Rural Malawian Women’s Resistance to Systematic Oppression, Violence, and Abuse by Their Husbands

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Abstract
In Malawi, 41% of women aged 15 to 49 report ever experiencing intimate partner violence (IPV). Although there is evidence of the pervasiveness of IPV in Malawian society, the context in which it occurs and how women respond is not well described. The purpose of this study was to describe experiences of IPV of rural Malawian women. In-depth interviews were conducted with 55 rural Malawian women aged 21 to 75 years ($M = 39$) as part of a larger, mixed-methods study. This qualitative thematic analysis highlights husbands’ IPV against wives and women’s actions to protect themselves and their children, and to thrive despite the violence. Our use of a postcolonial feminist perspective led us to acknowledge Malawian women’s acts of resistance in the midst of the harsh realities of IPV and gender inequality. We contend women’s resilience and resistance against oppression within intimate relationships are critical tools in the process of

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reducing IPV. Structural interventions that (a) address the multiple distal and proximal factors affecting IPV, (b) are tailored to and owned by local populations, and (c) involve both men and women as architects and active participants, we believe, hold the greatest promise for reducing IPV in Malawi.

**Keywords**
intimate partner violence, rural Malawi, women’s resistance, oppression

**Introduction**

Intimate partner violence (IPV) is a widespread health and human rights issue affecting women worldwide, with the highest prevalence reported in low-income nations (Garcia-Moreno, Pallitto, Devries, Stockl, & Watts, 2013). In Malawi, a low-income nation in Africa, 41% of women aged 15 to 49 report ever experiencing IPV, according to the Malawi Demographic and Health Survey (MDHS) conducted in 2010 (National Statistical Office [NSO] & ICF Macro, 2011). Slapping, physically forced sexual intercourse, and demeaning insults were the most commonly reported forms of abuse with 36% of women never telling anyone about the violence and 48% never seeking help. Women also reported high levels of marital control, wherein husbands insisted on knowing where they were at all times, forbade them from talking to other men, frequently accused them of being unfaithful, and did not trust them with money. Such socially accepted gendered power dynamics enhance hegemonic forms of masculinity and contribute to IPV in African communities. Poor socio-economic status, limited formal education, and high unemployment rates also play an important, complex role (Uthman, Lawoko, & Moradi, 2010).

**The Present Study**

This article reports findings of the qualitative component of a larger mixed-methods quasi-experimental evaluation of a structural food security and economic empowerment intervention implemented by a non-governmental organization in Malawi (Weinhardt et al., 2014). Our findings for this article are based on in-depth interviews conducted with 55 women at the end of the intervention. The overall intent in the post-intervention interviews was to understand participants’ perceptions of the intervention’s impact on their everyday lives. Intimate partner violence (IPV) was among the topics we
explored. Because their narrations of IPV were of such depth and detail, we chose to focus on them for this article. In so doing, we aim to create space for rural Malawian women’s voices to be heard specifically about their experiences of IPV, emphasizing not only the violence but also the contexts in which it occurred and women’s actions in response.

Although the 2010 MDHS provides evidence of the pervasiveness of IPV in Malawian society, the social context in which it occurs and how women respond are not well described. Even though the negative outcomes of IPV for women are well-delineated, interventions based on women’s capacities amid the hardships of violence are less so. African women’s resilience, agency, and acts of resistance against oppression are not often addressed (Currier, 2011). Conroy (2014) argues that the current view of IPV in Malawi overemphasizes the victimization of women without understanding the broader circumstances of its occurrence. When the emphasis in the writing of African women’s lives focuses solely on problems and constraints, women are viewed as victims who can only be liberated through outside intervention. Kongar, Olmsted, and Shehabuddin (2014) emphasize the need to articulate issues in a manner that does not further marginalize African women whose lives are often written about from an ethnocentric viewpoint.

Our specific analyses for this write-up is focused on women’s narratives in relation to their experiences with IPV and women’s capacity in attempting to mitigate the effects of IPV in their lives as well as in the lives of their children. As feminist scholars, our goals are not only to contribute to the evidence base about IPV but also to create a forum where women’s voices are central to policy and intervention development. We strive to engage in the creation of knowledge based on women’s realities, acknowledging the hardships they face in dealing with gendered challenges such as IPV while also recognizing their resilience and capacities, and identifying ways in which we can capitalize and build upon these strengths to inform workable and more efficient interventions and policies.

Background

Background of Malawi

Malawi is a densely populated Southeast African country of 15 million people with an agriculture-based economy. Eighty percent of the population lives in rural areas and are highly dependent on rain-fed agriculture and a small range of crops (Food and Agricultural Organization of the United Nations [FAO], 2013). Malawi is considered the most tobacco-dependent economy in the world with tobacco being the main cash crop (Otañez, Mamudu,
Glantz, 2009). Maize, largely grown on subsistence farms, is the food staple for the entire country. Drought is a persistent problem, with only one growing and harvest season per year, resulting in food insecurity for more than half the population, particularly during the months before harvest (Orr, Mwale, & Saiti-Chitsonga, 2009). Limited crop diversification, poor yields, and population growth contribute to poverty and vulnerability in Malawi and its ranking as one of the poorest countries in the world (FAO, 2013).

**Gender Inequality and IPV**

Gender inequality further contributes to poverty in Malawi, particularly in rural areas where women largely carry out domestic tasks and have limited opportunities to generate income. A lack of basic education disproportionately affects rural Malawian women, with 21% having no education at all. Poorer, less educated women are less likely to participate in household decision making, experience more controlling behaviors from spouses, and are less likely to seek help when experiencing violence (FAO, 2013; NSO & ICF Macro, 2011).

In countries such as Malawi, where the HIV prevalence is 10%, gender inequality and IPV have tremendous implications for women’s ability to protect themselves from HIV infection, particularly in the presence of shifting marriage patterns present in rural areas (Abramsky et al., 2014; NSO & ICF Macro, 2011; Wechsberg et al., 2013). IPV has been associated with increased HIV risk (Dunkle et al., 2004) and decreased HIV testing as a result of male partners’ controlling behaviors (Conroy, 2015). IPV also contributes to emotional distress, psychological trauma, stress, and fear with emerging research identifying links between IPV and weakening of the immune response due to chronic stress and subsequent increases in susceptibility to infections and disease (Garcia-Moreno et al., 2013).

The social structures sustaining gender inequalities and predisposing women to violence and disease need urgent redress if we are to make gains in addressing critical issues affecting African communities, including food security and child mortality. Feminist scholars have long stated that achieving gender equality is not only a freestanding Millennium Development Goal (MDG) but is key to the achievement of all of MDGs (Sandler, 2007; Sen & Mukherjee, 2014).

**Use of Postcolonial Feminist Theory**

In our use of a postcolonial feminist lens to inform our research design and analyses, we acknowledge the history of research involving Western scholars and participants from low-income nations. We recognize a past colonial and
present neocolonial era involving stark power differentials between researchers and participants (Vanner, 2015) and the reporting of racialized findings often focusing solely on participants’ limitations and emphasizing their need for Western intervention to achieve better livelihoods. A postcolonial feminist approach implores a decolonizing of the research process leading to transformative knowledge (Racine & Petrucka, 2011) through the use of methods that deconstruct power relationships and create a liberating research space for the marginalized communities participating in our research. We engage in the creation of knowledge based on women’s realities while acknowledging and problematizing the power we possess as scholars located in the West. In seeking to create knowledge that is transformative, we strive to privilege the knowledge of the women participating in our qualitative inquiry and create efficient interventions grounded in women’s realities by centering our reporting on their voices, acknowledging their challenges, and highlighting their strengths and capacities (Racine & Petrucka, 2011; Vanner, 2015).

Method

The 18-month intervention was designed to address closely intertwined structural issues contributing to HIV susceptibility and poor health: food insecurity, poverty, gender inequity, and ineffective governance. In-depth interviews were conducted at the end of the intervention from June through August 2011 to qualitatively examine participants’ experiences of the intervention and its impact on their lives (Weinhardt et al., 2014). Initial questions on the semi-structured interview guide were focused on the overall impact of the intervention on food security, economic empowerment, and gender relations. Although the intervention did not directly focus on IPV, data were also collected to better understand how a structural intervention might distally affect IPV indicators. We endeavored to understand not only the context and form of IPV but also strength and capacity for action in the face of IPV. The interview guide included questions about the forms of violence that occurred in participants’ communities, who was at greatest risk of experiencing violence, and the impact of violence on participants’ lives. It was through this line of questioning that women provided rich narratives about their personal experiences with IPV. Findings from the longitudinal quantitative measurement of intervention outcomes are reported elsewhere (Weinhardt et al., 2016).

Study Area

The study was conducted in the rural areas of the three Traditional Authorities (TAs) of Njombwa, Kaomba, and Mwase, geographic subdivisions of the
Kasungu District located in West-Central Malawi. The Kasungu District has a total population of 616,085 people, with nearly 93,000 people residing among the Njomba, Kaomba, and Mwase TAs (NSO, 2008). The majority of residents are smallholder or subsistence farmers.

**Ethical Considerations**

Prior to commencing the study, approval was obtained from committees on the protection of participants in Malawi and the United States. Written informed consent for participation was obtained from participants after explaining the purpose of the study. Participants were assured of confidentiality and anonymity, and informed of the right to withdraw from the study at any time.

**Sample**

Participants were recruited from intervention group households of the larger study. Stratified purposive sampling was used to match the composition of the sample within the quantitative portion of the larger study, to equally represent the TAs, and to capture diversity of exposure to the intervention (Weinhardt et al., 2014). This stratified sample included 60 women and 30 men consisting of approximately 10 men and 20 women from each of the three project TAs. This article focuses on data about experiences of violence derived from in-depth interviews conducted with the women participants, aged 21 to 75 years ($M = 39$) all of whom were rural smallholder farmers. Data saturation and redundancy were reached with analysis of 55 in-depth interviews.

**Data Collection and Management**

Interviews lasted 60 to 90 min and were conducted face-to-face by Malawian women field scientists in Chichewa, the language of the study area. Open-ended questions were asked about the intervention and its impact on participants related to food security, economic well-being, gender relations, health, and HIV risk. Participants were also asked to discuss their personal experiences of violence and those of other women in the communities in which they lived. All interviews were digitally audio-recorded, transcribed, and translated into English by native Malawians.

**Data Analysis**

A postcolonial feminist perspective guided our analysis. As discussed earlier, this perspective helped us maintain a sense of accountability
to participants and to write about their lives in a manner departing from colonizing tropes. A multi-staged thematic analysis was used to attend to the stories participants told of violence throughout the interview (Braun & Clarke, 2006). Experiences specifically related to IPV were identified and coded, and matrices were constructed to explore linkages. Across the sample, descriptions of the context of IPV, acts of IPV, and women’s responses to IPV were identified and within-case analysis of each interview was followed by further across-case analysis. Variation in meanings and experiences among the participants were explored. This iterative process of refining themes related to the context of IPV, acts of IPV, and women’s response to IPV concluded with the identification of exemplar quotes to substantiate findings (Riessman, 2008). All quotes were retained verbatim to the English translation. Members of the research team worked independently and collaboratively to reach consensus about saturation and results in consideration of our postcolonial feminist perspective and dedication to honoring the voices of participants in accordance with standards of rigor appropriate for feminist research (Hall & Stevens, 1991).

Findings

Figure 1 summarizes overall findings. The IPV women reported occurred within contexts of domination. As described by the participants, husbands controlled the economic and social livelihoods of their households. When money was available, husbands drank alcohol to excess, had sexual encounters outside marriage, and took additional wives. Under these conditions, and particularly at harvest time, acts of violence perpetrated against wives included economic deprivation, beatings, forced sex, and exposure to HIV. While they suffered tremendously from the violence—experiencing hunger, pain, debility, and fear for their lives—women were not passive. They took action to protect themselves and their children and keep their households from falling deeper into poverty.

The Context of Men’s Domination Over Women

Men’s domination over women was identified as the context of IPV. Male control of the household, alcohol misuse, sexual encounters outside marriage, and polygamy were major contextual themes identified.

Control of the household. Women described husbands as the accepted heads of household with authority over all economic and social activities. This authority was granted by social convention, but women were critical of it,
particularly when it obstructed their prerogative and participation in household decisions. As one woman described,

My husband buys everything in my house even the serving spoon. I don’t even know where the market or maize mill is. For me to touch money is only when I am going to the hospital with a child; that is the time I hold the money in my hands. Otherwise my husband buys everything. If I were to go by myself, I would choose my own style. But he buys the cloth and tailors it and it is not even my style. When I put it on, it is like you have dressed a tree! (Age 31 years, four children, farming/piecework, secondary education)

In most cases, husbands’ control over household money extended to wives’ earnings:

It happens that, as a woman, you have done piecework (work on another’s land in exchange for cash or food) and you find a man can take that money as if borrowing it. In the end, you fail to ask him to give it back to you because a man takes authority over everything in the house. (Age 47 years, number of children not disclosed, farming/piecework, primary)
Another woman said,

I don’t see my money after I have done piecework. This is because when I have tied it in my wrapper (traditional fabric used as a long wrap-skirt) my husband comes and takes it from there. Even when my relatives give me some money, he comes and takes it. So I don’t have access to money. (Age 31 years, four children, farming/trading, primary education)

Confiscating money and supplies vital to household subsistence activities was not uncommon:

Sometimes you find that when you have bags of fertilizer and keep them in the house, the husband comes and takes the bags and goes to sell them. (Age 31 years, four children, farming/piecework, primary education)

Participants also described dissatisfaction with control husbands wielded over their activities:

A man can say, “I am going somewhere. On my return, I would like to find my clothes washed and food cooked.” Yet, there is no soap. I feel this is violence. Sometimes you fall sick to the point where you fail to rise but the man says, “I want to go somewhere so wash my clothes, cook for me. And you are forced to rise and cook for him to eat.” (Age 32 years, three children, farming/trading, primary education)

As one woman concluded about her husband’s controlling behaviors, “They do this because they are men and they have a lot of power” (age 60 years, six children, farming, no formal education).

**Alcohol misuse.** Alcohol misuse by husbands was a dominant theme discussed by the women, leading to multiple acts of IPV. Men’s domination over women assisted in creating a context in which alcohol misuse could take precedence over household well-being. When cash was available, husbands often spent it over-imbibing in alcohol. Women spoke extensively of how money they earned from varied income-generating activities was forcibly taken by their husbands who would use it to buy alcohol. One woman said,

I make my money through building clay pots. It happens that after selling, I put that money in the house. My husband would come and steal that money and use it for beer drinking. When I return, I would notice the money is not where I left it and we would end up quarreling. In this case it means he has violated me because he stole money that was meant to help the household. (Age 56 years, six children, farming/piecework/skilled artisan, no formal education)
According to participants, increases in alcohol misuse particularly coincided with harvest time. The tobacco, planted and tended for many months by both men and women with no more than hand tools, could finally be picked and sold for cash. This cash was vital for replenishing household food stocks in the “hunger months”: the interval between when one year’s harvest of maize is consumed to when next year’s crop can be harvested. Yet, many men used this cash to purchase alcohol in the weeks immediately following harvest.

**Sexual encounters outside marriage.** The cash of harvest was not only used for alcohol. Men were also reported to purchase or give gifts to women for sex:

> The other violence is that, here, where we stay, when you have grown tobacco with your husband and money comes from Kanengo (auction floors), instead of giving the wife some money to go and buy clothes, he says he has not yet received the money. But the following week he goes and eats the money alone with prostitutes. This is violence and it is very common here. Women, they don’t see that money. (Age 39 years, three children, farming/trading, primary education)

When husbands engaged in such affairs, it not only diverted resources away from the household, but it also posed a risk of HIV infection. Such encounters were often combined with alcohol use, decreasing condom use. Wives tried to make sense of husbands’ behaviors:

> It is their habit of promiscuity. Men are used to doing those things. They don’t care about contracting disease. They are not afraid so they do whatever they wish. (Age 29 years, three children, farming/trading, primary education)

**Polygamy.** Polygamy remains relatively widespread in Central Malawi with 18% of women and 9% of men reporting such marriages (NSO & ICF Macro, 2011). Almost half of our rural sample ($n = 24$) disclosed they were currently or had in the past been in a polygamous relationship. Participants viewed polygamy as a context ripe for IPV, as it stretched one man’s already limited resources to accommodate two or more families and often resulted in conflicts between co-wives. One woman stated,

> Polygamy brings disturbances because when he has bought soap, he needs to share that in both households. And when the soap is finished, he needs to buy another two and share them. The disadvantage of polygamy is that you have to share everything. (Age 59 years, five children, farming/trading, primary education)
**Husbands’ Acts of Violence Against Wives**

The everyday reality the Malawian women of this study described as enduring was one of men’s domination over them. Husbands’ household control, patterns of alcohol misuse, extramarital sex, and polygamous marriage were the backdrop to episodes of IPV in the forms of economic deprivation, beatings, forced sex, and HIV exposure.

**Economic deprivation.** Economic deprivation was a major form of IPV reported by participants. Women narrated how, in the subsistence environments in which they lived, earnings from harvest were urgently needed to secure food for the household to last through the year. Instead, husbands often spent cash on alcohol, extramarital sex, and polygamy leaving women to obtain necessities for the home on their own and resulting in an economic deprivation described as violence. One woman told of how her husband’s alcohol misuse drained their income, making it difficult to meet basic needs:

> The violence that has affected me is related to my husband. He doesn’t take care of the house because of beer. It is not good behavior for a man to drink beer while leaving his children and wife suffering without food. Yet, he is enjoying. (Age 27 years, two children, farming/trading, primary education)

Women also spoke of how after harvest, men would abandon their family or insist on divorce to avoid sharing the year’s income, only to resume the marriage the next growing season. Such episodes deprived women and children of food to survive, although they had contributed significantly to growing and harvesting crops. One woman said of her experience:

> It happens you have worked together on the farm and during harvesting the husband requests a divorce and you leave behind the crops you have assisted in producing. And you go to your mother where there is no food. (Age 24 years, three children, farming, primary education)

Another woman explained,

> The violence that happens in this area includes men doing towards women. Like in this season of harvesting, instead of eating together as a family the crops you have harvested, it becomes difficult. Instead of the man being at home, he goes around and proposes to several women because of the income from the surplus crops we have sold. This is what happens to me. (27 years old, two children, farming/trading, primary education)
**Beatings.** IPV also took the form of physical abuse, as one woman succinctly revealed: “The violence I face in the home is being beaten up” (age 24 years, three children, farming, primary education). Additional testimony came from a woman who earned money brewing beer and did not want to give the income to her husband: “My husband asked me for money. I denied him. After that, he beat me with a pestle and I fainted” (age 57 years, 11 children, trading/skilled artisan, primary education). Giving up earnings in the face of husbands’ demands did not assure escape from violence:

> It is possible when men have received money they go straight with it to the bar. For you to ask them (about use of the money), they beat you up. Maybe they have gone to drink beer there. They come back and beat you up. (Age 21 years, one child, farming/piecework, primary education)

Stories of beatings were often connected to the harvest: “We grow together and we harvest without any problem. But the violence comes after selling the tobacco” (age 49 years, 4 children, farming, primary education). One woman described,

> He does not want me to question what he does. This is when I am giving him my views about things or when I am reminding him that I am the one working very hard in the tobacco fields so there is a need for him to give me some money from the tobacco sales. Because he does not want to face the truth, he just beats me. (Age 31 years, four children, farming/trading, primary education)

Several women expressed the belief that their husbands deliberately beat them at harvest time to avoid sharing proceeds:

> There are times, especially after harvesting crops like groundnuts, that after selling, the husband eats the money by himself. For a small mistake you have made, he may beat you up. And he does this intentionally so you should lose your temper and go back to your kinsmen. After consuming all the money while you are away, he starts pleading for you to go back to him. (Age 31 years, six children, farming/trading, primary education)

Participants’ narratives suggest the toll of physical violence is significant, as one woman explained:

> When beating is happening to us, or our children, it is killing our future. When the males are doing this to us most of the time, like the way they abuse us, one’s body cannot be free because you are always anxious about what will happen next. Is he going to beat me up when he comes back or do something else with
the mistake I have made? You are always nervous. (Age 30 years, three children, farming/trading, primary education)

**Forced sex.** Husbands also forced their wives to engage in unwanted sexual activity, insisting it was a wife’s duty to have sex with her husband. One woman said,

Violence I face in the house comes from my husband. Sometimes he does things I do not like and to me it is bad. He forces me to have sex with him and I take this as violence. (Age 46 years, six children, farming/trading, primary education)

The forced sex women described were often unprotected (no condom used), especially when husbands were inebriated:

The difficulty is that my husband drinks a lot of beer and sometimes when he is drunk he will force me to sleep with him without a condom. (Age 26 years, two children, farming, primary education)

Forced, unprotected sex was something women tried to avoid, resisting in whatever ways they could. However, husbands often used wives’ refusals as rationale for engaging in extramarital sex, reinforcing the cycle of exposure to HIV infection and posing a difficult paradox for their wives. One woman explained,

We cannot deny them. When you are denying them sex, that is the time you are sending them to go and have sex outside of marriage. And it is the same time they will get HIV and definitely you will get it. (Age 31 years, four children, farming/piecework, primary education)

**Exposure to HIV.** Women identified exposure to HIV as an act of violence perpetrated by husbands who engaged in extramarital sex or polygamy. As the previous quote suggests, women feared they could become HIV-infected by husbands who had unprotected sex with other women. One woman described,

The problem is men are not controlling themselves from getting AIDS. They have the virus and when a woman refuses to have sex with him they ask, “Why are you refusing?” You want to protect yourself from getting it but it is hard to protect yourself from AIDS if you are two people in the house (married). (Age 31 years, four children, farming/piecework, primary education)
Like the other forms of violence described by the women, the potential for exposure to HIV increased at harvest when men had access to cash:

> After harvesting and getting the benefits, instead of doing something useful like buying iron sheets (for roofing the house), men choose to be out. After some time, you start hearing rumors that he has married another wife or he is spending nights in drinking places. Upon returning home, you may not know what he has brought for you. Then later, when you go for HIV testing, you find you are HIV positive. (Age 29 years, four children, farming, primary education)

**Women’s Agency in Response to Intimate Partner Violence**

The Malawian women in this study were not passive victims of IPV. They sought ways to generate income independent of their husbands, denied their husbands sex and food preparation when they were abusive, used contraception without their husbands’ knowledge, and left marriages when the violence became too much. When all else failed, and women were desperate, they engaged in transactional sex for survival cash and food for their children. As feminist scholars, we define these acts of resistance by women as agency.

*Generating income independently.* Women joined village savings and loan groups, engaged in piecework and started small cash-generating businesses as ways of obtaining income independent from their husbands. Some started farming separately to gain more control of the fruits of their labor, as one woman explained,

> When my husband has found money, he spends it on beer without thinking of buying food for the house. He says the good life is drinking beer. This time, I told my husband, “We should do our farming separate, maize or tobacco, because this beer you drink does not have a future.” So I grew two ridges of tobacco and put it (the money) in my bank. (Age 60 years, six children, farming, no formal education)

*Denying sex and food preparation.* Women took action in other ways when faced with husbands who confiscated household money, had sex outside marriage, squandered assets on excessive alcohol intake, and beat them up. They refused to participate in sex or cook food. The typical scenario described was a husband returning home drunk and abusive and demanding sex and prepared food to eat. Women portrayed their refusals to meet these demands as self-protective, a way to fend off sex they did not want, and HIV risk, and as communication of unwillingness to condone the abuse they suffered. These excerpts convey their reasoning:
You find you were living in harmony with your husband, but, all of a sudden, he goes and marries another wife. When you think of how life is these days, you have the right to deny him because he did not follow the procedure of going for HIV testing first. To avoid him infecting you, it is better you sleep in a separate place. (Age 26 years, three children, farming/skilled artisan, secondary education)

A lot of men here, they like drinking beer so they will leave their families without anything. Yet when they return, they want to eat. I was talking with my husband, “If you go and drink beer, do not expect to find food here because you waste money buying beer instead of using that money for this household.” (Age 28 years, two children, farming/trading, primary education)

You deny a person because of what they have done. A person cannot beat you up in the afternoon, then in the night you say, “I will sleep with him.” When he beats you up and you are feeling pain somewhere, you really cannot give to him (sex) in the night. (Age 28 years, two children, farming/trading, primary education)

**Using contraception without husbands’ knowledge.** Another strategy of resistance surfaced when women talked about unwanted sex. They practiced family planning without spouses’ knowledge. Although this action did not remove the threat of HIV infection, it helped prevent unwanted pregnancy. One woman, for example, discussed obtaining a tubal ligation without her husband’s knowledge:

In our house, we have a problem because we do not have a male child, but the husband wants a male child. In my mind, I have to bear one more child. If we have a female child again, I will not tell my husband. I will just close (tubal ligation). My body cannot manage more pregnancies. There is poverty in the home and lack of land for cultivation. So for me to bear so many children there will be problems in the future when the children are growing up. (Age 31 years, four children, farming/piecework, primary education)

**Leaving the marriage.** When marriages became unbearable under the weight of oppression and abuse, women left their husbands. Here are three women’s testimonies:

He was beating me up. He was doing this every time he was drunk. So I decided to leave him. I was afraid he would kill me. (Age 61 years, five children, farming, primary education)

I have experienced beatings before. So to avoid being beaten, I choose to stand on my own and stay (remain single). (Age 45 years, eight children, farming/piecework, primary education)
I was the first wife. My husband took two wives on top of me. So, I saw I could not stand that. I decided to leave the marriage. (Age 30 years, three children, farming/trading, primary education)

In the first narrative, it is important to point out that this woman left after the violence escalated to the point where she feared for her life. Because of the limited income-earning options available to women in rural Malawi, participants who left their husbands often returned to them or married others only to repeat the cycle of IPV; 25% \((n = 14)\) reported being married at least twice. To escape the extreme poverty of life without a male head of household, women sometimes entered less than favorable second and third marriages, even agreeing to become co-wives in undesired polygamous marriages, hoping it would provide some modicum of food security for them and their children.

**Practicing transactional sex.** Some women responded to the challenge of not being able to meet basic needs in the home by engaging in transactional sex. Perhaps given the stigma attached to women engaging in transactional sex, none of the participants identified themselves as engaging in this practice but rather discussed it as a common situation for women in their communities. Participants discussed that men engaged in extramarital relationships for reasons of lust, prestige, or power whereas women engaged in extramarital relationships because of extreme poverty. When women see their children starving, a participant pointed out, “It is then they think of committing adultery so they can obtain money for assistance” (age 48 years, 12 children, farming/piecework, no formal education). It is nevertheless important to point out that transactional sex, although at times the only alternative for women experiencing IPV in the form of economic deprivation, also predisposes women to the risk of acquiring HIV.

**Discussion**

We endeavored to understand the circumstances surrounding IPV in rural central Malawi from women’s point of view and to shed light on their agency. Highlighting women’s agency is central to postcolonial feminist scholarship, which seeks to avoid reproducing power inequalities in research (Vanner, 2015) wherein women are identified solely as passive victims in need of Western intervention (Weinhardt et al., 2014). In emphasizing women’s agency, we sought to balance our analyses of the challenges women faced with our analyses of their strengths and capacity in the midst of these challenges, which we define as women’s agency.
By examining women’s stories of violence in their everyday lives, we described the contexts of domination within marital relationships in which acts of IPV erupted against women and their actions in response. Our findings suggest that husbands had control over their households economically and socially. When money was available, husbands drank alcohol to excess, had sex outside marriage, and took additional wives. Under these conditions, and particularly at harvest time, husbands perpetrated acts of violence against their wives including economic deprivation, beatings, forced sex, and exposure to HIV. Although they suffered from the violence—experiencing hunger, pain, debility, and fear for their lives—women were not passive victims. They resisted their husbands’ domination and abuse and created options in the midst of great hardship. They demonstrated resilience and agency as they took actions to protect themselves and their children and to keep their households from falling further into poverty. They innovated ways to generate income independent of their husbands, denied their husbands sex and food preparation when they were abusive, practiced contraception without their husbands’ knowledge, and left marriages when the violence became unbearable. If women saw no other way, they engaged in transactional sex for survival cash and food for their children.

Findings from the current study are consistent with others’, including Slegh, Barker, Kimonyo, Ndolimana, and Bannerman (2013) who also identified money, alcohol misuse among men, and sexual relations as the main factors leading to IPV in their evaluation of a Village Savings and Loan project in Rwanda. To our knowledge, there are no other studies identifying a connection between IPV and harvest time as we have. This phenomenon needs further investigation as it has important implications for identifying and timing safety interventions for when women are most in need.

IPV affects not only women but also other populations, including children, older adults, and those with disabilities who are heavily dependent on the gendered tasks women perform. Women cannot efficiently carry out critical gendered roles and responsibilities when burdened by the effects of IPV and if their power to make important decisions on behalf of dependents is limited. We have identified how Malawian women have a crucial role in sourcing food yet little to no say in how the proceeds of their labor are spent. Such limited decision-making capacity has implications on household food security. Our findings support the argument feminist scholars have posed regarding gender equity as key to a sustainable development agenda (Sen & Mukherjee, 2014). Without women’s power and capacity to make decisions, the health and well-being of the most vulnerable dependents of women’s households cannot be ensured.
Transforming Masculinity

Our findings reinforce the urgent need for transformation of pervasive gender inequalities and IPV in Malawian society. Gibbs, Jewkes, Sikweyiya, and Willan (2015) propose the reconstruction of hegemonic forms of masculinity as an intervention to curb violence against women in intimate relationships. In deconstructing masculinity, men’s power to provide for their families is emphasized, replacing notions equating masculinity with violence (Hatcher, Colvin, Ndlovu, & Dworkin, 2014). Enhancing men’s economic livelihood is also important to achieving gender equality (Gibbs et al., 2015). African men’s feelings of powerlessness resulting from an inability to fulfill gendered roles may lead to violent responses to perceived threats to male identity (Slegh et al., 2013). Mann and Takyi (2009) make the case, based on their work in Ghana, that men’s feelings of powerlessness and inability to perform gendered masculine roles contribute to IPV. As Barkvoll (2009) asserts, “Reducing the prevalence of IPV requires men’s as well as women’s liberation from binding stereotypic gender norms” (p. 93).

Curbing Men’s Alcohol Misuse

Participants identified alcohol as contributing to IPV, consistent with results from the 2010 MDHS. Women linked men’s alcohol misuse to beatings and economic deprivation and ultimately, household food insecurity, as men spent earnings on alcohol rather than food. Other African studies describing the context of men’s alcohol misuse in relation to IPV are not easily found, with the majority of studies analyzing this intersection conducted solely in South Africa. Investigation into current patterns and outcomes of Malawian men’s alcohol use could be helpful in developing IPV prevention interventions. Although data on the type of alcohol consumed were not collected in our study, alcohol sachets (affordable packages of locally produced spirits) are increasingly common in Malawi and other countries in the region. To curb access to cheap, portable, strong liquor, Zambia banned these sachets and Tanzania is considering similar legislation (Mshana, 2014). As alcohol use is a structural factor contributing to HIV risk and IPV, policy and interventions addressing men’s alcohol misuse in Malawi are essential.

IPV, HIV, and Gender Inequality

Our findings suggest that although women make efforts to resist HIV exposure by denying sex to abusive husbands, they may achieve only limited success. Husbands may react by using more force to accomplish sexual goals or
interpret wives’ resistance as an excuse for seeking sex elsewhere. Boonzaier’s (2008) study with South African couples also showed how men used lack of sex in marriage as the reason for extramarital affairs. Women’s lack of power over their own sexuality and protection against HIV infection is indicative of structures that privilege men while marginalizing women.

We have identified a narrative link between men’s domination of women and household food insecurity. Although women were significant contributors to the smallholder agricultural economy and recognized the priority of purchasing adequate food supplies for the year, they lacked sufficient power to make decisions on how earnings were used. Instead, husbands squandered seasonal cash to pay for excessive alcohol intake and sex. Without enhancing women’s power and capacity to make important decisions affecting food security, the interrelated MDGs of ending poverty, hunger, and reducing child mortality cannot be achieved.

**Marriage Patterns**

Approaching notions of marriage, extramarital sex, and polygamy from a Western viewpoint may limit understanding of the complex realities rural African women face. For example, some participants spoke of husbands marrying other women during harvest season, while others said husbands engage in extramarital relationships. The nature of these new partnerships and the distinction between them are not always clear. What is evident is that the marriages women described are tenuous, IPV plays an important role in the tenuousness of these relationships, and economic necessity drives women into and out of marriage relationships. The decisions to leave or stay with abusive partners were often based on women’s capacity to independently meet basic needs. Deeper poverty after leaving an abusive relationship induced women to remarry abusers or enter into other potentially violent marriages. Such findings are reflected in other studies from Malawi and South Africa (van Schalkwyk, Boonzaier, & Gobodo-Madikizela, 2014). More research on current marriage patterns in rural Malawian communities is urgently needed to inform HIV-prevention efforts. Understanding how marriage patterns are changing would also help interpret the evolution of gender norms in Malawi, critical to achieving gender equality (Kongar et al., 2014).

**Seasonal Timing of IPV**

We identified a link between IPV escalation and harvest time warranting further investigation. Harvest is the culmination of the year’s work when food stores can be replenished and earnings from cash crops can be used to invest
in the household. In subsistence farming communities, households rely on the harvest for the majority of their food. During the growing season, many families face increased food insecurity. After harvest, people are able to eat better, sell crops, and have access to money. The women in our study clearly described their risk of IPV in its many interrelated forms right after harvest. Women were deprived of decision-making power about how income they helped earn was used. In some cases, women reported escalating conflicts during harvest, leading them to return to their natal homes where food security was an issue. It was also following harvest, when men had access to cash, that alcohol-induced IPV escalated, and men had extramarital relationships. A deeper understanding of these phenomena in relation to the harvest season will have implications for timing IPV interventions, support, and resources for women.

**Structural Interventions and Policy Implications**

Multi-level structural interventions targeting economic outcomes in relation to women’s empowerment hold promise for addressing IPV. A recent systematic review of structural interventions for male-perpetrated IPV in low- and middle-income countries found that strategies targeting social or economic risk can reduce IPV and related factors (Bourey, Williams, Bernsten, & Stephenson, 2015). Among successful interventions in contexts similar to those of this study were a cash transfer and microenterprise training program in Uganda, which decreased controlling behaviors (Green, Blattman, Jamison, & Annan, 2015); a community mobilization and HIV intervention, which decreased women-reported physical and sexual IPV experience and male-reported psychological IPV perpetration (Wagman et al., 2015); and a group savings club for women combined with couples gender dialogue groups, which decreased economic IPV (Gupta et al., 2013). In addition, Pronyk et al. (2006) found a combined microfinance and gender/HIV education program reduced violence experienced by women by 55% compared with the comparison group. Programs and policies improving women’s levels of education have also reduced IPV risk in Uganda (Karamagi, Tumwine, Tylleskar, & Heggenhougen, 2006), South Africa (Gass, Stein, Williams, & Seedat, 2011), and other African countries (Were et al., 2011).

Collaborative action by state and local communities addressing the disparate gender roles and IPV within Malawian culture is essential. As evidenced by the stories of the women in our study, increasing women’s power through the earning of their own income has the potential to change household dynamics and normative relationship patterns; however, such changes have the potential to lead to an escalation in IPV if men are not involved as allies from
the beginning. Slegh et al. (2013), in reporting findings of their intervention in Rwanda, emphasized the importance of involving men as allies in programs aiming to improve the economic independence of women. Programs targeting women therefore need to be initiated alongside interventions seeking to change societal attitudes about IPV. Policy initiatives addressing structural interventions hold the greatest promise for decreasing IPV in Malawi. Yet, the success of policies depends on people and resources within local communities. Violence prevention efforts can capitalize on women’s agency, community resilience, existing funding agencies, and local systems to facilitate political change. Local populations must participate in developing and implementing policy interventions that address both proximal and distal factors influencing IPV.

Limitations

Although the qualitative methods we used helped us examine in depth and detail these participants’ experiences of IPV, the findings are limited in that they cannot be generalized to a larger population and should not be taken to represent the experiences of all rural Malawian women. Furthermore, the findings represent perspectives of women who had been engaged in a structural intervention exposing them to opportunities designed to enhance food security, economic empowerment, and gender equity; therefore, they may have been sensitized to issues of IPV that other rural Malawian women were not; although no conclusions about causality can be derived from these qualitative data. Potential influence from the presence of the female Malawian field researchers during data collection cannot be calculated. Also, while interviews were translated to English by native Chichewa speakers and verified by the bilingual field researchers, and while we attempted to maintain literal translations wherever possible in an effort to capture women’s actual words for purposes of enhancing credibility, translation of transcripts is a naturally challenging endeavor. It is imperative that translations are conducted in a manner that allows transcripts to be understood by a primarily English-speaking audience, particularly for publication purposes.

Conclusion

Our use of a postcolonial feminist perspective led us to acknowledge Malawian women’s acts of resistance amid the harsh realities of IPV and gender inequality. We contend women’s resilience and resistance against oppression within their intimate partner relationships are critical in combating IPV and one we believe must be guided by women’s voices. However,
interventions must achieve a careful balance between triggering additional violence by challenging male identity and changing the structures causing oppression. Structural interventions that (a) address the multiple distal and proximal factors affecting IPV, (b) are tailored to and owned by local populations, and (c) involve both men and women as architects and active participants, we believe, hold the greatest promise for tackling IPV in Malawi.

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