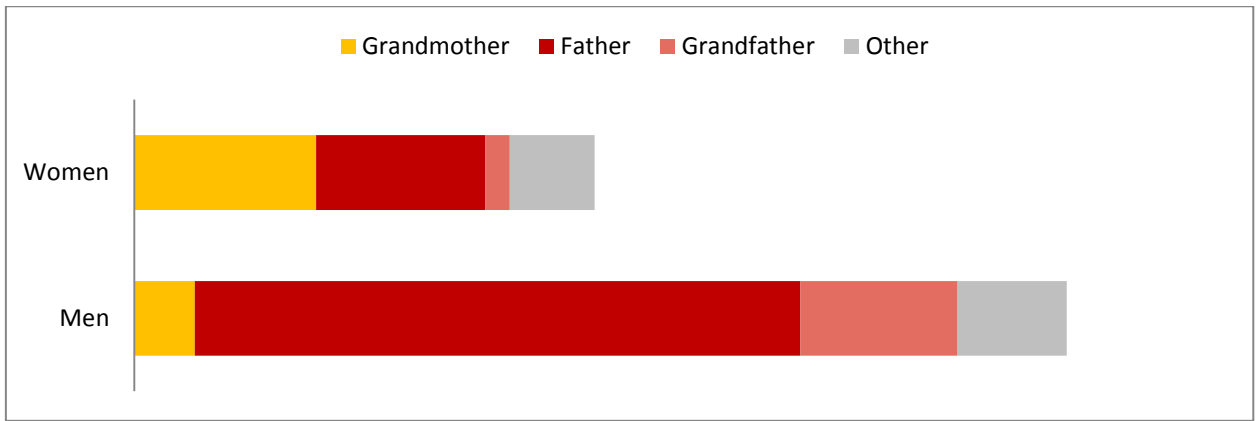
Graph 32. Who mostly took care of the respondents in their childhood



The study of the question who had larger influence on the research participants in their childhood showed that women had more influence on the development of girls (mother 62 percent, grandmothers 15 percent) while men had more influence for the development of boys (fathers – 50 percent, grandfathers – 13 percent).

Graph 33. Who in the family had larger influence on the development of the personality of the respondents

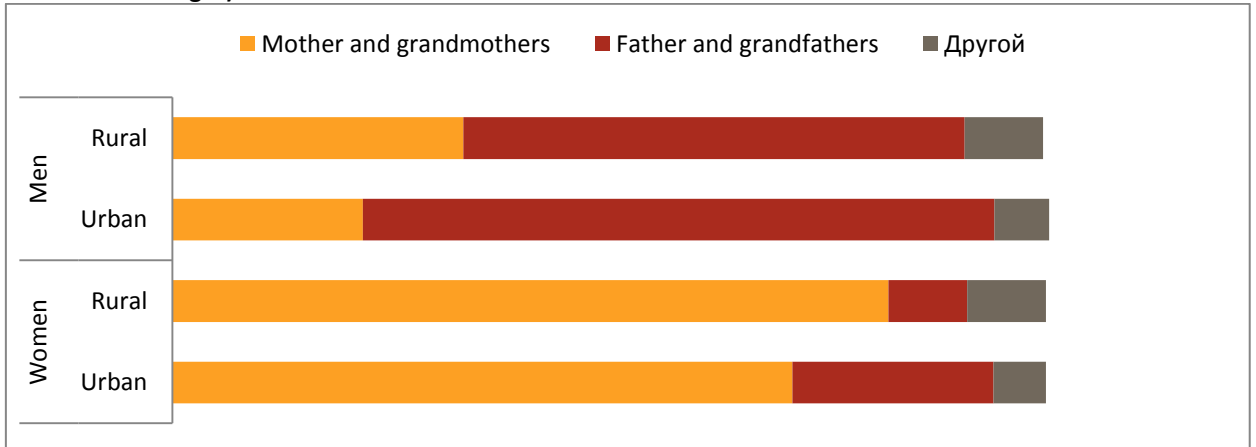
⁹ Statistical data of «Female and male population of the Kyrgyz Republic», National Statistical Committee of the Kyrgyz Republic, Bishkek, 2012, p. 126



However, the influence of the genders on the development of girls and boys is not equal. Thus, men have significantly less influence on the development of the girl (fathers – 14 percent, grandfathers – 2 percent) than women have on boys (mothers – 23 percent, grandmothers 5 percent).

The influence of men (fathers and grandfathers) on the development of boys (72 and 57 percent respectively) and girls (23 and 9 percent respectively) is higher in the cities. At the same time a higher amount of children are influenced by women in villages: boys – 33 percent as opposed to 22 percent in the city, girls – 82 percent as opposed to 71 percent in the city.

Graph 34. Who in the family had larger influence on the development of the personality of the respondents (in cities and in villages)



Nearly half of fathers/stepfathers (48 percent) rarely helped their children with their homework (52 percent) and almost the same amount of fathers/stepfathers rarely played with them (49 percent). Three out of ten fathers/stepfathers (35 percent) rarely interacted with their children.

Respondents gladly recalled the moments when their fathers played with them, except in cases of violence. They recalled being tossed, rocked on the leg, twirled around by the legs, tickled or cleaned *al'chiki* (national toys). The brightest childhood memories of the male respondents of their fathers were usually connected with playing, teaching them to ride a bicycle, car, or engaging in other activities – sport, technology or woodcutting. In contrast, in the brightest memories of female respondents the father is usually remembered as protecting, spoiling, loving and caring.

Question: Which childhood memories about your father are the brightest and the most vivid?

Male Respondents:

«When my father came home from work we would often wrestle. We would shout and make a lot of noise. My mother often tried to calm us down. She often got scared that we were having a real fight. My father always said that we are playing as men should.»

«My father took me with him wherever he went. He often drove to the sport competitions in which I took part. He always stayed and showed me his support. He taught me to drive and ride a motorcycle. I learned a lot from him. He was very outgoing and had a great sense of humor. He knew a lot of jokes. I like to joke as well. There were some darker moments. My father had a bad temper. I do as well. I inherited that from him, I suppose.»

«My father was not very emotional. He never hugged me, so I have no vivid memories of him. However, he taught me to work the fields and look after cattle.»

«I remember my father teaching me to ride a bike. He bought it, brought it home and then ran beside me as I rode the bike. It was great! There were many more wonderful moments, but I remember the bike best.»

Women:

«My father was very kind. He loved me a lot. He never helped me with my homework and rarely played with me, but he often bought me beautiful dresses and told me how beautiful I was when I put them on. He never denied me anything and always protected me.»

«My father often took me on walks in the park. My mother would be doing something around the house at the time. We would go on swings, eat ice-cream and drink lemonade. We had a lot of fun.»

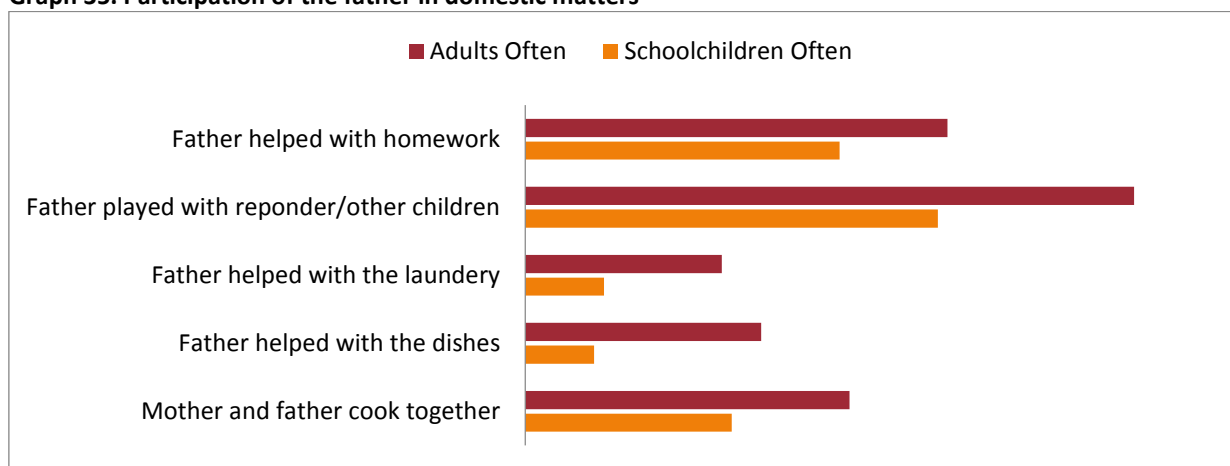
« My father once bought me a huge teddy bear. I was very happy. I still have the bear.»

Such tendencies in the answers of the research participants show that boys together with their fathers learn what is considered “male” behavior. They acquire useful skills and develop physical strength. From interaction with their fathers girls acquire self-confidence, learn to interact with the other gender and feel more protected.

Excerpt from an interview WITH social workers (talas province):

- The role of the father as the man in the family and the role of the mother as the woman are extremely important. From my own experience I know that if the father leaves the family, the children often «stumble» through life. They often have problems in their families and find it difficult to establish sound relations with their children. Girls need their fathers as much as do boys. Boys gain masculine qualities from their fathers, while girls become more aware of their femininity.

Graph 35. Participation of the father in domestic matters



Compared to their peers 15 – 20 years ago, modern schoolchildren rarely witness their mother and father are cook together (21 percent as opposed to 33 percent), their father help their mother to wash the dishes (7 percent as opposed to 24 percent), and do laundry (8 percent as opposed to 20 percent). Fathers much more rarely interact with their children (42 percent as

opposed to 62 percent) and more rarely help to with domestic work (32 percent as opposed to 43 percent).

More and more boys and girls grow in single-parent families. Less and less children experience life as the son or daughter of two parents, which leads to distorted expectations of parenting.

By analyzing the frequency of violence indicators, it is possible to conclude that the level of domestic violence did not drop significantly – children were and still are witnesses of psychological and physical domestic violence

Table 6. Indicators of domestic violence (percent)

| | Adult answers | | | 11 grade student answers | | |
|---|---------------|------|-----------------------|--------------------------|------|-----------------------|
| | Frequent | Rare | Never or almost never | Frequent | Rare | Never or almost never |
| Your parents had conflicts | | | | | | |
| Your father/stepfather was verbally insulted mother | | | | | | |
| Your mother verbally insulted your father/stepfather | | | | | | |
| Your father/stepfather hit your mother | | | | | | |
| Your mother verbally insulted you/other children | | | | | | |
| Your father/stepfather verbally insulted you/other children | | | | | | |
| Your father/stepfather hit you | | | | | | |
| Your mother hit you | | | | | | |

Six of the ten indicators of domestic violence showed a 9 – 12 percentage point improvement. One fifth (20 percent) of the students indicated that their fathers hit their mothers. One-third (24 percent) of the teens had been physically abused by their mothers and every sixth (16 percent) had regularly experienced physical abuse from their fathers.

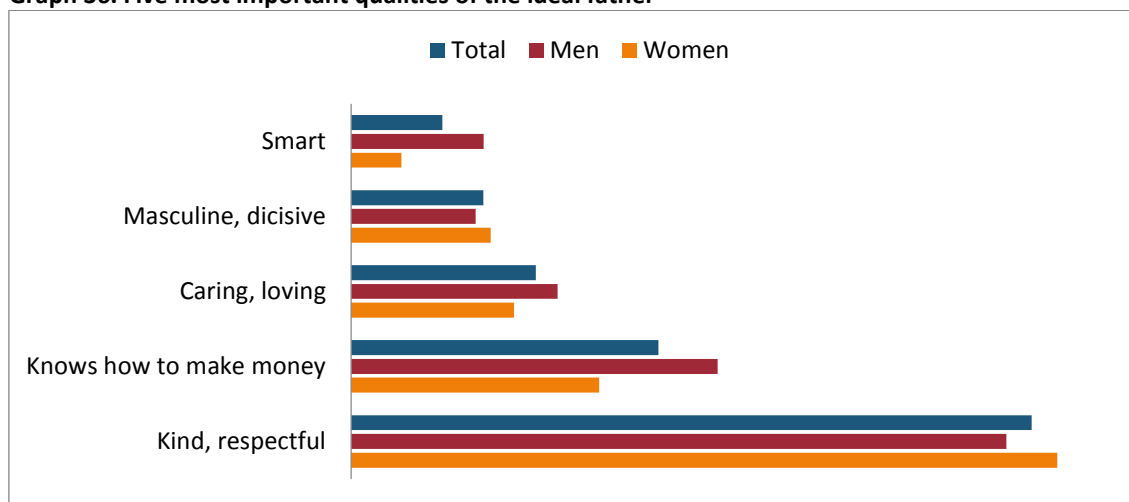
Every tenth schoolchild (12 percent) reported that his or her father drinks alcohol from several times a week to several times a month. At the same time 13 percent of the students indicated that their mothers drink only during holiday seasons. 1 percent answered that their mothers drink several times a month. Only 49 percent indicated that their fathers never or almost never drink alcoholic beverages. 86 percent reported that their mothers never or almost never drink alcohol.

One third of respondents who grew up with their father (34 percent of the men and 29 percent of the women women) do not think that their father was the best of men of their community. This group of respondents considered their brothers, uncles, teachers, their friend's fathers to be better examples. At the same time every tenth respondent indicated that «there were no men to learn from in the childhood».

Nowadays, 40 percent of school graduates do not consider their genetic fathers to be the primary example to learn from. 20 percent of children do not consider their mother to be such an example. 43 percent of girls do not want their future husbands to be like their fathers and 53 percent of boys do not want to have a wife like their mother.

The five qualities of the ideal father that were most often named by the respondents were: kindness, respectfulness, patience (90 percent), ability to earn money (40 percent), care and love to their children (24 percent), courage, firmness, strength (17 percent) and intellect (12 percent).

Graph 36. Five most important qualities of the ideal father¹⁰



Statistically important differences between male and female respondents were found only in the «ability to earn money» – this indicator is considered to be more important among the qualities of an ideal father among men (48 percent) than women (33 percent).

A family is not the place where children learn information about the questions of marriage, family, gender and sexual life. As a result, only 6 percent of school graduates are ready to discuss their relations with the other gender with their father or their mother (31 percent). Instead, they most often ask their schoolmates and friends for advice.

36 percent of school graduates had not obtained any important information regarding the psychological and physical changes in the young body. 29 percent obtained this information from their parents and 35 percent received it from the other sources.

Graph 37. Where children become aware of sex education (percent)

| Question: Who told you about...? | No one | Parents | Other | Including: |
|----------------------------------|--------|---------|-------|------------|
| | | | | |

¹⁰ The sum exceeds 100 percent, because respondents were asked to provide not more than 5 answers

| Psychological and physiological changes in the body of teenage boys and/or girls (adolescence) | | | | Teacher – 12 percent Relatives - 8 percent |
|--|--|--|--|---|
| How did your parents meet and get married? | | | | |
| At what age it is normal to get married? | | | | Friends – 5 percent Relatives – 7 percent |
| How to maintain proper hygiene? | | | | Teacher – 8 percent Doctor – 5 percent |
| What relations should there be between a boy and a girl? | | | | Friends – 13 percent |
| Regarding infections, sexually transmitted diseases and HIV | | | | Teacher – 34 percent Doctor – 13 percent |
| At what age and when it is normal to begin sexual activity? | | | | Teacher – 9 percent, Friends – 5 percent |
| How can you prevent unwanted pregnancy? | | | | Teacher – 14 percent Doctor – 5 percent |
| Regarding pregnancy | | | | Teacher – 6 percent, Doctor – 2 percent |

Only three-fifth of parents (77 percent) passed the experience of creating a family on to their children and told them about how they met, became friends and got married. One-third of parents do not pay attention to questions like at what age it is best to create a family and have children or how to maintain proper hygiene. Even more rarely did parents discuss issues like STIs (23 percent), proper age of the first sexual experience (27 percent), pregnancy (29 percent) contraception (20 percent) with their children. The fact that fathers almost never discuss the issues presented in the table is also important: the highest rate of the participation of fathers - 4 percent, is related to the question of how the respondents' parents met and got married. In other matters participation of fathers in education of their children does not exceed 1,5 percent, which is negligibly small compared to other sources of information.

Schools and medical workers are the most common sources of information in these matters. Thus, for example, a relatively high percentage of schoolchildren (34 percent) were informed about STIs and HIV by their teacher. 13 percent were informed by their doctor. Schools and medical workers also play a significant role in questions like pregnancy and its prevention, maintenance of proper personal hygiene and psychological and physiological changes during adolescence.

It is very important to provide proper information regarding healthy lifestyle, HIV and STIs because a significant percentage of teenagers engage high-risk activities. By the end of 11th grade 55 percent of schoolchildren surveyed had tried beer, wine and champagne, 30 percent

were smoking cigarettes and shisha, 25 percent had tried vodka or cognac, 11 percent had tried *nasvay* and 4 percent had taken drugs.

The level of risky behavior among the schoolchildren is higher among boys and in village schools than among girls and in cities.

8. CHILDBIRTH PREPARATION SCHOOLS

The study showed that women do not always have the opportunity to register for maternity residence, be observed by a doctor or attend schools of childbirth preparation. One reason for this is that by law, the financing of the Republic's Centers of Family Medicine is determined by the amount of people living in the surrounding area. The healthcare Ministry of the Kyrgyz Republic is in the process of developing new legislature that would allow women to be admitted even if they come to a CFM away from their area of residence.

Excerpt from an interview with a CFM (center for family medicine) gynecologist (outskirts of Bishkek):

- It used to be compulsory for a woman to have had all the necessary examinations and tests before she could take time off work. Nowadays, I have no mechanism by which I could force women to come in for regular examinations. I cannot make the wives, let alone the husbands, visit childbirth preparation classes. Internal migration causes a lot of paperwork issues. Oftentimes, after a woman misses some examinations, I have to look for her only to find that she had already moved to a new apartment. I end up having to call them on their cell phones and ask them to come in for tests and to take all the paperwork that other doctors would need. Future parents need to feel more responsible for their health. As it is, it seems that the doctors care more of the future about the children than the parents.

It is often reported that *women tend to see doctors only at the later stages of pregnancy. «They come from villages or from Russia in the last months of pregnancy. People have very little sense of responsibility for their health. They come to hospitals with high blood pressure or having developed a bleeding. Later we find out that they have a whole mixture of STIs, and we are to blame. This is wrong. People should take responsibility for their health.»* - commented on of the doctors interviewed.

It is the opinion of many gynecologists that *they have no mechanisms to stimulate women to perform timely checkups or attend schools of childbirth preparation. Many medical workers said that they do not know how to increase the impetus among*

women to take care of their health and practice preventative medicine.

In some of the surveyed Centers of Family Medicine, gynecologists find it difficult to have as few three to five people attend a childbirth preparation class. They inform women of the most important aspects of the process during their checkup sessions. In terms of paperwork, individual classes are often listed as group sessions, which distorts later data processing. This decreases the overall quality of preparation. Regular classes include practical exercises as well as theoretical knowledge. Clearly, this is impossible to achieve at an individual meeting, with other patients waiting in the corridor.

There are some schools which are very difficult to get into. Their groups fill up very quickly and women have to sign up in advance in order to attend.

Standard curriculum of childbirth preparation schools includes the following subjects: basic concepts, physiology of pregnancy, nutrition during pregnancy, physiology of female genital development by pregnancy trimesters, drug-free methods of pain relief, breastfeeding, contraception, postnatal period, and newborn care. All themes are divided into 5-8 sessions lasting 1.5-2 hours, 3 sessions are recommended for the partners.

Some schools include subjects such as the history and traditions of childbirth, religious and psychological aspects of childbirth and the role function of the partner.

Many participants said that *there is a need for informational materials regarding nutrition during pregnancy, safe motherhood, STIs and HIV for men because most of what there is targeted at women. This creates the impression that these are purely «female» questions.*

Excerpt from interviews with heads of childbirth preparation schools:

- The number of religious people has increased recently. In extreme cases, women are not allowed to visit hospitals. Men do not want to participate in the process of childbirth. Some women refuse or are not allowed to go into labor/surgery or have ultrasound examinations if the doctors are male. All of this is motivated by traditions and Islam.

This is why we included topics like the history and traditions of childbirth in the curriculum. We tell people that it was always customary to help pregnant women, to free them from hard work and support them. Women never used to give birth alone – there were always people near her to help and support her. We also speak of the Quran, that nowhere in it does it say that only women can attend childbirth, but that it speaks of the importance of safety of both the mother and the child.

After many years of work we are beginning to see men who actively participate. This tendency should be supported. (Bishkek)

- Men, and sometimes women, are very difficult to convince to attend childbirth preparation classes. Men who do attend are usually young. I have never seen men over 35 years old at any of my sessions, those who come are usually educated and intelligent, those who want to help their wives to ensure successful pregnancies and the birth of health children. Some are less educated. They run as soon as they hear the word «sex». The level of education is very low among the people here. Some families barely know how to spell their last name, let alone care about coming to preparation classes and the future of their children. We need to raise the general awareness level and show good examples. (Talas province)

Many noted that *there is a need for accessible handout materials written in simple language. They should be colorful and written in big fonts. We had some leaflets «You are having a baby,» but they were so long that even women did not have enough time to read them or could not understand what they said.*

Excerpt from an interview with a married couple (Chui province):

- My husband never came to those sessions. I brought home some handouts. My older daughters read them, but my husband only looked at the pictures. He never had the time. He works in construction, so he is very busy and often tired. If men in the Chui valley don't read the booklets, I imagine it must be very bad in the remote villages.

According to the medical workers of the Talas province, many childhood preparation schools have staff that are not sufficiently trained. *50 percent of the total number of people who work in the province's childhood preparation schools work without sufficient qualifications.*

Some interviewees said that there is a lack of information materials appropriate for the needs and mentality of the population. They believe that educational films should be locally produced – *«we need recognizable faces, our hospitals, our maternity wards, not education films from Africa.»*

Gynecologists often have classes with family couples, where they discuss the most important aspects of pregnancy and childbirth.

According to the medical workers surveyed, there are many benefits when both men and women attend childbirth preparation classes. *Men take better care of their wives and children, is more careful about contraception and more attentive during the postnatal period.* There are very few men who attend childbirth preparation sessions. Even those who come are often insecure and ask few questions. *It is not a commonly held opinion that men can and should try to understand pregnancy-related issues.*

Excerpts from interviews with married couples:

- My husband and I often visit hospitals and medical examinations together. He came to my ultrasound examination. He often asks if he can come with me. When I was invited to attend childbirth preparation classes, we went together. All the women who were there were surprised to see a man in the class. My husband was very shy because it is not customary for men here to stand by women. I think that if more men came, no one would be shy. Some women were not happy that he came. They said that they would not like to discuss some matters in front of a man. All in all, I am very proud of my husband. He came and that means he loves me and cares about me. I think some women were just jealous. (24-year-old woman, Talas province)

- Once, when I brought my wife to the classes, her doctor asked me to come in. I thought these were classes only for women. When I came into the classroom, I saw a lot of pregnant women and two men in the back of the class. Neither they nor I ever came again. I would bring my wife to the classes and wait outside. Later, she would tell me what the trainer told her. (27-year-old man, Talas)

With hindsight, women speak very positively of preparation classes they had attended: *Our classes were very good. We spoke of labor, about how to breathe and what to do, etc. We were taught some gymnastics to help with the process. There were lectures about breastfeeding and contraception while breastfeeding, and about infant nutrition. They gave us a list of the things we need to take with us when we go to the maternity ward and many other useful things. The classes were very beneficial and I am glad I went, even though this was my second pregnancy.»*

There were also some complaints, such as *instructors and other students being late, monotonous lectures, insufficient handouts and excessively formal approach.*

The main reasons for the low level of attendance of childbirth preparation classes are as follows:

- Insufficient level of responsibility among men and women about their health and the health of their children;
- Absence or loss of the culture of caring after pregnant women and small children;
- Employment-related scheduling issues;

- Exclusively woman-oriented school names;
- Woman-centered curriculum;
- Extra transportation expenses for people living in rural areas;
- Insufficient level of qualification of trainers and instructors;
- Insufficient information sources for men;
- Insufficient information sources appropriate to the population's national and religious characteristics;
- Insufficient positive examples of responsible fatherhood;
- Reappearance of patriarchal and religious views on the issues of family planning, pregnancy, childbirth and parenting.

excerpts from expert interviews:

- Men should visit these schools as well. They should be called «schools of motherhood and fatherhood» or «family schools.» The name should be certainly changed and specify that men should come as well. (representative of a perinatal center)

- The names of these schools are inappropriate. They do not specify gender. I think that a change in the names «parental schools of childbirth preparation» for example, would make it clearer that both men and women can come. Men should take active part in the questions of family planning, births and abortions. The names should be changed as well as the curriculum to make the schools more attractive and interesting for men. We could explain, for example, why it is that the woman's habits, taste preferences and temper may change and how the men can handle this change. We should move away from a purely medicinal approach to these questions and start discussing the psychological aspects of childbirth as well. (gender expert, Bishkek).

- The name must, of course, be changed, but that is the simplest thing to do. We need to work with how the people think, with their mentality. This is not a year's job, but these questions must be asked and we must find solutions. We need a good information campaign. We need to find good examples from our past and our present to show that a man can remain strong and use that strength to help his pregnant wife and his children. (gender expert, Bishkek)

- In today's humane society as soon as a child is born, the state begins to help them. The parents are given welfare money, everyone sympathizes with the parents, and so they look like victims and feel like everyone should help them. None things about how these things happen. All too often it is the parents' fault that the pregnancy did not go so well. Some do not take regular examinations, and find out that they have a range of STIs too late. Everyone should know that they are responsible for their children. How do you explain to a child that he or she has health problems because his mother did not go to a doctor on time or because his father used to drink too much? Parenting should be responsible. This should be the norm for all of us. (representative of local administration, Bishkek)

It is beyond any doubt that childbirth preparation schools must be developed. However without effort directed at altering traditional stereotypical norms in the issues of pregnancy, childbirth and childcare, any change in the naming of the schools, their schedule or their curriculum will be effective only after a very long period of time. Increased male participation in the processes related to childbirth must be coupled with an increase in the overall increase in the sense of popular responsibility about the future of the country's children. All this makes it all the more important to conduct work directed at increasing the standard of living and the level of

education of the population. Much too often today people ask the question – what is more important – survival or health?

9. EFFECTS OF MALE INVOLVEMENT IN THE QUESTIONS OF FAMILY PLANNING, MATERNAL HEALTH, SAFE LABOR, STIS AND DOMESTIC VIOLENCE

This chapter presents the results of the correlation analysis, the purpose of which was to establish how male involvement in the issues is correlated to the indicators of family planning, maternal health, sexually transmitted infections, domestic work, participation in child care, men's relationship to their wives during pregnancies and domestic violence and to find out what interfamily practices affect the children's future family life most.

The estimation of the relationships between qualitative characteristics was performed with the use of mutual contingency tables. Spearman rank correlation coefficient was used to determine the closeness of the connection used. The final coefficient values were calculated by comparison with the critical value at the level of significance of $p \leq 0,05$. Spearman correlation coefficient calculation was performed with SPSS.

The Spearman coefficients presented in table 8-11 for the appropriate n are above critical value (i.e. $|r| > r_{critical}$), the correlation, therefore is significant at the level of $p=0,05$.

This means that the following can be stated, as regards the respondents' childhood experience with the probability of five percent: (table 8, appendix 1):

- 1) The father is more likely to take children to extracurricular courses in families that live separately from the grandparents;
- 2) The more often the father physically abuse the wife, the less he took care of her when she was sick;
- 3) Girls want to have husbands alike to their fathers in families where the father played with his children and his daughters could share their problems and worries with him;
- 4) The more often the parents argue, the more often the husband beats the wife; and the more often the husband beats the wife the less often the daughter will want a similar husband like him;
- 5) The more often the parents fought and the more often the father physically abuse his wife and the respondent, the less often was he an example of a good man for the respondent;
- 6) The more often the parents fight and the more often the father verbally insults his wife, the more often does he physically abuse her and the more often does she physically abuse the children.

The analysis of the correlation coefficients as regards the husband's involvement in the last pregnancy makes it possible to state the following with the probability of five percent: (table 9, appendix 1)

- 1) The more interested the husband is in the development of the fetus, the more often he reminds his wife about the importance of regular hospital visits and the more he cares

about breastfeeding, the more does the wife want her son to help his wife help his wife to bathe, swaddle and care after their child.

- 2) The more the husband cares that his wife has enough sleep and rest during pregnancy, the more likely he is to take into account her wishes regarding sexual activity.
- 3) The more often the partners discuss contraception, the more likely is the husband to hold a positive opinion about contraception.
- 4) If the partners had discussed contraception, the husband cared more about protected sex in the time after the birth of a child.
- 5) The better opinion the husband holds of contraception, the more regularly the couple uses their preferred form of contraception and the more the husband cares about protected sex in the time after the birth of a child.
- 6) The more often a couple used contraception, the more likely the husband is to help his wife to take care of the baby.
- 7) The more the husbands takes care of his wife when she is sick , the better opinion he holds of contraception

Spearman coefficient correlation analysis of various factors and the rate of domestic violence (table 10, appendix 3) showed that in some cases the correlation is negative. This means that with the increase of certain factors the rate of violence against women drops.

The data presented in table 10 of appendix three allows one state with a five percent probability that:

The more often:

- The man took care of his wife when she was ill,
- The husband made sure his wife had enough sleep and rest after pregnancy,
- The husband was interested in the progress of the pregnancy and the development of the fetus and accompanied his wife on ultrasound examination,
- The husband cared about breastfeeding,
- The husband abstained from sexual activity after childbirth,
- The husband reminded his wife about the importance of regular hospital visits during pregnancy,
- The more satisfied the couple was with their sexual life,

The less violence the husband directed at his wife.

The data presented in table 11 (appendix 4) supports the thesis that a raise in domestic violence directed at women causes a rise in the overall level of family violence.

In some cases, the correlation coefficients reach the value of 0.8, which signifies a high level of dependency.

With a five percent probability, one can say that:

- The more often the husband physically abuses his wife the more often he physically abuses his children;
- The more often the husband physically abuses his wife the more likely she is to respond with physical abuse;
- The more often the couple engages in verbal arguments and verbally abuses each other, the more likely is psychological abuse turn into physical abuse. It is more common for women to be physically abused by their husbands than for the husbands to be abused

by their wives, and the more often the husband physically abuses the wife the more often the wife physically abuses her children.

Some factors were shown to have strong correlation with the area of residence.

In rural areas:

- Men speak or give advice to their children less often ($r=0,280$ at $r_{crit}=0,135$).
- Men are less interested in the progress of their wives' pregnancies ($r=0,374$ at $r_{crit}=0,117$).
- Men less often remind their spouses about the importance of regular hospital during pregnancy visits ($r=0,304$ at $r_{crit}=0,095$).
- Men are less likely to make sure their wives have enough sleep and rest after pregnancy ($r=0,365$ at $r_{crit}=0,184$).
- Men less often abstain from sexual activity in the postnatal period ($r=0,316$ at $r_{crit}=0,095$).
- Adult men and women are less likely to want their son to help his wife to take care of their baby ($r=0,206$ at $r_{crit}=0,082$).
- There is more verbal and physical domestic abuse ($r=0,253$ at $r_{crit}=0,088$).
- Girls are less likely to want their future husbands to be like their fathers ($r=0,223$ at $r_{crit}=0,117$).

The level of education is noticeably correlated only with the rate of contraception use. The correlation is positive. The higher is a couple's level of education, the more likely they are to discuss and use contraception. ($r=0,37$ at $r_{crit}=0,082$).

The family's income is positively correlated to the use of contraception and the men's opinion of contraception ($r=0,178$ at $r_{crit}=0,082$).

The family's income is negatively correlated with the rate of domestic violence. In poorer families domestic violence occurs more often. ($r=0,265$ at $r_{crit}=0,135$).

At the same time no correlation was identified between the care that husband shows towards his wife's health as well as the questions of FP and MH and his willingness to help his wife with housework.

There is also no correlation with how often the father helps with the housework and the extent to which he is seen as a positive example of a father and a husband by his children.

The analysis confirmed the research hypothesis. Increased male involvement in the questions of family planning, maternal health, family health and domestic violence sexually transmitted infections and fatherhood would (1) allow for more trust in familial relations and decrease the amount of unwanted pregnancies as well as abortions; (2) improve the health of mothers, fathers and children as well as the processes of labor and the postnatal period; (3) pass on sound moral principles to the next generation of boys and girls.

10. RESEARCH CONCLUSIONS

- 1) Men are not sufficiently involved in the questions of family planning, maternal health, family health and domestic violence sexually transmitted infections and fatherhood. This is confirmed by the following statistics:
 - It is difficult for employed men to combine work and family responsibilities: 70 percent of them work over 40 hours a week. 54 percent of the men have only one day off a week. In two-thirds of the families (64 percent) the husband earns more than the wife and is the family's main breadwinner.
 - 28 percent of the men surveyed never accompanied their wives on hospital visits at the time of her last pregnancy.
 - 43 percent of the men did not see the ultrasound nor heard the heartbeat of their future child, although half of them (49 percent).
 - Only one in ten men (10 percent) was present during childbirth.
 - One in six female respondents (16 percent) received no extra money for transportation, medication, fruit, vegetable or meat during her last pregnancy.
 - 34 percent of the husbands never asked about the progress of the pregnancy, 26 percent never reminded their wives of the importance of regular checkups, 20 percent were not interested in the matter of breastfeeding, 16 percent did not take care that their wives got enough sleep and rest during pregnancy and after giving birth.
 - A third of the husbands (33 percent) did not abstain from sexual activity after their wives had given birth. 37 percent did not always use contraception after the pregnancy.
 - A fifth of the husbands (22-23 percent) never helped their wives take care of the baby (bathing, swaddling, laundering, bottle-feeding) and did not help with housework (cooking, cleaning)
- 2) The children's family norms are formed under the influence of the negative and positive experiences the children receives in the context of the relationship between their parents. The positive experience is carried over into future family life by accepting the parents' relationship as the model for family relationships in general. Negative experience is thought of as inappropriate and unwanted. In practice, however, negative inherited norms and stereotypes are often impossible to shed.
- 3) There is a downward trend in the parents' involvement in the lives of their children and the formation of their personalities. Parents, and especially fathers, are less and less often seen as good examples by their children. More and more boys and girls grow up with limited participation from their fathers. As a result, there is less and less positive and negative experience on which they can base their understanding and expectations of family life, fatherhood and the role of the man in the family. Especially important is the fact that more and more boys in rural areas are brought up exclusively by their mothers. This leads to wider acceptance among them of female coping and problem-solving strategies. This can be supported and exemplified by the following:

- 20 percent of the schoolchildren surveyed reported that they live away from their biological fathers. 7.5 percent live without their biological mothers. The rest, 72 percent, live in families consisting of both biological parents.
 - Women have more effect on the upbringing of girls (mothers – 62 percent, grandmothers – 15 percent). Boys are more affected by men (fathers – 50 percent, grandfathers – 13 percent). However, the influence of the genders on the development of girls and boys is not equal. Thus, men have significantly less influence on the development of the girl (fathers – 14 percent, grandfathers – 2 percent) than women have on boys (mothers – 23 percent, grandmothers 5 percent).
 - One third of respondents who grew up with their father (34 percent of the men and 29 percent of the women) do not think that their father set a good example for them. 40 percent of modern schoolchildren do not consider their father the best example of a man in their surroundings, 20 percent do not think that their mother sets a good example. 43 percent of the girls surveyed did not want their husbands to be like their fathers, and 53 percent of the boys did not want a wife like their mother.
- 4) By the time children graduate from school they had already formed the stereotypical moral principles that later prevent men from taking active part in their wives' pregnancies and labor as well as parenting. A significant proportion of the surveyed schoolchildren hold a negative opinion of young men who: are interested in the progress of their partners' pregnancy (25 percent), accompany their wives on hospital visits (15 percent), help their partners to take care of the baby (11 percent), help their partners with housework during and after the pregnancy (6 percent). 26 percent of the boys and 40 percent of the girls said they would not approve of the man participating in the processes of labor or being present during labor.
 - 5) Correlation analysis confirmed the proposed research hypothesis. The involvement of men in the questions of FP, MH, SH, DV, STIs and fatherhood has the following effects: improved family relations, increases the demand for quality RH services among both men and women, increased rate of contraception use, decreased amount of unwanted pregnancies, decreased abortion rate, improved maternal health, paternal health and child health, improved labor and postnatal period, decreased rate of domestic violence, and better moral principles being passed on to the next generation of boys and girls. Male involvement in the questions of FP, MH, SH, DV, STIs and fatherhood is beneficial for both the family and the state.
 - 6) Among the factors that condition the difference in the rate of male involvement in the aforementioned questions in rural and urban areas are the following: level of education, rural poverty, traditionalism and acute social problems. These factors must be taken into consideration in the development of national strategies aimed at increasing male involvement in the questions of FP, MH, SH, DV, STIs and fatherhood.
 - 7) Male involvement in the questions of FP, MH, SH, DV, STIs and fatherhood is closely related to how much care men give their pregnant wives (sufficient sleep and rest during and after pregnancy, appropriate diet, breastfeeding, ultrasound examination visits, helping their children with their homework, communication, responsible parenting and family planning). Responsible parenting also depends on the male involvement in the upbringing of their children, especially in rural areas. Men need to be more informed in regard to legal and appropriate age of marriage and the effects of STIs on the female body. Alcohol consumption rate and the men's ability to resolve family conflicts are both negatively correlated with male

involvement in the questions of FP, MH, SH, DV, STIs and fatherhood. No significant correlation was identified between male involvement and the amount of housework men do.

- 8) An increase in male involvement in the questions of FP, MH, SH, DV, STIs and fatherhood can only be achieved by programs specifically designed for numerous target groups: schoolchildren, young people and married couples.

11.APPENDIX

APPENDIX 1. TABLE 7. SPEARMEN CORRELATION COFFICIENTS (CHILDHOOD EXPERIENCE)

| Factors | | r | Asymp. Std. Error | Approx. Tb | Appro x. Sig. | Critical r |
|---|----------------------|---|-------------------|------------|---------------|------------|
| How often does your husband take your children to school * Do you live separately or together with your parents or the parents of your husband? | Spearman Correlation | | | | | |
| | N of Valid Cases | | | | | |
| How often did your father/stepfather physically abuse your mother * How often did your father/stepfather care after your mother if she was ill? | Spearman Correlation | | | | | |
| | N of Valid Cases | | | | | |
| I would like my husband to be like my father * How often did your father/stepfather play with you or other children? | Spearman Correlation | | | | | |
| | N of Valid Cases | | | | | |
| I would like my husband to be like my father * How often did you share your worries and problems with your father? | Spearman Correlation | | | | | |
| | N of Valid Cases | | | | | |
| How often did your parents fight * I would like my husband to be like my father. | Spearman Correlation | | | | | |
| | N of Valid Cases | | | | | |
| How often did your father/stepfather verbally insult your mother * I would like my husband to be like my father. | Spearman Correlation | | | | | |
| | N of Valid Cases | | | | | |
| How often did your father/stepfather | Spearman Correlation | | | | | |

| | | | | | | |
|---|----------------------|--|--|--|--|--|
| physically abuse your mother * Who of the men in your surroundings was the main example for you? | N of Valid Cases | | | | | |
| How often were you physically abused by your father/stepfather? * Who of the men in your surroundings was the main example for you? | Spearman Correlation | | | | | |
| | N of Valid Cases | | | | | |
| How often did your parents engage in verbal arguments? * Who of the men in your surroundings was the main example for you? | Spearman Correlation | | | | | |
| | N of Valid Cases | | | | | |
| How often did your father/stepfather physically abuse your mother? * how often were you physically abused by your mother? | Spearman Correlation | | | | | |
| | N of Valid Cases | | | | | |

APPENDIX 2. TABLE 8. SPEARMEN CORRELATION COFFICIENTS (MALE INVOLVEMENT IN LAST PREGNANCY)

| Factors | | r | Asymp. Std. Errora | Approx. Tb | Approx. Sig. | Critical r |
|--|----------------------|---|--------------------|------------|--------------|------------|
| Your husband was interested in the progress of your pregnancy and the development of the fetus. * I want my son to help his wife to take care of their baby | Spearman Correlation | | | | | |
| | N of Valid Cases | | | | | |
| During your last pregnancy, did your husband make sure that you had enough sleep and rest? * Does your husband always take into account your wish to have sex? | Ordinal by Ordinal | | | | | |
| | N of Valid Cases | | | | | |
| Have you and your husband ever discussed contraception? * What opinion does your husband hold of contraception? | Spearman Correlation | | | | | |
| | N of Valid Cases | | | | | |
| Have you and your husband ever discussed contraception? * During your last pregnancy, did your husband care of using contraception in the postnatal period? | Spearman Correlation | | | | | |
| | N of Valid Cases | | | | | |
| What opinion does your husband hold of contraception? * How regularly do you use contraception? | Spearman Correlation | | | | | |
| | N of Valid Cases | | | | | |
| How regularly do you use contraception? * Did your husband help you to take care of the baby after your last pregnancy? | Spearman Correlation | | | | | |
| | N of Valid Cases | | | | | |
| How often does your husband take care of you if you are ill? * What opinion does your husband hold of contraception? | Spearman Correlation | | | | | |
| | N of Valid Cases | | | | | |
| Did your husband care of contraception after your last | Spearman Correlation | | | | | |

| | | | | | | |
|--|------------------|--|--|--|--|--|
| pregnancy? * What opinion does your husband hold of contraception? | N of Valid Cases | | | | | |
|--|------------------|--|--|--|--|--|

APPENDIX 3. TABLE 9. CORRELATION OF THE FOLLOWING FACTORS WITH DOMESTIC VIOLENCE

| Factors | | r | Asymp. Std. Errora | Approx. Tb | Approx. Sig. | Critical r |
|--|----------------------|---|--------------------|------------|--------------|------------|
| Husband takes care of his wife when she is ill | Spearman Correlation | | | | | |
| | N of Valid Cases | | | | | |
| How satisfied are you with your sexual relations with your husband? | Spearman Correlation | | | | | |
| | N of Valid Cases | | | | | |
| Was your husband interested in the progress of your last pregnancy and the development of the fetus? | Spearman Correlation | | | | | |
| | N of Valid Cases | | | | | |
| Did your husband remind you of the necessity of regular hospital visits? | Spearman Correlation | | | | | |
| | N of Valid Cases | | | | | |
| Did your husband care about breastfeeding? | Spearman Correlation | | | | | |
| | N of Valid Cases | | | | | |
| Did your husband make sure that you had enough sleep and rest after your last pregnancy? | Spearman Correlation | | | | | |
| | N of Valid Cases | | | | | |
| Did your husband abstain from sexual activity after your last pregnancy? | Spearman Correlation | | | | | |
| | N of Valid Cases | | | | | |

APPENDIX 4. TABLE 10. THE CORRELATION OF THE FOLLOWING FACTORS WITH THE RATE OF DOMESTIC VIOLENCE

| | | | | | | |
|---|----------------------|--|--|--|--|--|
| Verbal arguments between husband and wife | Spearman Correlation | | | | | |
| | N of Valid Cases | | | | | |
| Husband verbally abuses wife | Spearman Correlation | | | | | |
| | N of Valid Cases | | | | | |
| Wife verbally abuses husband | Spearman Correlation | | | | | |
| | N of Valid Cases | | | | | |
| Wife verbally abuses children | Spearman Correlation | | | | | |

| | | | | | | |
|--------------------------------------|----------------------|--|--|--|--|--|
| | N of Valid Cases | | | | | |
| Wife responds with physical violence | Spearman Correlation | | | | | |
| | N of Valid Cases | | | | | |
| Wife physically abuses children | Spearman Correlation | | | | | |
| | N of Valid Cases | | | | | |
| Husband physically abuses children | Spearman Correlation | | | | | |
| | N of Valid Cases | | | | | |