

J Interpers Violence. Author manuscript; available in PMC 2014 April 01.

Published in final edited form as:

J Interpers Violence. 2014 March; 29(5): 866–888. doi:10.1177/0886260513505907.

Gender, Power, and Intimate Partner Violence: A Study on **Couples From Rural Malawi**

Amy A. Conroy University of Colorado Denver, CO, USA

Abstract

Gender-based power imbalances are perhaps the most compelling underlying explanation for intimate partner violence (IPV) among women in sub-Saharan Africa. However, an overemphasis on female victimization results in an incomplete understanding of men's experiences as victims and the broader dyadic context in which violence occurs. This study examines the role of three domains of relationship power (power resources, processes, and outcomes) on sexual and physical IPV victimization in a unique sample of 466 young couples from Malawi. Two power resources were studied, namely, income and education level. Power processes were captured with a measure of couple communication and collaboration called unity. Power outcomes included a measure of relationship dominance (male dominated or female-dominated/egalitarian). Multilevel logistic regression using the Actor Partner Interpersonal Model framework was used to test whether respondent and partner data were predictive of IPV. The findings show that unity and male dominance were salient power factors that influenced young people's risk for sexual IPV. Unity had a stronger protective effect on sexual IPV for women than for men. Involvement in a maledominated relationship increased the risk of sexual IPV for women, but decreased the risk for men. The findings also showed that education level and unity were protective against physical IPV for both men and women. Contrary to what was expected, partner data did not play a role in the respondent's experience of IPV. The consistency of these findings with the literature, theory, and study limitations are discussed.

Keywords

| physica | l abuse; sexual | l coercion; power; | APIM; Malawi | |
|---------|-----------------|--------------------|--------------|--|
| | | | | |

Introduction

Intimate partner violence (IPV) is an important public health issue of global significance. In industrialized settings, the lifetime prevalence of physical or sexual violence among everpartnered women ranges from 15% to 37% (Garcia-Moreno, Jansen, Ellsberg, Heise, & Watts, 2006). Comparable data from sub-Saharan Africa suggest that violence may be more widespread in this region, with a range of 36% to 71% (Garcia-Moreno et al., 2006). IPV is generally understood to include physical, sexual, and psychological abuse within close relationships (Heise & Garcia-Moreno, 2002; Jewkes, 2002). For women, the negative

Corresponding Author: Amy A. Conroy, Department of Health and Behavioral Sciences, University of Colorado Denver, Campus Box 188, P.O. Box 173364, Denver, CO, 80217, USA. amy.conroy@ucdenver.edu.

Declaration of Conflicting Interests

[©] The Author(s) 2013

consequences of IPV can be quite severe with significant impacts on physical, reproductive, sexual, and mental health (Campbell, 2002; Garcia-Moreno et al., 2006).

Previous research on IPV in sub-Saharan Africa has primarily focused on women as victims of men's abuse. A multiplicity of social factors contribute to IPV against women in sub-Saharan Africa, including alcohol use and abuse (Koenig et al., 2003; Zablotska et al., 2009), substance abuse (Wechsberg, Luseno, & Lam, 2005), experience of childhood abuse and parental violence (Gass, Stein, Williams, & Seedat, 2011), supportive attitudes toward wife-beating (Alio et al., 2010; Koenig et al., 2004), and having outside sexual partners (Abrahams, Jewkes, Hoffman, & Laubscher, 2004). Marriage has also been labeled as a risk factor for IPV among women from Uganda (Koenig et al., 2003; Zablotska et al., 2009) and Zimbabwe (Watts, Keogh, Ndlovu, & Kwaramba, 1998). In Uganda, approximately 34% and 16% of currently married women aged 15 to 24 had experienced physical violence and sexual coercion, respectively (Zablotska et al., 2009). In the same study, never-married women reported significantly lower levels of physical and sexual IPV (10% and 7%, respectively; Zablotska et al., 2009). Young age is also associated with higher levels of IPV in sub-Saharan Africa (Abramsky et al., 2011; Bazargan-Hejazi, Medeiros, Mohammadi, Lin, & Dalal, 2012; Koenig et al., 2004; Were et al., 2011). In a sample of young women aged 15 to 26 from South Africa, approximately 23% had experienced at least one episode of physical or sexual IPV during their lifetime (Jewkes, Dunkle, Nduna, & Shai, 2010).

Gender-based power imbalances are perhaps the most compelling underlying explanation for IPV (Blanc, 2001). Among studies that explicitly measure relationship power, IPV victimization is more common among women with lower levels of power in their relationships (Dunkle et al., 2004; Jewkes et al., 2010). Multiple pathways have been proposed to explain the relationship between power inequality and IPV against women in sub-Saharan Africa and involve male dominance, gender roles, and economic resources (Choi & Ting, 2008).

Historically, many African societies were organized according to patrilineal systems of decent and inheritance that allowed men to dominate household decision making and control over resources (Caldwell, Caldwell, & Orubuloye, 1992). Consequently, violence may be more likely in male-dominated relationships due to women's submission to the head of the household (Choi & Ting, 2008). Studies from the United States, Korea, and Hong Kong offer empirical support for this theory (Coleman & Straus, 1986; Kim & Emery, 2003; Tang, 1999). While less research has specifically studied male dominance and IPV in sub-Saharan Africa, studies have consistently found that egalitarian decision making is associated with a reduced acceptance of abusive actions against women (Hindin, 2003; Mann & Takyi, 2009; Uthman, Lawoko, & Moradi, 2009).

In Africa, traditional gender roles and socialization patterns implicitly or explicitly dictate what men and women do and how they behave (Shettima, 1998). Several explanations have been offered to elucidate how gender roles relate to violence. First, a husband's right to punish his wife or demand sex are often condoned and considered socially acceptable (Jewkes, 2002). A second explanation relates to the "transgression from conservative gender roles" hypothesis, which posits that as women gain more power in society, deviate from traditional gender roles, or challenge male privilege, men feel threatened and resort to violence as a form of resistance (Jewkes, 2002). A third perspective argues that men who lack resources associated with the breadwinning role use violence to express their frustrations on women (Gelles, 1974), an explanation recently labeled as the "compensation" hypothesis by Choi and Ting (2008).

Resource theory has been widely applied to study how economic inequalities related to gender roles increase women's risk for IPV. According to resource theory (Foa & Foa, 1980), women with less resources become economically dependent on their partners, which in turn limits their negotiating power over sex and their ability to mitigate physical violence. In South Africa, women who received financial support through microcredit loans were significantly less likely to report either physical or sexual IPV (Pronyk et al., 2006). Furthermore, higher education has been shown to reduce the risk for physical IPV in Ugandan women (Karamagi, Tumwine, Tylleskar, & Heggenhougen, 2006), South African women (Gass et al., 2011), and in a sample of women from seven African countries (Were et al., 2011).

Less is known about the frequency of IPV victimization among African men and what the underlying correlates may be. Though female-perpetrated violence is often less severe in terms of injuries than violence committed by males (Archer, 2000), some evidence from Uganda shows that approximately 20% of women reported verbally or physically abusing their male partner (Koenig et al., 2003). Similarly, Gass and colleagues (2011) found that rates of physical abuse victimization were equally high among both men and women in South Africa (21% vs. 29%). In the West, scholars had initially posited that men's victimization of physical violence could be explained by reciprocal violence or from women defending themselves against violent men (Archer, 2000). Research on reciprocal violence has been plagued by a number of methodological issues, such as self-reporting bias and IPV measurement, that initially made women appear less violent (Archer, 2000). In sub-Saharan Africa, a large couples study offers credence to the theory that male victimization cannot solely be explained by reciprocal violence. Were et al. (2011) found that 13% of men reported being victims of verbal or physical IPV even when their female partners did not report IPV.

In the United States, there is evidence to suggest that male and female victimization share some of the same predictors and may result from similar motivations and circumstances (Giordano, Millhollin, Cernkovich, Pugh, & Rudolph, 1999; Marvell & Moody, 1999; Moffitt & Caspi, 1998). In sub-Saharan Africa, gender differences in predictors of violence are more difficult to assess given the scarcity of data. However, in one exception, Gass et al. (2011) found that economic resources predicted physical abuse victimization for both men and women in South Africa. Beyond physical abuse, there are also accounts of young African men being coerced into sex by older and sometimes wealthier women (Dunkle et al., 2007; Sikweyiya & Jewkes, 2009; Simpson, 2007). Previous research shows that women in transactional relationships with older, wealthier men ("sugar daddies") have less negotiating power over sex (Luke, Goldberg, Mberu, & Zulu, 2011); these same economic factors may also shape young men's risk for sexual IPV.

Regardless, an overemphasis on female victimization limits our understanding of men's experiences of IPV and the broader dyadic context in which IPV occurs. Using a sample of young, mostly married women and their male partners, the current study examines relationship power and two types of IPV (sexual and physical IPV victimization) in rural Malawi. Given the important role of intimate relationships on health, there have been growing calls to study how partners mutually influence each other's behaviors at the dyadic level (Lewis et al., 2006). Choi and Ting (2008) suggest that IPV victimization may depend on the resources that both couple members contribute to the relationship. If women are employed, their risk of violence would decrease according to the dependency hypothesis; however, if they are earning more than their husbands to the point of challenging his authority, violence may increase due to the compensation or gender transgression hypotheses (Choi & Ting, 2008). In addition, each couple member's level of relationship dominance may contribute to the other's victimization—as found by Karakurt and Cumbie

(2012) in a sample of couples from the United States. Motivated by these studies together, the current investigation expects that both the respondent and their partner's power will predict IPV victimization for men and women.

The Malawi Context

Malawi is a small, landlocked country located in southeastern Africa with a population of 13.1 million (MDHS, 2011) and a Gross Domestic Product (GDP) per capita of \$893 USD (The World Bank, 2011). The economy of Malawi is primarily driven by agriculture, which accounts for 30% of the country's GDP (MDHS, 2011). Nonetheless, the economy still depends on substantial inflows of economic assistance from the International Monetary Fund, The World Bank, and individual donor nations. Approximately 68% of the population is literate (MDHS, 2011). The life expectancy at birth is 54 years (The World Bank, 2011).

The country is divided into three regions (north, central, and south) and 27 districts. This study was conducted in the Balaka district of southern Malawi. Like other districts, the area is rural and poor with minimal employment opportunities. HIV prevalence in the southern district is 15%, which is the higher than the national average of 11% (MDHS, 2011). As opposed to the patrilineal north, the southern district generally follows a matrilineal marriage tradition where men move to their wives' villages after marriage (Peters, 1997). Though this is believed to be advantageous for women, inheritance is passed through the maternal uncle who owns and controls the inherited property (Phiri, 1983).

Although women's power in Malawi varies, some women report that they have little control over their relationships such as the ability to choose their husbands, to bear children, and to have sex or not (Lindgren, Rankin, & Rankin, 2005). A recent demographic report featuring a nationally representative sample shows that 25% and 28% of women reported ever experiencing sexual and physical violence, respectively (MDHS, 2011). In the same set of data, trends indicate that rates of sexual and physical IPV increase with age (up until 30), decrease with education level, and are higher among married women. While these data suggest that a common underlying mechanism may explain both physical and sexual abuse, little research from Malawi has empirically studied the social factors that surround women's experience of IPV. Furthermore, virtually no studies report on IPV committed against men in Malawi even though young men from neighboring African countries admit to being physically or sexually abused by their female partners (Gass et al., 2011; Sikweyiya & Jewkes, 2009). An understanding of the drivers of IPV among young people who are approaching peak ages of violence in Malawi is important to develop culturally relevant interventions that consider the broader dyadic context.

Conceptual Framework

Cromwell and Olson's (1975) three domains of family power (power bases, processes, and outcomes) provide a useful organizing framework for studying power and IPV in Malawi. Power bases consist "of the resources an individual possesses which may increase their ability to exercise control in a given situation." The current study examines two economic resources, namely, income and education level. Power processes refer to the interactions between couples including assertiveness, persuasion, and other aspects of communication that individuals use to gain control (Cromwell & Olson, 1975). This study uses a measure called "unity," which encompasses couple communication and collaboration. Power outcomes relate to the actual expression of power around areas like decision making and dominance, and provide empirical evidence of *who* has more power (Cromwell & Olson, 1975). In this study, power outcomes relate to whether a relationship is considered femaledominated, male-dominated, or egalitarian.

Methods

Procedures and Participants

The data for the present study come from *Tsogolo la Thanzi* (TLT), a population-based panel study of young men and women living in and around the southern Malawian district of Balaka. TLT was designed to study how young adults who have grown up during the HIV/AIDS epidemic make decisions about marriage, childbearing, and sexual behavior. The Balaka district was selected as the TLT research site given its high HIV prevalence and fertility rates (MDHS, 2011); thus, it was anticipated that AIDS-related effects on reproductive goals would be the strongest in this region. The south of Malawi is also predominantly matrilocal, which was thought to minimize migration out of the area and study attrition rates.

The TLT sample was drawn from a complete household listing of people living within a 7-km radius of Balaka town. Approximately 1,500 women aged 15 to 25 were randomly selected from the household listing and recruited into the study. Women were given enumerated tokens and asked to recruit up to three male partners (husbands and boyfriends). Other population-based studies from Malawi using similar sampling strategies have been successful with this approach (e.g., Helleringer & Kohler, 2007).

Longitudinal survey data were collected at 4-month intervals over a period of approximately 3 years, for a total of 8 waves. This study uses data from the third wave when a special module on relationship power and IPV was added to the TLT partnership survey. All respondents were interviewed separately in private rooms at the TLT research center so that sensitive information could not be overheard. Respondents were asked the relationship power and IPV statements if they reported a current serious sexual partner including a spouse, live-in partner, steady boyfriend/girlfriend, or new boyfriend/girlfriend. For respondents with multiple partners, the most serious partner was considered the reference partner for the power and IPV questions. For married respondents, the spouse was automatically considered the reference partner. A couple data set was created for all respondents who answered the questions about each other using a separate database linking women and their male partners. All participants provided informed consent and all study procedures were approved by Pennsylvania State University Office for Research Protections and the National Health Sciences Research Committee in Malawi. The study investigator only had access to de-identified data.

Measures

Intimate partner violence—Sexual IPV was captured as a binary variable that asked respondents if their partner has ever forced (verbal pressure, not physical force or rape) them to have sex when they did not want to. Physical IPV was captured with a binary variable that asked respondents if their partner ever hurt them by beating them. While multiple forms of physical abuse are possible such as hitting, kicking, or punching, the question on physical abuse in this study was restricted to "beating" to reflect the predominant local term used to describe physical abuse in Malawi.

Power bases—Income was collected as a continuous measure by asking respondents to estimate how much money they *personally* earned in the past month from all types of work in Malawi Kwacha (MK). Education level (i.e., years of schooling) was modeled as a continuous variable. Up to and including 8 years of education is considered primary school, 9 to 12 years is considered secondary school, and greater than 12 years is considered tertiary school.

Power processes—A measure of relationship power was developed as follows, resulting in the "unity" subscale. In 2009, qualitative interviews were conducted with 34 coupled men and women simultaneously, but separately, using Malawian research assistants. The interviews elicited multiple dimensions of relationships power based on Connell's (1987) theory of gender and power (e.g., relationship control, economic dependence, decisionmaking dominance, and social norms) and Cromwell and Olson's (1975) theory on family power (e.g., couple communication and collaboration). The qualitative data were analyzed to create a preliminary pool of statements on power. Face validity was addressed by consulting with academic scholars, Malawian key informants, and TLT interviewer staff and then the power statements were added, deleted, or reworded accordingly. Cognitive interviews (Tanur, 1992) asking respondents to "think aloud" as they responded to the power statements were administered to a separate convenience sample of young adults (n = 8) to detect comprehension and translation problems. This process resulted in 31 power statements. An initial exploratory factor analysis using a separate sample of pilot data (n =254) reduced the set of items down to 17, which were placed on TLT's Wave 3 survey. Response choices were based on a 4-point Likert-type scale (strongly disagree, disagree, agree, or strongly agree). The final scale was developed by conducting a second exploratory factor analysis. Factors were retained if eigenvalues were greater than 1 and as suggested by the scree plot. Scale items were retained if factor loadings were greater than 0.40. Three items loaded on a first factor and four items loaded on a second factor, which were named unity ("My partner shows they care about me"; "When I need my partner's assistance, he/ she is there to help me"; and "My partner and I discuss important matters together") and discordance ("If my partner was really angry with me, he/she might beat me"; "My partner punishes me when he/she is angry with me"; "When I disagree with my partner's relatives, my partner chooses their side over mine"; "My partner is probably having sex with someone else"). Cronbach's alpha for unity was 0.65 (women: 0.74; men: 0.53) and for discordance was 0.60 (women: 0.56; men: 0.64). The discordance factor was later dropped due to low reliability. Final scores for the unity scale were calculated using the mean of the three items.

Power outcomes—Relationship dominance was measured by asking respondents the following: "In your relationship, who would you say is generally in charge?" with answer choices respondent, equal control, or partner. Because less than 2% of women and less than 1% of men responded that their relationship was female dominated, the variable was collapsed into a binary variable where 0 referred to egalitarian or female dominated and 1 referred to male dominated.

Statistical Analysis

ANOVA was used to test for gender differences in continuous variables (age, education, income, and unity). Chi-square tests were used to test for gender differences in categorical variables (male dominance and IPV). The Actor—Partner Interaction Model (APIM) provided the primary analytic framework to test for associations between the three power domains and IPV. The APIM is based on the premise that one partner's attributes and behaviors can affect the other partner's outcomes (Kenny, Kashy, and Cook, 2006). The data were organized in a pairwise fashion such that each individual had their own record, but their partner's information was also duplicated in the same record. For this framework, the dyad is treated as the unit of analysis. Actor effects correspond to the association between the respondent's independent variable and their partner's dependent variable and the respondent's independent variable and their partner's dependent variable. In addition to the main effects for the actor and partner, the interaction of gender and actor effect and gender and partner effect were included in the models to test for differences in the relationships between men and women. Multivariate multilevel mixed effects logistic regression models were developed using the *xtmelogit*

command in Stata 11.2. Three separate models were run for each of the three power domains, as indicated in Tables 2 and 3.

Results

Sample Characteristics

At TLT's Wave 3, 932 men and women (466 couples) were asked the relationship power questions. Table 1 presents the distribution of demographic characteristics, power factors, and IPV for the analytic sample. The mean age for the study population was 24.8 years (range: 16-57). The mean years of education was 7.3 years, reflecting a primary school education. Approximately 31.2% had no income of their own, 17.5% had below the median income level, and 51.3% had greater than or equal to the median income for this sample. Men were on average 5.5 years older (range: 16–57) than women (range: 16–29). Men also had approximately 1.3 more years of education (range: 0–13) compared with women (range: 0-12). Finally, men reported significantly higher levels of income than women. Given that the sample was biased toward more serious relationships, the majority of the sample reported being married (91.4%). Approximately 73.5% of all couples reported having at least one child together. On average, couples had been together for 5.2 years. The mean score for unity was almost exactly the same for men and women (3.77), indicating that most people either agreed or strongly agreed with the unity statements (range: 1-4). Unmarried respondents reported a lower mean score for unity (3.60) as compared with married respondents (3.78). Overall, the majority of respondents indicated that their relationships were male dominated (85%). Men were significantly more likely to state that their relationship was male dominated (88.4%) compared with women (81.5%). Approximately 75% of couples were concordant in their responses to the relationship dominance question, for example, if a wife said that her partner was the dominant one then the husband said that he was the dominant one. Couple members never agreed that a wife was dominant.

Approximately 16.5% of respondents reported sexual IPV. Statistically significant gender differences in sexual IPV were found with women indicating higher levels of forced sex (21.5%) than men (11.6%). Approximately 4% of respondents reported being physically abused by their partners. Statistically significant gender differences in physical IPV were also noted with women reporting higher levels of abuse (6.0%) than men (1.9%). Only around 3% and 1% of couples reported that both couple members had experienced sexual or physical IPV, respectively. Reciprocal violence was also calculated as a proportion of total violence (either sexual or physical IPV). In 18.2% of all sexually violent couples, both couple members reported sexual coercion. In 5.4% of all physically violent couples, both couple members reported physical abuse. Sexual and physical IPV were moderately correlated in the overall sample (r = 0.22) indicating that for some couples, physical and sexual IPV may occur together. Physical abuse occurred only in marriage.

Power Resources, Processes, and Outcomes and IPV

Tables 2 and 3 present the multivariate results for sexual and physical IPV, respectively. Table 2 shows that education and income levels were not significant predictors of sexual IPV. This association did not differ for men and partner effects were non-significant. For physical IPV, Table 3 shows a significant actor effect for education (but not for income). Women's odds of experiencing physical IPV decreased by 18% for each one-unit increase in education after controlling for the other covariates. This relationship did not differ by gender and partner effects were non-significant. Following the steps of Abramsky et al. (2011), income and educational differences between partners were also modeled as 3-level categorical variables where 0 equals no difference, 1 equals higher female values, and 3

equals higher male values. Still, the variables failed to predict either sexual or physical IPV (results not shown).

For sexual IPV, Table 2 shows a significant actor effect for unity and interaction between gender and actor. Unity had a stronger protective effect on women's experience of sexual IPV than for men. For women, the odds of sexual IPV decreased by 81% for each one-unit increase in unity. For men, the odds of sexual IPV decreased by 46% for each one-unit increase in unity $(1-(0.19\times 2.83=0.54))$. Regarding physical IPV, Table 3 shows a significant actor effect for unity. Women's odds of physical IPV decreased by 67% for each one-unit increase in unity. This relationship did not differ by gender and partner effects were non-significant.

Regarding sexual IPV, Table 2 shows a significant actor effect for male dominance and interaction between gender and actor. The odds ratio for the actor effect indicates that women in male-dominated relationships had 216% higher odds of sexual IPV compared with women in egalitarian or female-dominated relationships. For men, being in a male-dominated relationship resulted in a 29% lower odds of sexual IPV compared with being in egalitarian or female-dominated relationships $(1-(2.16\times0.33=0.71))$. Regarding physical IPV, Table 3 shows that no significant actor, partner, or interactions were found for male dominance.

Discussion

This study documented the prevalence of IPV and its predictors in Malawi using a sample of young women and their male partners. Lower rates of both sexual and physical IPV were found in this study compared with national estimates among female adults aged 15 to 49 (MDHS, 2011), which could be attributed to the younger sample, differences in measures, and cultural practices in southern Malawi. In Zimbabwe and Kenya, young people have been found to be more supportive of wife beating than older adults (Hindin, 2003; Lawoko, 2008). Therefore it is possible that the young women in this study underreported IPV if they perceived it to be a normative practice. Lower rates of IPV may also reflect the fact that respondents reported IPV in their current relationship rather than over their lifetime. Finally, this study was conducted in the southern region of Malawi, where access to familial social support may protect women against violence. Social support has been noted to be an important source of power that may help to mitigate relationship violence (Jewkes, 2002).

It is difficult to compare IPV rates across countries given the differences in research methods, measures of IPV, sampling, and social desirability bias (Watts & Zimmerman, 2002). Studies on IPV in sub-Saharan Africa tend to focus on adult women and define IPV as multiple forms of violence that occur over a woman's lifetime—as opposed to this study, which examines sexual and physical violence in a current relationship, among young people, and as distinct dependent variables. In one comparable study from Rwanda, van der Straten and colleagues (1998) found that one third of women aged 18 to 35 reported sexual coercion and 21% reported physical violence perpetration by a current male partner. In Uganda, approximately 16% and 34% of currently married women aged 15 to 24 had experienced sexual coercion and physical abuse, respectively (Zablotska et al., 2009). Finally, among women aged 15 to 26 in South Africa, 2.4% and 13% of respondents had experienced sexual and physical IPV (Jewkes et al., 2006). In comparison with all three studies, our figures for physical abuse are considerably lower, at 6%. Alio and colleagues (2010) attribute Malawi's low rates of physical IPV to a lack of supportive attitudes toward wife-beating. However, for sexual IPV, our prevalence of 21% may be on the higher end of the range. This suggests that while physical violence may be socially unacceptable, the refusal to have sex with a spouse may not be justified.

The study data are unique in capturing the frequency of sexual and physical IPV committed against men by their female partners in Malawi. Overall, the men in this study reported relatively low rates of physical abuse (less than 2%), which is significantly less than what was found in South Africa (Gass et al., 2011). In Malawi, research on married life is filled with accounts of men exerting their dominance over women in many different facets of the relationship (Kathewera-Banda et al., 2005; Lindgren et al., 2005; Mkandawire-Valhmu et al., 2013). Thus, it may be socially unacceptable and even embarrassing for men to report being physically dominated by a wife. Other researchers have noted this bias as well (Gass et al., 2011). Reciprocal physical violence was also rare in this study, suggesting that men's experience of physical abuse may not solely be related to women's self-defense. While reports of physical abuse were low and perhaps underreported, 12% of men reported feeling pressured by their partners to have sex. For men, reports of sexual coercion may be less biased if men are expected to sexually satisfy their wives. Studies from the region, including Malawi, suggest that marriage is perceived as critical for a sexually satisfactory life and as a form of mutual assistance in the bedroom (Chanock, 1985; Watkins, Rutenberg, & Wilkinson, 1997).

This study proposed that Cromwell and Olson's three domains of power influence men and women's experiences of sexual and physical IPV in rural Malawi. First, this study did not find that personal economic power—as measured by income and education—was protective against sexual IPV. This finding conflicts with other research from sub-Saharan Africa that shows a higher economic status may mitigate sexual violence (Pronyk et al., 2006; van der Straten et al., 1998). However, this has not always been consistently demonstrated in the literature, such as in Kenya (Erulkar, 2004). In Malawi, forced sex during marriage is related to beliefs that women have a marital obligation to have sex with their husbands (Kathewera-Banda et al., 2005). These beliefs and practices may persist across all socio-economic levels. In nearby Uganda, Koenig and colleagues (2004) found that uneducated women experienced risks of coercive sex similar to those in the more educated group. Thus, it is plausible that in Malawi, widespread cultural norms related to marital sex may outweigh any of the positive effects of economic power on sexual autonomy.

However, for physical IPV, having a higher education level had a protective effect and reflects what others have found among women in South Africa (Gass et al., 2011), Uganda (Koenig et al., 2003), and Zambia (Okenwa & Lawoko, 2012). Yet, a partner's income and education did not influence the respondent's experience of IPV. Even in a separate analysis, income and education differences between partners were not associated with IPV. A multicountry study that included several African countries found weak and inconsistent evidence that economic inequalities between partners increased women's risk for IPV; in some countries, it was in the opposite direction (Abramsky et al., 2011). Given this, it is perhaps not surprising that a partner's economic data did not predict a respondent's risk for IPV in Malawi. We can only speculate that economic power at the individual level is perhaps more important for IPV than relative economic power in the relationship.

Although women with higher education could be perceived as transgressing from traditional gender roles, the fact that these women experienced less physical abuse irrespective of their partner's education level offers more support for the dependence theory—that is, education reduces women's dependence on men and therefore increases their negotiating power during conflict. For men, those who transgressed from the provider role by having lower education experienced more violence from their wives than men who did not. In the present study, we also find less support for the compensation hypothesis, which posits that men feel threatened by women who have higher education and income and use violence to regain control; we did not find that men with lower education or income levels were more violent toward their wives—even when their wives had a higher income. Although these patterns were not

reflected with income, we suspect that the income data may have been more sensitive to recall and social desirability biases than education reports. Moreover, monthly estimates of income may not accurately reflect long-term wages particularly if the data were collected during the seasonal famine period in Malawi.

Of all three domains, power processes such as communication and collaboration have been the least studied source of power for IPV sub-Saharan Africa. While poor communication has been noted as a contributing factor to couple violence in qualitative research (Karamagi et al., 2006), few studies have specifically tested for statistical associations with IPV. Therefore, this study is one of the first in the region to provide empirical evidence that individuals with higher levels of unity in their relationships are less likely to experience both sexual and physical IPV. In a poor setting like southern Malawi with low education levels and high unemployment rates, power processes like communication are important and perhaps more realistic alternatives to economic power. With the case of HIV infection, several qualitative studies from Malawi show that spouses carefully invoke gendered communication strategies to curb a partner's HIV risk behavior (Schatz, 2005; Watkins, 2004). The results of this study also support the idea that aspects of shared power related to joint decision making, communication, and collaboration may have a more positive effect on women's risk for violence than for men. For women, open communication may be an important mediating variable to offset power imbalances during times of conflict—as demonstrated in Haiti (Gage & Hutchinson, 2006).

This study confirmed the expectation that male-dominated relationships increase the risk of sexual IPV for women, but decrease the risk for men. Women in male-dominated relationships may experience sexual IPV through adherence to traditional gender norms, such as the beliefs that women are not supposed to refuse to have sex with their husbands and that men should control the terms of sex (Jewkes, 2002). Conversely, men in maledominated relationships may have more power to refuse sex. However, these associations did not hold for physical IPV, which conflicts with other research from sub-Saharan Africa that shows couples who share power and decision making are less violent (Choi & Ting, 2008) and less accepting of wife beating (Hindin, 2003; Mann & Takyi, 2009). Sociocultural norms are believed to reinforce women's beliefs that they are subordinate to their husbands and thus are more deserving of IPV (Lawoko, 2008). Indeed, women who report more tolerant attitudes toward violence experience higher rates of IPV themselves (Alio et al., 2010; Uthman et al., 2009). However, attitudes toward wife beating are less pronounced in Malawi. Out of 17 African countries, Malawi ranked next to last in terms of the lowest percentage of respondents who believed a wife should be beaten for reasons such as burning the food, refusing to have sex, and so forth (Uthman et al., 2009). Thus, it is plausible that the connection between male dominance and adherence to traditional gender roles that promote violence against women may be weaker here than in other settings.

At the individual-level, income, unity, and male dominance were predictors of IPV for men and women, suggesting that men and women may share some of the same underlying correlates of IPV. The results of the present investigation raise questions about the role of couple context in IPV, as indicated by the failure of partners' power resources, processes, and outcomes to predict IPV above and beyond individual-level measures. It is possible that in this relatively homogeneous sample of young, married couples from rural Malawi, little differences between partners on key variables did not produce enough variability to make predictions using both respondent and partner data. Future studies should replicate these findings in more heterogeneous samples of couples.

Several limitations are noteworthy. First, because the data are cross-sectional in nature, it was not possible to determine whether sexual and physical abuse occurred after couple

power dynamics were established. Second, measures of violence are plagued by self-report biases due to social desirability, reference group norms, and other factors, and this study is no exception. This study is further complicated by the problem of disentangling "forced sex" from normal marital sexual intercourse in this sample of mostly married couples, which may have biased the estimates of sexual IPV. Third, the unity scale developed in this study was used for exploratory purposes and it demonstrated promising utility for studying power and IPV in Malawi; however, more research is needed to confirm the scale's psychometric properties and predictive capabilities in more diverse samples of married and dating couples with a wider age range. It is possible that greater differences in unity would emerge in couples with different levels of commitment to each other and longer relationship durations as compared with newly married couples who strongly rely on each other during the childbearing years. Fourth, the two IPV outcome measures used in this study may have not been sensitive enough to capture the range of experiences of IPV. More sensitive measures that include a series of questions about sexual, verbal, emotional, and physical actions may provide better assessments of IPV. Future studies should also include measures of severity given that female victimization has been shown to be more severe than male victimization (Archer, 2000). Fifth, the results are less conclusive for men's experiences of physical IPV due to low levels of reported abuse and possible underreporting. Finally, given that this study focused on power, it did not consider other contextual factors such as alcohol use, which has shown to be important in other settings (Kalichman, Simbayi, Kaufman, Cain, & Jooste, 2007; Zablotska et al., 2009).

Despite these limitations, this study is one of the first to explicitly study the relationship between power and IPV and to report on men's victimization in Malawi. The results of this study have important implications for violence and HIV/AIDS prevention programs in the region. First, relatively high rates of sexual IPV were reported among the men in this sample. Sexual IPV has been linked to HIV infection in women from South Africa (Jewkes et al., 2006). Transmission of HIV through men's experience of unwanted sex may be an important overlooked pathway and therefore should be considered in HIV/AIDS interventions for men in rural Malawi. Second, given the fact that IPV was more common in maledominated relationships but less common in couples with unity, interventions that encourage couple communication, collaboration, and shared decision making may be a promising strategy for increasing views about equality in marriage and promoting negotiation over violence during conflict. Strategies that emphasize communication are especially important for sexual abuse prevention given that education and income were not enough for women and men to thwart unwanted sex. This study confirms the notion that power is a multifaceted construct and operates in distinct ways to influence violence. Research should continue to explore couple power dynamics and IPV victimization to better inform couples-based approaches for domestic violence prevention in sub-Saharan Africa.

Acknowledgments

Funding

The author(s) disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: Tsogolo la Thanzi is a research project designed by Jenny Trinitapoli and Sara Yeatman and funded by a grant (R01-HD058366) from the National Institute of Child Health and Human Development (NICHD). The relationship power module was supported through a National Institute of Mental Health (NIMH) grant to the first author (F31 MH093260) and the Henry David Research Grant through the American Psychological Foundation.

References

Abrahams N, Jewkes R, Hoffman M, Laubscher R. Sexual violence against intimate partners in Cape Town: Prevalence and risk factors reported by men. Bulletin of the World Health Organization. 2004; 82:330–337. [PubMed: 15298223]

Abramsky T, Watts CH, Garcia-Moreno C, Devries K, Kiss L, Ellsberg M, Heise L. What factors are associated with recent intimate partner violence? Findings from the WHO multi-country study on women's health and domestic violence. BMC Public Health. 2011; 11(109):1–17. [PubMed: 21199570]

- Alio AP, Clayton HB, Garba M, Mbah AK, Daley E, Salihu HM. Spousal concordance in attitudes toward violence and reported physical abuse in African couples. Journal of Interpersonal Violence. 2010; 26:2790–2810. [PubMed: 21156681]
- Archer J. Sex differences in aggression between heterosexual partners: A meta-analytic review. APA Psychological Bulletin. 2000; 126:651–680.
- Bazargan-Hejazi S, Medeiros S, Mohammadi R, Lin J, Dalal K. Patterns of intimate partner violence: A study of female victims in Malawi. Journal of Injury & Violence Research. 2012; 5(1):1–12.
- Blanc A. The effect of power in sexual relationships on sexual and reproductive health: An examination of the evidence. Studies in Family Planning. 2001; 32:189–213. [PubMed: 11677692]
- Caldwell J, Caldwell P, Orubuloye I. The family and sexual networking in sub-Saharan Africa: Historical regional differences and present-day implications. Population Studies. 1992; 46:385–410.
- Campbell J. Health consequences of intimate partner violence. The Lancet. 2002; 359:1331–1336.
- Chanock, M. Law, custom, and social order: The colonial experience in Malawi and Zambia. Cambridge, UK: Cambridge University Press; 1985.
- Choi SYP, Ting K-F. Wife beating in South Africa: An imbalance theory of resources and power. Journal of Interpersonal Violence. 2008; 23:834–852. [PubMed: 18292404]
- Coleman DH, Straus MA. Marital power, conflicts, and violence in a nationally representative sample of American couples. Violence and Victims. 1986; 1:141–157. [PubMed: 3154145]
- Connell, RW. Gender and power. Stanford, CA: Stanford University Press; 1987.
- Cromwell, RE.; Olson, DH. Power in families. Beverly Hills, CA: Sage; 1975.
- Dunkle KL, Jewkes RK, Brown HC, Gray GE, McIntyre JA, Harlow SD. Gender-based violence, relationship power, and risk of HIV infection in women attending antenatal clinics in South Africa. The Lancet. 2004; 363:1415–1421.
- Dunkle KL, Jewkes R, Nduna M, Jama N, Levin J, Sikweyiya Y, Koss MP. Transactional sex with causal and main partners among young South African men in the rural Eastern Cape: Prevalence, predictors, and associations with gender-based violence. Social Science & Medicine. 2007; 65:1235–1248. [PubMed: 17560702]
- Erulkar AS. The experience of sexual coercion among young people in Kenya. International Family Planning Perspectives. 2004; 30:182–189. [PubMed: 15590384]
- Foa, E.; Foa, U. Resource theory: Interpersonal behavior as exchange. In: Gergen, K.; Greenberg, M.; Willis, R., editors. Social exchange: Advances in theory and research. New York, NY: Plenum Press; 1980. p. 77-94.
- Gage AJ, Hutchinson PL. Power, control, and intimate partner violence in Haiti. Archives of Sexual Behavior. 2006; 35:11–24. [PubMed: 16502150]
- Garcia-Moreno C, Jansen HA, Ellsberg M, Heise L, Watts CH. Prevalence of intimate partner violence: Findings from the WHO multi-country study on women's health and domestic violence. The Lancet. 2006; 368:1260–1269.
- Gass JD, Stein DJ, Williams DR, Seedat S. Gender differences in risk for intimate partner violence among South African adults. Journal of Interpersonal Violence. 2011; 26:2764–2789. [PubMed: 21156693]
- Gelles, RJ. The violent home: A study of physical aggression between husbands and wives. Beverly Hills, CA: Sage; 1974.
- Giordano PC, Millhollin TJ, Cernkovich SA, Pugh MD, Rudolph JL. Delinquency, identity, and women's involvement in relationship violence. Criminology. 1999; 37:17–40.
- Heise, L.; Garcia-Moreno, C. Violence by intimate partners. In: Krug, EG.; Dahlberg, LL.; Mercy, JA.; Zwi, AB.; Lozano, R., editors. World report on violence and health. Geneva, Switzerland: World Health Organization; 2002. p. 89-121.
- Helleringer S, Kohler HP. Sexual network structure and the spread of HIV in Africa: Evidence from Likoma Island, Malawi. AIDS. 2007; 21:2323–2332. [PubMed: 18090281]

Hindin MJ. Understanding women's attitudes towards wife beating in Zimbabwe. Bulletin of the World Health Organization. 2003; 81:501–508. [PubMed: 12973642]

- Jewkes R. Intimate partner violence: Causes and prevention. The Lancet. 2002; 359:1423–1429.
- Jewkes R, Dunkle K, Nduna M, Levin J, Jama N, Khuzwayao N, Duwury N. Factors associated with HIV sero-status in young rural South African women: Connections between intimate partner violence and HIV. International Journal of Epidemiology. 2006; 35:1461–1468. [PubMed: 17008362]
- Jewkes RK, Dunkle K, Nduna M, Shai N. Intimate partner violence, relationship power inequity, and incidence of HIV infection in young women in South Africa: A cohort study. The Lancet. 2010; 376:41–48.
- Kalichman SC, Simbayi LC, Kaufman M, Cain D, Jooste S. Alcohol use and sexual risks for HIV/AIDS in Sub-Saharan Africa: Systematic review of empirical findings. Prevention Science. 2007; 8:141–151. [PubMed: 17265194]
- Karakurt G, Cumbie T. The relationship between egalitarianism, dominance, and violence in intimate relationships. Journal of Family Violence. 2012; 27:115–122. [PubMed: 23123589]
- Karamagi CAS, Tumwine JK, Tylleskar T, Heggenhougen K. Intimate partner violence against women in eastern Uganda: Implications for HIV prevention. BMC Public Health. 2006; 6 Article 284.
- Kathewera-Banda M, Gomile-Chidyaonga F, Hendriks S, Kachika T, Mitole Z, White S. Sexual violence and women's vulnerability to HIV transmission in Malawi: A rights issue. International Social Science Journal. 2005; 57:649–660.
- Kenny, DA.; Kashy, DA.; Cook, WL. Dyadic data analysis. New York, NY: The Guilford Press; 2006.
- Kim JY, Emery C. Marital power, conflict, norm consensus, and marital violence in a nationally representative sample of Korean couples. Journal of Interpersonal Violence. 2003; 18:197–219.
- Koenig MA, Lutalo T, Zhao F, Nalugoda F, Kiwanuka N, Wabwire-Mangen F, Gray R. Coercive sex in rural Uganda: Prevalence and associated risk factors. Social Science & Medicine. 2004; 37:859–872.
- Koenig MA, Lutalo T, Zhao F, Nalugoda F, Wabwire-Mangen F, Kiwanuka N, Gray. Domestic violence in rural Uganda: Evidence from a community-based study. Bulletin of the World Health Organization. 2003; 81:53–60. [PubMed: 12640477]
- Lawoko S. Predictors of attitudes toward intimate partner violence: A comparative study of men in Zambia and Kenya. Journal of Interpersonal Violence. 2008; 23:1056–1074. [PubMed: 18292405]
- Lewis MA, McBride CM, Pollak KI, Puleo E, Butterfield RM, Emmons KM. Understanding health behavior change among couples: An interdependence and communal coping approach. Social Science & Medicine. 2006; 62:1369–1380. [PubMed: 16146666]
- Lindgren T, Rankin S, Rankin W. Malawi women and HIV: Socio-cultural factors and barriers to prevention. Women & Health. 2005; 41(1):69–86. [PubMed: 16048869]
- Luke N, Goldberg R, Mberu BU, Zulu EM. Social exchange and sexual behavior in young women's premarital relationships in Kenya. Journal of Marriage and the Family. 2011; 73:1048–1064. [PubMed: 22180665]
- Mann JR, Takyi BK. Autonomy, dependence or culture: Examining the impact of resources and sociocultural processes on attitudes towards intimate partner violence in Ghana, Africa. Journal of Family Violence. 2009; 24:323–335.
- Marvell TB, Moody CE. Female and male homicide victimization rates: Comparing trends and regressors. Criminology. 1999; 37:879–902.
- Mkandawire-Valhmu L, Wendland C, Stevens PE, Kako PM, Dressel A, Kibicho J. Marriage as a risk factor for HIV: Learning from the experiences of HIV-infected women in Malawi. Global Public Health. 2013; 8:187–201. [PubMed: 23350930]
- Moffitt TE, Caspi A. Implications of violence between intimate partners for child psychologists and psychiatrists. Journal of Child Psychology and Psychiatry. 1998; 39:137–144. [PubMed: 9669227]
- MDHS. Malawi demographic and health survey 2010. Maryland: N: SO and ORC Macro; 2011.
- Okenwa L, Lawoko S. Social indicators and physical abuse of women by intimate partners: A study of women in Zambia. Violence and Victims. 2012; 25(2):278–288. [PubMed: 20514821]

Peters PE. Against the odds: Matriliny, land and gender in the shire highlands of Malawi. Critique of Anthropology. 1997; 17:189–210.

- Phiri K. Some changes in the matrilineal family systems among the Chewa of Malawi since the nineteenth century. Journal of African History. 1983; 24:254–274.
- Pronyk J, Hargreaves R, Kim JC, Morison LA, Phetla G, Busza J, Porter JD. Effect of a structural intervention for the prevention of intimate-partner violence and HIV in rural South Africa: A cluster randomised trial. The Lancet. 2006; 268:1973–1983.
- Schatz E. Take your mat and go! Rural Malawian women's strategies in the HIV/AIDS era. Culture Health & Sexuality. 2005; 7:479–492.
- Shettima AG. Gendered work patterns in the endangered Sahelian rural environment: Exploring three layers of exploitation. Africa Development. 1998; 23:163–183.
- Sikweyiya Y, Jewkes R. Force and temptation: Contrasting South African men's accounts of coercion into sex by men and women. Culture Health & Sexuality. 2009; 11:529–541.
- Simpson A. Learning sex and gender in Zambia: Masculinities and HIV/ AIDS risk. Sexualities. 2007; 10(173):39–43.
- Tang CSK. Marital power and aggression in a community sample of Hong Kong Chinese families. Journal of Interpersonal Violence. 1999; 14:586–602.
- Tanur, J. Questions about questions: Inquiries into the cognitive bases of surveys. New York, NY: Russell Sage Foundation; 1992.
- Uthman OA, Lawoko S, Moradi T. Factors associated with attitudes towards intimate partner violence against women: A comparative analysis of 17 sub-Saharan countries. BMC International Health and Human Rights. 2009; 9(14):1–9. [PubMed: 19192307]
- van der Straten A, King R, Grinstead OA, Vittinghoff E, Serufilirea A, Allen S. Sexual coercion, physical violence, and HIV infection among women in steady relationships in Kigali, Rwanda. AIDS behavior. 1998; 2:61–73.
- Watkins SC. Navigating the AIDS epidemic in rural Malawi. Population and Development Review. 2004; 30:673–705.
- Watkins, SC.; Rutenberg, N.; Wilkinson, D. Orderly theories, disorderly women. In: Jones, GW.; Douglas, RM.; Caldwell, JC.; D'Souza, RM., editors. The continuing demographic transition. Oxford, UK: Oxford University Press; 1997. p. 213-245.
- Watts C, Keogh E, Ndlovu M, Kwaramba R. Withholding of sex and forced sex: Dimensions of violence against Zimbabwean women. Reproductive Health Matters. 1998; 6(12):57–65.
- Watts C, Zimmerman C. Violence against women: Global scope and magnitude. The Lancet. 2002; 359:1232–1237.
- Wechsberg WM, Luseno WK, Lam WK. Violence against substance-abusing South African sex workers: Intersection with culture and HIV risk. AIDS Care. 2005; 17(Suppl. 1):55–64.
- Were E, Curran K, Delany-Moretlwe S, Nakku-Joloba E, Mugo NR, Kiarie J, Baeten JM. A prospective study of frequency and correlates of intimate partner violence among African heterosexual HIV serodiscordant couples. AIDS. 2011; 25:2009–2018. [PubMed: 21811146]
- The World Bank. World development indicators. Washington, DC: Author; 2011.
- Zablotska IB, Gray RH, Koenig MA, Serwadda D, Nalugoda F, Kigozi G, Wawer M. Alcohol use, intimate partner violence, sexual coercion and HIV among women aged 15–24 in Rakai, Uganda. AIDS and behavior. 2009; 13:225–233. [PubMed: 18064556]

Biography

Amy A. Conroy recently received her doctorate in Health and Behavioral Sciences from the University of Colorado Denver. Her main research interests include genderbased violence, couple context around HIV/AIDS, HIV testing uptake and disclosure, and HIV treatment in sub-Saharan Africa. She holds a master's degree in Public Health from the Colorado School of Public Health. Recent publications appear in *AIDS Care, Culture, Health, and Sexuality*, and the *Journal of the American Medical Association*.

Conroy

Table 1

Selected Characteristics of the Tsogolo La Thanzi (TLT) Wave 3 Couples Sample.

| | Tota | Total $(N = 932)$ | Wom | Women $(n = 466)$ | Mei | Men $(n = 466)$ | |
|--|------|-------------------|------|-------------------|------|-----------------|-------|
| Variable | % | M (SD) | % | M (SD) | % | M (SD) | d |
| Demographic characteristics | | | | | | | |
| Age (16–57) | | 24.8 (4.8) | | 22.1 (2.7) | | 27.6 (4.9) | 0.000 |
| Years of education (0-13) | | 7.3 (3.0) | | 6.6 (2.6) | | 7.9 (3.1) | 0.000 |
| Monthly income | | | | | | | 0.000 |
| None | 31.2 | | 58.4 | | 4.1 | | |
| < median income | 17.5 | | 19.7 | | 15.2 | | |
| median income | 51.3 | | 21.9 | | 80.7 | | |
| Couple characteristics | | | | | | | |
| Married | 91.4 | | 8.06 | | 92.1 | | |
| Relationship duration (1-14) | | 5.2 (2.9) | | 5.2 (2.9) | | 5.2 (3.0) | |
| At least one living child with partner | 73.5 | | 72.3 | | 74.7 | | |
| Unity (total score) | | 3.77 (0.41) | | 3.77 (0.45) | | 3.77 (0.37) | 0.137 |
| Cares about me (1–4) | | 3.87 (0.40) | | 3.86 (0.44) | | 3.88 (0.35) | 0.460 |
| Helps me (1–4) | | 3.63 (0.69) | | 3.65 (0.67) | | 3.60 (0.70) | 0.253 |
| Discuss together (1–4) | | 3.80 (0.47) | | 3.78 (0.51) | | 3.82 (0.43) | 0.214 |
| Relationship dominance | | | | | | | |
| Male dominated | 85.0 | | 81.5 | | 88.4 | | 0.003 |
| Female dominated/egalitarian | 15.0 | | 18.5 | | 11.6 | | |
| Intimate partner violence | | | | | | | |
| Sexual coercion | 16.5 | | 21.5 | | 11.6 | | 0.000 |
| Physical abuse | 4.0 | | 0.9 | | 1.9 | | 0.001 |

Note. Couple-level variables were not compared. ANOVA was used to test for gender differences in continuous variables. Chi-square tests were used to test for gender differences in categorical variables. Unity scores were created by taking the mean across all three unity items. Unity: 1 = strongly disagree; 2 = disagree; 3 = agree; 4 = strongly agree. Higher scores indicate more unity.

Page 15

Table 2

Conroy

Odds Ratios for the Associations Between Three Power Domains and Sexual IPV Among Malawian Couples.

| VariableORGender0.58Power basesYears of educationActor effect0.98Partner effect1.04Actor × Gender1.01Partner × Gender0.93Monthly incomeActor effectActor effect1.00Partner effect0.93 | 95% CI [0.14, 2.33] | | | | |
|---|------------------------|-------|--------------|-------|--------------|
| nases of education reffect er effect r×Gender er x Gender er x Gender er ceffect er effect | [0.14, 2.33] | OR | 95% CI | OR | 95% CI |
| ucation ct fect ender Gender come | | 0.00 | [0.00, 0.22] | 1.34 | [0.38, 4.88] |
| on . er | | | | | |
| . is | | | | | |
| . E | [0.89, 1.09] | | | | |
| . : | [0.95, 1.12] | | | | |
| er | [0.87, 1.17] | | | | |
| | [0.80, 1.08] | | | | |
| | | | | | |
| | [1.00, 1.00] | | | | |
| | [0.59, 1.48] | | | | |
| $Actor \times Gender$ 1.00 | [1.00, 1.00] | | | | |
| Partner \times Gender 1.20 | [0.67, 2.15] | | | | |
| Power processes | | | | | |
| Unity | | | | | |
| Actor effect | | 0.19 | [0.11, 0.35] | | |
| Partner effect | | 0.80 | [0.42, 1.52] | | |
| $Actor \times Gender$ | | 2.83* | [1.12, 7.18] | | |
| Partner \times Gender | | 1.51 | [0.57, 4.02] | | |
| Power outcomes | | | | | |
| Male dominance | | | | | |
| Actor effect | | | | 2.16* | [1.06, 4.40] |
| Partner effect | | | | 1.03 | [0.49, 2.17] |
| $Actor \times Gender$ | | | | 0.33* | [0.11, 1.01] |

Note. Gender was coded as 0 = females, 1 = males. Female dominance/egalitarian = 0, male dominance = 1. Unity scores ranged from 1 to 4, with higher values indicating more unity. OR = odds ratio; CI = confidence interval.

[0.30, 2.45]

98.0

Partner × Gender

Page 16

p < .05.** p < .01. p < .01.***

Table 3

Conroy

Odds Ratios for the Associations Between Three Power Domains and Physical IPV Among Malawian Couples.

| | Bases- Ed | Bases-Income and Education | M0c | Model 2: Power Processes- Unity | N N | Model 3: Power Outcomes- Dominance |
|-------------------------|--------------|----------------------------|--------|---------------------------------------|------|------------------------------------|
| Variable | OR | 95% CI | OR | 95% CI | OR | 65% CI |
| Gender | 0.27 | [0.01, 4.85] | 2.13 | [0.00, 6311.82] | 1.43 | [0.15, 13.62] |
| Power bases | | | | | | |
| Years of education | | | | | | |
| Actor effect | 0.82^{*} | [0.69, 0.97] | | | | |
| Partner effect | 1.04 | [0.90, 1.21] | | | | |
| $Actor \times Gender$ | 1.04 | [0.79, 1.37] | | | | |
| Partner \times Gender | 1.10 | [0.78, 1.55] | | | | |
| Monthly income | | | | | | |
| Actor effect | 1.00 | [1.00, 1.00] | | | | |
| Partner effect | 1.36 | [0.54, 3.43] | | | | |
| $Actor \times Gender$ | 1.00 | [1.00, 1.00] | | | | |
| Partner \times Gender | 0.72 | [0.21, 2.51] | | | | |
| Power processes | | | | | | |
| Unity | | | | | | |
| Actor effects | | | 0.33** | [0.16, 0.67] | | |
| Partner effects | | | 1.20 | [0.39, 3.66] | | |
| $Actor \times Gender$ | | | 1.14 | [0.23, 5.76] | | |
| Partner \times Gender | | | 0.52 | [0.10, 2.66] | | |
| Power outcomes | | | | | | |
| Male dominance | | | | | | |
| Actor effects | | | | | 1.40 | [0.45, 4.39] |
| Partner effects | | | | | 1.08 | [0.29, 3.96] |
| $Actor \times gender$ | | | | | 0.17 | [0.03, 1.14] |
| Partner × gender | | | | | 0.81 | [0.10, 6.70] |

Note. Gender was coded as 0 = females, 1 = males. Female dominance/egalitarian = 0, male dominance = 1. Unity scores ranged from 1 to 4, with higher values indicating more unity. OR = odds ratio; CI = confidence interval.

Page 18

p < .05.

** p < .01.

** p < .01.