INTERSECTIONS OF GENDER EQUITY, INTIMATE PARTNER VIOLENCE AND RELATIONSHIP DYNAMICS AMONG BRAZILIAN YOUTH

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Abstract

Anupama Manchikanti Gomez: Intersections of Gender Equity, Intimate Partner Violence and Relationship Dynamics among Brazilian Youth
(Under the direction of Ilene Speizer)

Background: Growing evidence indicates that support for gender inequity is a risk factor for intimate partner violence (IPV) and adverse reproductive health. Gender equity is important for youth, as the relationships men and women experience and observe early in life may influence behavior throughout their lives. However, most research examining gender equity, IPV and reproductive health focuses on female experiences, failing to include males or examine relationships at the couple level.

Methods: This dissertation utilizes a mixed methods approach to examine the intersections of gender equity, IPV and relationship dynamics among male and female youth (ages 15-24) in a low-income community in Rio de Janeiro, Brazil. In Paper 1, the relationship between individual-level gender equity and IPV in the past six months is investigated among 198 female and 240 male youth with logistic and multinomial logistic regression models. In Paper 2, qualitative data from seven female youth and their male partners are examined to explore how gender inequity influences relationship dynamics around sexual and reproductive health, and conflicts and IPV.

Results: In logistic regression models, support for gender equity has a protective effect against any female IPV victimization and any male IPV perpetration. In a multinomial regression model for female IPV, gender equity is protective against victimization and reporting both victimization and perpetration. Qualitative results

revealed that gender inequity is a reality of the participants' lives and an underlying factor in unhealthy relationship norms that support male control over sexual encounters and adversarial conflict resolution styles that may elevate the risk of IPV. Support for norms reinforcing gender inequity also present a barrier to effective condom and contraceptive use. Several participants noted that while condom use is normative early in relationships, later suggestions of condom use may raise suspicions of infidelity.

Conclusions: These results indicate that targeted interventions promoting gender equity and healthy relationship behaviors among youth may help reduce IPV and improve reproductive health in urban Brazil and other settings. Promoting gender equity among youth has the potential to not only foster better health outcomes but also to enhance their relationships, well-being and human rights throughout the life course.

To Alvaro and Nikhil, my inspirations

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Introduction

SECTION 1: BACKGROUND

Growing evidence indicates that gender inequity is a risk factor for intimate partner violence (IPV), as well as HIV, sexually transmitted infections, unintended pregnancy and condom and contraceptive non-use.[1-7] Since the 1990s, researchers have recognized that public health interventions that fail to consider the context of women's lives, including factors such as gender, cultural and social norms, may have difficulty effectively promoting risk reduction among women.[4, 8-11] Gender inequity frequently has been operationalized in research in terms of an individual's support for inequitable gender norms, such as believing that there are situations where wife beating is justified or that men should have the final say in issues related to reproductive health and household decision-making.[3, 5, 12, 13] Gender norms are defined as societal expectations of appropriate behavior for men and women and operate at various levels of the social ecology (individual, familial, neighborhood, wider community, societal).[14] Inequitable gender norms, such as tolerance of violence towards women, acceptability of men having multiple sexual partners, and male dominance in household and sexual decision-making, may put young women at risk of adverse health outcomes.[15] Moreover, female youth may be at risk of power asymmetries in relationships due to social norms that favor male dominance, increasing their likelihood of IPV and adverse reproductive health outcomes.[11, 16]

In various cultural settings, boys and girls are socialized by messages that may support inequitable norms and roles throughout childhood, potentially leading to risk behaviors during adolescence and young adulthood.[17, 18] Traditional gender norms, particularly male dominance in decision-making, give women few opportunities to resist sexual advances or to insist on condom use.[19-23] Men generally control the circumstances of sexual intercourse, especially with younger women, and have greater access to employment, money and power than women.[19, 24] Economic, cultural and social influences reinforce these imbalances.[25] Researchers have suggested that women may accept passive roles in relationships, due to fear of violence, low levels of relationship power and lack of availability of other partners.[11, 26] An intensive review of factors influencing the sexual behavior of young people concluded that gender stereotypes set out differing expectations of male and female sexual behavior and were an important theme to address in future programmatic and policy development.[21] The styles of interactions in relationships that men and women observe and experience during their youth often set the stage for behavior in adult relationships.[27-29] Thus, a better understanding of gender norms and how they influence the behaviors and relationships of youth may have the potential to improve health throughout the life course.

Across Latin America traditional gender norms support male dominance and aggression ("machismo"), while encouraging women to be passive and dependent ("marianismo").[30] Gender roles in Brazil have been in flux since the 1970s, particularly due to increasing levels of women's educational attainment and representation in the work force and a decline in the total fertility rate from 5.0 in 1970 to 1.9 in 2007.[31-33] Despite this progress, researchers have noted that traditional, patriarchal norms are

germane in daily life. For example, women are traditionally responsible for household duties and childcare, while men handle financial matters.[31] Moreover, research in Brazil has indicated that gender norms around sexuality place young men and women at risk of unintended pregnancy and HIV.[4] Previous research in Brazil has noted that cultural norms elevate males to "privileged" positions, allowing them to have outside sexual partners, while women must remain faithful.[34] While women are expected to carefully select sexual partners and held responsible for outcomes such as pregnancy, they may have little control over the actions in between, including the circumstances of sexual encounters and the use of condoms and contraceptives.[35]

In Rio de Janeiro many slums, known as *favelas*, are rife with drug-related violence, socializing some males at a young age into a brand of masculinity that promotes violent behavior towards women.[34] While the drug culture may consider abusing women without motivation unacceptable, suspicions of infidelity or failure to fulfill domestic responsibilities have been found to justify violence in cases where men provide financial support to women, such as paying their rent.[36] Many young people may witness violence against their mothers and lack the power to intervene, further normalizing gender-based violence and putting them at greater risk for perpetrating or being a victim of relationship violence in the future.[37]

Intimate partner violence and gender inequity

IPV has been conceptualized primarily as an issue of gender-based violence, with women cast as the victims and men as the perpetrators. IPV against women is a serious public health issue, due to the physical and emotional costs borne by victims. Beyond the

direct consequences of violence, women who experience IPV are at higher risk of adverse reproductive health outcomes, poor mental health and a greater number of lifetime sexual partners.[38-45] Notably, both men and women report IPV perpetration and victimization in international settings.[3, 46-48] In numerous population-based studies from Latin America, South Africa and the Philippines, higher proportions of females report perpetrating IPV against their partners than the corresponding proportion of males who report perpetration, though these findings do not necessarily account for frequency, severity, or context of violence.[46, 48-52] Nevertheless, it is clear that when studying violence in the heterosexual relationships of youth, both males and females should be examined as both victims and perpetrators to better understand the context in which violence occurs, especially the circumstances and conflict resolution styles that precipitate violence.

Levels of IPV are high in Latin America and the Caribbean. A review of population-based studies found that physical assault by an intimate male partner is reported by between 10 and 62 percent of women from countries in the region.[53] IPV has particular public health significance in Brazil, where it is estimated that 300,000 women are the victims of violence by a male partner each year.[27] In the World Health Organization's Multi-country Study on Women's Health and Domestic Violence, 29% of women in São Paulo and 37% in Pernambuco cities experienced partner violence.[54] Other population-based data from Brazilian capital cities indicate that nearly 80 percent of women aged 15-69 had experienced verbal abuse by intimate partners, with 22 percent reporting minor and 13 percent reporting severe physical abuse. The same study found that, in each city, higher proportions of women reported physical IPV perpetration compared to victimization.[55]

In many cultures social ideals around masculinity are achieved by men's dominance over women,[56-58] including through the use of violence.[59-62] The majority of research examining gender inequity and IPV concentrates on married women, neglecting young women, who may be at greater risk of disempowerment within relationships, and young men, who often reinforce gender inequity due to social and cultural norms but may be responsive to more equitable ideas about gender.[5, 63-65] This is particularly important, as lifelong patterns of behavior may be formed during this period and have substantial impact on subsequent health outcomes and relationships. Moreover, little research has considered the relationship between gender equity and female perpetration of IPV. While male IPV perpetration is often theorized to occur due to power imbalances in relationships caused by inequitable gender norms, female IPV perpetration may be related to gender inequity as well. Inequitable gender norms may support unhealthy behaviors in relationships, particularly infidelity and poor communication.[25, 34] Coupled with other contextual factors such as community-level violence, gender inequity may provide some explanation for why IPV occurs, regardless of the sex of the perpetrator and victim.

Relationship dynamics and gender inequity

One of the main arguments for studying gender equity in relation to health is the premise that gender is an important determinant of the roles that men and women take on in relationships, as well as their interactions and behaviors.[4, 11, 21, 66] Though engaging in sexual activity and using condoms and contraceptives are, in theory, interactive processes negotiated between two individuals, gender inequity may support imbalances of power

within sexual relationships. Compromised sexual power, defined in terms of "the relative ability of one partner to act independently, to dominate decision-making, to engage in behavior against the other partner's wishes, or to control a partner's actions,"[25] has been linked to less consistent condom use, less contraceptive use, increased vulnerability to STIs and HIV, and adverse pregnancy outcomes among women in various settings.[1, 6, 7, 25, 26, 67, 68] Notably, female youth may be at risk of power asymmetries due to social norms that favor male dominance.[11, 16] Where power imbalances are present, young women may find negotiation for and communication about condom and contraceptive use difficult.[69] In relationships where IPV occurs, women's perception of control over sexual encounters may decrease, leading to an increased likelihood of sex without condoms or contraceptives.[70-72] Furthermore, violence against women may also occur as a part of male exertion of control in relationships.[72, 73] Gender-based power has been conceptualized as a causal pathway by which IPV puts women at risk of poor reproductive health, as experiencing violence may disempower women from effective condom and contraceptive negotiation in future relationships.[20, 74] Better understanding the interactions between two people in a relationship, especially in terms of power, negotiation and communication related to reproductive health, can help operationalize the barriers that gender inequity presents to the promotion of positive reproductive health behaviors and prevention of IPV.

In Latin America traditional norms of machismo and male dominance may also support power asymmetries in heterosexual relationships. In research with Latin American immigrants in the United States, female and male focus group participants noted that perpetrating physical violence may make men feel more powerful.[26] However,

in settings where gender norms are changing, exertion of female power may also be a risk factor for violence. For example, in Haiti, researchers have found that women who reside in communities with more female-headed households are at greater risk of sexual IPV,[65] while in Colombia, IPV victims living in municipalities with high levels of female autonomy in decision-making have a higher likelihood of experiencing an unintended pregnancy.[5] In other settings women who express autonomy may be at greater risk of violence, hypothesizing that men perpetrate violence because they feel threatened by their partners asserting power.[75, 76]

Involvement of men and couples in IPV and gender research

To better understand how gender equity influences IPV and health outcomes, the study of relationship dynamics is crucial. However, much of the research in this area focuses on female experiences, failing to include males or examine dynamics at the dyadic, couple level. Individualistic models and research do not address the context of women's lives, context that is often influential in behaviors that put them at risk of IPV and other adverse health outcomes.[8, 9, 11]

Despite the 1994 United Nations International Conference on Population and Development's call for male involvement in women's sexual and reproductive health and recognition of violence as an issue of reproductive health, men are still understudied in this area of research.[20, 77, 78] Studies of IPV in international settings generally focus on female victimization, ignoring male control over these behaviors, despite the fact that existing research studies indicate that males are willing to talk about violence.[17, 20, 41, 59, 60, 62, 79-87] Moreover, numerous research studies have also found that males and females

both report perpetrating and being the victim of IPV, indicating the need to include perspectives from both sexes to investigate the context in which violence occurs.[46, 48-52]

With the increased interest in male involvement in reproductive health,[77] many research studies have examined survey data from heterosexual, married couples to explore male and female reports of contraceptive use, fertility intentions, and communication and decision-making around childbearing and contraceptive use.[12, 88-93] Intimate partners have an important role in health outcomes, as a partner may be an important source of influence on an individual's life and behavior.[94-97] Interventions targeting couples have been shown to be more effective than those singularly focused on men or women.[97] Furthermore, utilizing data from couples allows researchers to investigate communication within relationships and to explore negotiation and decision-making processes as they relate to reproductive health.[14, 98, 99] The few studies examining gender norms and power among couples have been informative. The presentation of narratives from three married Bangladeshi couples revealed how individual fertility and contraceptive preferences are negotiated within a dyadic context and how preferences of one partner are dominant when partner's views differ.[99] Additionally, an evaluation of an intervention promoting gender equity and healthy relationships among young men in Rio de Janeiro included qualitative interviews with six couples, finding that questioning social norms around multiple sexual partnerships for young men presents many challenges, even among young men and women who appeared to support more gender equitable norms.[14] The majority of research with couples in developing countries has been conducted with married couples,[75, 88, 95, 97-99] neglecting the relationships of

heterosexual youth, which may be influential on patterns of behavior in future relationships.

SECTION 2: STUDY SETTING

While Brazil is classified as an upper middle income country by World Bank standards, it is marked by stark income inequality, with the richest 20 percent of the population receiving 61 percent of income and the poorest 20 percent receiving only three percent.[100, 101] In Brazilian cities, low-income populations generally reside in *favelas*, or densely populated slums or shantytowns, often lacking public services, such as street lighting, paved roads and sanitation.[36] In Rio de Janeiro, more than one million people reside in *favelas*, representing about 20 percent of the city's total population. Between 1999 and 2000, the number of persons living in *favelas* grew at a much faster rate than Rio's non-*favela* populations.[102] The residents of *favelas* are racially mixed, though the majority are classified as Black, mixed race or indigenous.[36, 103] The *favela* where the present study is set has a total population of about 132,000, ranging from working class families with adequate housing, to lower income areas with more precarious housing.[27] Many of the 500+ *favelas* of Rio de Janeiro, including the one in this study, are characterized by high levels of gang violence and drug trafficking.[104, 105] Though only one percent of *favelas*' populations are involved in drug trafficking, the drug culture is a dominant influence, enforcing patriarchal and machista values and symbolizing masculinity for many young men. The drug trafficking culture's influence on youth is apparent in *baile funk*. *Baile funk* refers to a style of music with lyrics that may be demeaning to women or idealize drug trafficking.[106, 107] For example, one song

discusses how much girls from *favelas* "adore" sex, noting that "all the girls from the *favela* like 'it' in the mouth, the vagina, the anus, and like 'it' all the time."[106] In Rio de Janeiro, *baile funk* also refers to funk dances that occur on weekend evenings in *favelas*, which are the center of youth social and sexual life and often turn violent.[106] Many funk dances are sponsored by and attended by armed drug traffickers.[107]

Income inequality and race in Brazil have been linked to health disparities. Disparities in income and literacy are associated with decreased life expectancy in Brazil[108] and higher homicide rates in Rio de Janeiro.[104] There is a lack of data on race and health in Brazil, with Census data on race being inconsistently collected. However, a few research studies have noted racial disparities in reproductive health outcomes. Black Brazilians, or Brazilians of African descent, have the highest rate of AIDS mortality,[109] and the epidemic disproportionately affects low-income Brazilians and is increasingly feminizing.[110] Between 2000 and 2002, the rate of maternal mortality among black Brazilian women was 245 deaths per 100,000 live births, while the rate for white Brazilian women was 49 deaths per 100,000 live births.[111] Moreover, the greatest risk of infant mortality is among black Brazilians.[112] Among women in urban settings in Brazil, blacks are more likely to experience sexual violence than whites (12 percent versus 5 percent, respectively).[113]

In 2006 Brazil enacted the Maria da Penha law, a new national domestic violence law that recognizes that violence against women is a violation of human rights. Under the law, perpetrators of violence may be arrested after committing violence but also preventively beforehand if the perpetrator's freedom is deemed to be a threat to a victim's life.[114] Brazil has also created women's police stations, dedicated to women's issues and

staffed by female professionals who have received training in gender sensitivity. First created in 1985, the women's police departments generally exist in urban areas in the southern states. While the number of reported offenses of violence against women has increased, few are investigated and even fewer perpetrators are punished.[115] In 2001 in São Paulo, for example, only 1,849 reported perpetrators of violence in 334,589 cases received prison sentences.[116]

SECTION 3: CONCEPTUAL FRAMEWORK

The conceptual framework for this dissertation draws primarily upon two sources: Heise's ecological framework for understanding the causes of violence against women and the Theory of Gender and Power. An adaptation of Bronfenbrenner's Ecological Systems Theory.[117] Heise's framework incorporates individual, situational and sociocultural factors, recognizing the importance of layers of risk factors that work together to increase the likelihood of violence against women.[10] This ecological framework informs research on violence against women in various settings, including the World Health Organization.[118] According to this framework, risk factors for violence exist at various levels of the social ecology, including: a) *personal history*, encompassing the factors that individuals bring to relationships, such as witnessing parental violence, being abused as a child, or having an absentee father; b) *microsystem,* which address the immediate context of violence, including factors such as male dominance, control of wealth and abuse of alcohol; c) *exosystem*, referring to social structures that influence individual behaviors, including social isolation, unemployment and low socioeconomic status; and d) *macrosystem*, referring to broad cultural ideals that influence the other

levels of factors, such as gender roles, male dominance, patriarchy and a normative view around violence against women. Social and cultural norms, such as those around gender equity, work with individual-level risk factors to influence the likelihood of IPV, with multiple risk factors increasing the risk of IPV perpetration by males or victimization among females. At the same time, a reciprocal relationship may be present in settings where IPV is common, supporting norms that foster IPV and gender inequity. The consideration of multiple layers of risk factors makes this framework particularly useful in moving away from individualized theoretical models that have dominated the study of IPV. Additionally, while the framework has been conceptualized for violence against women, many of the contextual factors addressed in this framework have been found to be associated with female IPV perpetration, particularly low socioeconomic status, witnessing parental violence and childhood abuse.[52, 119, 120]

This dissertation research is also informed by the Theory of Gender and Power applied to the examination of HIV-related exposures, risk factors and effective interventions for women.[9] The Theory of Gender and Power, developed by Robert Connell in 1987, considers social and environmental influences on women, incorporating the structure of gender relations, social norms of masculinity and femininity, and economic power.[121] According to the theory, gender inequity as manifested by unequal division of labor and power is the root of men's dominance in relationships and society. Cultural norms, such as inequitable gender norms, are driven by social mechanisms, such as biases that people hold around appropriate sexual behavior for men and women.

Women who adhere to inequitable gender norms are more likely to experience adverse health outcomes. Where power differentials in relationships favor men, women's health suffers.[9]

Figure 1. Conceptual Framework

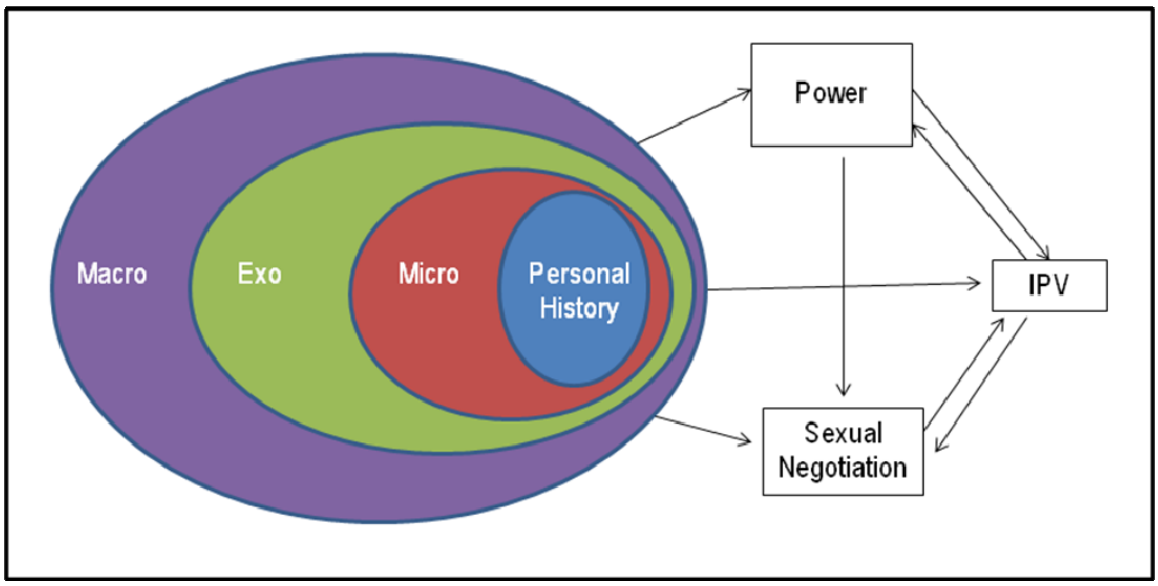

Figure 1 illustrates the conceptual framework guiding this dissertation. The left side of the framework reflects the layers of gender-related ecological factors suggested by Heise, while the right side reflects the complicated relationship between these risk factors and the outcomes of IPV, power and sexual negotiation, as suggested by the Theory of Gender and Power. The bi-directional arrows between power and IPV, and sexual negotiation and IPV acknowledge that IPV may be both a determinant of sexual negotiation ability and power, as well as the outcome of exercising power and attempts at sexual negotiation when gender inequity is predominant. Paper 1 of this dissertation examines the direct relationship between a number of ecological factors and IPV, with a

focus on individual-level support for gender equity, a microsystem factor. Paper 2 provides insights into the influence of gender inequity on power and sexual negotiation and addresses gender in both the microsystem and macrosystem contexts.

SECTION 4: RESEARCH QUESTIONS

The research in this dissertation aims to explore the relationship between gender equity, IPV and relationship dynamics among male and female youth (ages 15-24) from Rio de Janeiro, Brazil. This dissertation includes two papers, followed by a conclusion section that summarizes the overall results and implications for programs and future research.

Paper 1: What is the effect of support for gender equity on the likelihood of IPV among male and female youth? Using survey data, this paper explores the influence of individual-level support for gender equity on recent IPV perpetration among males, as well as both IPV victimization and perpetration among females. Additionally, it describes the responses to IPV for female victimization and male perpetration, as well as the motivations for IPV for female perpetration.

Paper 2: How do gender norms influence the lives and relationships of young women and their male partners? Using qualitative data from a study of young women and their male partners, the aims of this paper are to explore how gender inequity influences current relationship dynamics as they relate to sexual and reproductive health, to investigate communication and decision-making processes in relationships and to better understand the factors that precipitate IPV.

Chapter Two

Does Gender Equity Reduce the Risk of Intimate Partner Violence? A Study of Brazilian Youth (Paper 1)

The following paper examines linkages between individual-level support for gender equitable norms and IPV among male and female youth from a low-income community in Rio de Janeiro, Brazil. Specifically, this analysis sets out to examine the hypothesis that greater support for gender equity will be associated with reduced risk for IPV.

METHODS

The data utilized in this study include a representative sample of young male and female (ages 15-24) respondents from a *favela* in the northern part of Rio de Janeiro, collected by the Brazilian non-governmental organization Promundo in 2006 as baseline data for an evaluation of a youth peer education program focused on gender equity. The survey used a sampling frame based on the 2000 census with random sampling and proportional allocation size for each census tract. Young men and women were interviewed in their households. All interviewers participated in an intensive two-day training prior to data collection. Respondents were surveyed by interviewers of the same sex. Written informed consent was obtained from all participants, as well as consent from a parent or guardian for respondents younger than 18. There was no non-response in the study (M. Segundo, personal communication, March 8, 2010). A total of 254

female and 247 male youth aged 15-24 were surveyed. The analytic sample included 240 male youth and 198 female youth who were asked questions about IPV in a relationship in the past six months and were not missing data on key demographic variables. Fifty female youth and two male youth who did not report any relationships in the past six months were excluded from the analysis.

Measurement and instrumentation

Outcome variable

The outcome variable of interest was experience of IPV in the previous six months. Three outcomes were examined for female youth: any IPV victimization, any IPV perpetration and a summary IPV variable that considers four mutually exclusive categories (none reported, only victimization, only perpetration, and both victimization and perpetration reported). Only one outcome (any IPV perpetration) was examined for male youth, as comparable data on victimization were not collected from males. For the IPV victimization variable, females were asked, "In the last six months, did one of your partners commit one of these acts against you?" For the IPV perpetration variable, both male and female youth were asked if they committed acts against one of their partners. The abusive behaviors are listed in Table 1. After each item asked in the context of male IPV perpetration and female IPV victimization, respondents were asked what happened after the last time the violent act occurred. In addition, after each item for female IPV perpetration, females were asked for the motivation for the violence (jealousy, demoralization or disrespect, or retaliation for partner's aggression). Respondents were

not asked about the number of partners that they had in the last six months, nor whether the violence occurred in more than one relationship.

Key independent variable

The key independent variable was a continuous variable reflecting support for equitable gender norms, a microsystem factor in the conceptual framework. Both males and females were read more than 50 statements about various dimensions of gender norms, including household roles, childcare, sexuality, reproductive health, violence against women, and homosexuality and relationships with other men.[122] For each item, respondents were asked whether they completely agreed, partially agreed or did not agree at all. Questions that assessed support for inequitable norms were reverse coded so that higher values for all items reflected greater support for gender equity. For each item, "don't know" responses were replaced with the mean value of the item.

Factor analyses were performed separately for the full samples of males and females to create a gender equity index. For males, the 24 items comprising the Gender Equitable Men's (GEM) scale were utilized to create the gender equity index. The GEM scale, developed by the Horizons Program of the Population Council and Promundo, was previously validated in Rio de Janeiro.[122] For the males in this study, the gender equity index appears to be internally consistent, with an alpha value of 0.82. For the female gender equity index, all 50 items related to gender norms were initially examined. A scree plot indicated that, at most, two factors were appropriate for the data. Items with factor loadings less than 0.35 were eliminated, leaving 16 items in two factors. A re-examination of the scree plot indicated that only one factor was appropriate for the

remaining 16 items. The resulting female gender equity score had an alpha value of 0.81. For both males and females, individual scores on the gender equity index were entered into models, with increasing values indicating greater support for norms reflecting gender equity.

Covariates

Inclusion of self-reported sociodemographic characteristics in multivariate regression models was informed by the conceptual framework.[10] For personal history factors, current age (15-17, 18-20 or 21-24), race (white, brown or other) and whether the participant was sexually experienced (having ever had vaginal or anal sex) were included. Additional microsystem factors entered into models were religion (Catholic or other/not religious), educational attainment (completion of primary education or less, or more than primary education), relationship status (whether the respondent currently had a steady partner or not), and weekly alcohol use over the last six months (used at least once a week, or used less frequently or never). One exosystem factor – employment status (unemployed or employed) – was considered. Since all respondents lived in the same community, we were unable to consider macrosystem factors.

Analytic approach

Analyses were conducted using Stata (version 9.2). Descriptive statistics were computed for demographic characteristics and for the responses to IPV against females and motivations for IPV against males. One-way ANOVA tests were used to examine differences in mean gender equity scores by sociodemographic characteristics.

Multivariate logistic regression models were utilized to examine the relationships between the gender equity score and the likelihood of any IPV perpetration or victimization. For the summary outcome for females that includes the mutually exclusive violence categories, multinomial logistic regression models were employed to investigate the association between gender equity and IPV.

RESULTS

Descriptive characteristics

The mean age of male respondents in the survey was 19.2 years, with 45% of males ages 18-20-years (Table 2). About half (51%) reported having more than primary education. Half of males were unemployed. About 58% of males did not have a steady partner at the time of the survey, and 81% were sexually experienced. For females, the mean respondent age was 18.9 years. Forty-six percent had more than primary education. Most female youth were unemployed (65%), had a steady partner (79%) and were sexually experienced (83%).

Intimate partner violence experiences

Eighteen percent of male youth reported perpetrating IPV against a partner in the past six months (Table 3). By type, physical violence was reported at the highest level (15%), followed by psychological (13%) and sexual (1%) violence. Among female youth, 32% reported being the victim of violence by an intimate partner, while 40% perpetrated IPV in the past six months. Twenty-two percent reported both IPV victimization and perpetration in the past six months, and about half of female youth did

not report either form of IPV. Regarding their own victimization experiences, psychological (19%) and physical (22%) IPV were more common than sexual IPV (1%). As perpetrators of IPV, female youth reported physical violence most frequently (31%), followed by psychological (17%) and sexual (4%) IPV. For each act of violence, except hair pulling, higher proportions of females reported perpetration than males (results not shown). Male perpetrators reported a mean of 3.7 abusive acts, higher than female perpetrators and victims, who both averaged 2.4 acts (results not shown).

Support for gender equity

For males, the mean gender equity score was 0.0 (range -3.1 to 1.5; results not shown), indicating that males who had positive scores had higher than average support for gender equity and those with negative scores had less than average support compared to other males in this sample. Mean gender equity scores were compared by sociodemographic characteristics using one-way ANOVA tests. Notably, males with more than primary education had higher gender equity scores as compared to less educated males ($p \leq 0.001$, results not shown). Similarly, males who were sexually experienced, who were employed and who did not consume alcohol on a weekly basis over the last six months had significantly higher gender equity scores than their respective counterparts (results not shown). For females, the mean gender equity score was 0.2 (range -2.7 – 0.9; results not shown). Considering descriptive characteristics, a statistically significant difference in means was found only for educational attainment, where females with more than primary education had higher gender equity scores than those with primary education or less (results not shown).

Gender equity and intimate partner violence

Controlling for sociodemographic characteristics, sexual experience and alcohol use, the relationship between the gender equity score and IPV experiences was examined. Table 4 shows that for male IPV perpetration and female IPV victimization, the gender equity score was negatively associated with IPV, indicating that as an individual's support for gender equity increases, she or he was less likely to be a victim or perpetrator of IPV, respectively. For males, the gender equity score was significantly associated with reduced likelihood of any IPV perpetration (OR 0.7, 95% CI 0.4-0.9), and for females, it was negatively associated with any IPV victimization (OR 0.3, 95% CI 0.2-0.5). The gender equity score was not associated with any female IPV perpetration at a statistically significant level. Considering personal history factors, only sexual experience had a statistically significant association with any of the outcome variables, whereas women who were not sexually experienced were less likely to report IPV victimization (OR 0.2, 95% CI 0.1-0.6). Among microsystem factors, women who said they were Catholic were significantly less likely to report any IPV perpetration (OR 0.4, 95% CI 0.2-1.0), as well as any IPV victimization (OR 0.4, 95% CI 0.2-0.9), as compared to those who identified themselves as belonging to another religion or not being religious. Weekly alcohol use over the past six months was positively associated with IPV perpetration for males (OR 3.4, 95% CI 1.3-8.8). Not currently being in a relationship was protective against IPV perpetration for both males (OR 0.2, 95% CI 0.1-0.4) and females (0R 0.4, 95% CI 0.2-1.0) at a statistically significant level. The exosystem factor, employment status, was statistically significant for female perpetration. Females who were unemployed had a significantly higher likelihood of perpetrating IPV (OR 3.0, 95% CI 1.5-6.1).

In the multinomial logistic regression model for female IPV experiences (Table 5), support for gender equity was significantly and negatively associated with two outcomes (only victimization, and reporting both victimization and perpetration) as compared to no IPV reported. In particular, women who had a higher gender equity score were significantly less likely to report victimization only and more likely to report no IPV (RRR 0.3, 95% CI 0.2-0.7); similarly they were less likely to report both victimization and perpetration and more likely to report no IPV (RRR 0.4, 95% CI 0.2-0.7), as compared to their peers with lower gender equity scores. In this model, there was not a statistically significant relationship between gender equity and only reporting IPV perpetration compared to no IPV reported. There were no statistically significant associations between any personal history variable and the IPV categories. Among the microsystem factors, being Catholic continued to be protective against IPV victimization (RRR 0.3, 95% CI 0.1-0.9) as compared to no reported IPV. Additionally, weekly alcohol use was positively and significantly associated with female IPV perpetration (RRR 2.5, 95% CI 1.0-6.2). Being unemployed, an exosystem factor, was significantly associated with increased risk for IPV perpetration (RRR 2.8, 95% CI 1.0-7.5) and both IPV victimization and perpetration (RRR 2.6, 95% CI 1.0-6.3) for females.

Responses to and motivations for intimate partner violence

When female youth were asked what happened after the last time they were the victim of each type of abuse, they reported a variety of responses (Table 6). The most frequent response was that the victim used violence against her partner (32%). A quarter of female IPV victims said they left their partner but eventually went back to them, while

10% left their partners and ended the relationship. Male IPV perpetrators reported that 41% of their partners left them but came back after the last occurrence of each abusive act, while only 5% of the males' partners left and terminated the relationship. One third of the perpetrators said the victim responded emotionally (e.g., cried, shouted, was angry, was upset), while 31% reported their partners did nothing. Seventeen percent of their victims retaliated with violence.

Female perpetrators of IPV indicated that jealousy (60%) was the main motive for the violence the last time they perpetrated each violent act (Table 7). Twenty two percent of female IPV perpetrators reported retaliation for their partner's aggression as the reason for the violence, while 9% said the cause was demoralization or disrespect.

DISCUSSION

The results from this paper suggest that support for gender equity reduces the risk of IPV among a representative sample of youth from a low-income community in Rio de Janeiro, Brazil, particularly for male perpetration, female victimization, and experiencing both perpetration and victimization for females. There were substantial levels of IPV reported by both males and females. The most common response to violent victimization among females was to perpetrate violence against their partners, while males reported that their victims most frequently left them but later came back. Among women who perpetrated IPV against their partners, the main motivation was jealousy, followed by retaliation for aggression.

This analysis underscores the importance of examining gender equity in relation to health outcomes, as well as including perspectives from both male and female youth

on gender and IPV. This is one of the few studies examining female IPV perpetration, as well as both IPV perpetration and victimization for females, in Latin America and one of the first to consider these issues among a representative sample of female and male youth from a low-income community. The few previous studies that have examined gender equity and IPV have similarly found that greater support for gender equity is associated with reduced risk for female IPV victimization.[5, 52, 63] Furthermore, we provide contextual information about IPV, including responses to and motivations for violence, measures that are not frequently reported in quantitative studies.

This study faces a number of limitations, including a small sample size; cross-sectional, retrospective, self-reported data; a lack of comparable data on male IPV victimization; and no measures on several important contextual factors suggested by the theoretical framework, including child abuse, witnessing parental violence and community-level measures of gender equity. While examining both IPV victimization and perpetration by individuals is important, respondents were not asked if violence occurred in multiple relationships or with one partner. Additionally, women who perpetrated IPV were asked to describe one motivation for IPV for each act of abuse, possibly oversimplifying the context of the abuse. Finally, while this study provides more information on context than is usually presented in similar research, more measures on injuries caused by IPV, parental and peer influences, partner characteristics, and relationship factors, such as communication, quality and satisfaction, would certainly aid in the understanding of the relationship between gender equity and IPV.

In this study the levels of female IPV victimization and perpetration were higher than male IPV perpetration, though the mean number of abusive acts was highest for

male IPV perpetrators. This difference may partially be due to overall underreporting of IPV perpetration by males, as well as sex differences in reporting of violence. Men may be more likely to underreport violence perpetration in surveys due to the unacceptability of the behavior and may underreport victimization due to embarrassment or not conceptualizing acts as violent. Previous research has noted that both men and women may consider women's use of violence as less serious compared to male perpetration,[123] as does our ongoing qualitative research in the same community in Rio de Janeiro (Paper 2). Additionally, in the present study, the majority of females was currently in a relationship and thus may have greater opportunity to experience IPV, while only about half of males had steady partners. Future research that collects more extensive data about the context in which the violence occurs will be informative to programs, particularly the relationship norms and adversarial conflict resolution styles that give way to IPV.

These results highlight the need to examine the context in which IPV occurs, which includes exploring males and females as IPV victim and perpetrators, as well as the outcomes of and motivations for violence. Our broad, individual-level measure of gender equity was not related to female IPV perpetration; one possible reason is that community-level norms around fidelity may be a more important factor for this outcome. Further contextual information on gender and how it influences relationship norms, especially around fidelity, may be useful in determining whether promoting gender equity may also serve as a way to reduce IPV. Moreover, gender inequity may underlie other relationships noted in this analysis, such as the positive relationship between unemployment and female IPV perpetration. Women who are unemployed may be more socially isolated and thus less exposed to ideas about gender other than what prevails in

their community; additionally, unemployment may indicate financial dependence on a partner, which has been shown to be associated with power imbalances in relationships.[124]

Though many acts of female abuse were perpetrated in retaliation to violence, the majority were motivated by jealousy. Our own qualitative research with young couples in the same community in Rio de Janeiro reveals that female jealousy related to male infidelity is a common cause of conflict within relationships (Paper 2). Both men and women report that it is common for men to have multiple sexual partners in this community. While the participants universally say that violence against a man or woman is unacceptable, they also consider violence the natural response to infidelity or suspicions of infidelity. As in many of the *favelas* of Rio de Janeiro, drug-related violence is unfortunately a standard experience in the lives of this community's residents, normalizing violence in the lives of the residents. Many of the participants report witnessing violent acts in public places, both between couples and drug-related. Moreover, the majority of couples described dealing with conflicts in their relationship in an antagonistic way, indicating that psychologically abusive behavior is normative in their relationships and physical violence is common in their community.

Research examining female IPV victimization has generally been contextualized within the gender-based violence framework, which purports that power differentials precipitate violence in relationships.[125] While this traditional conceptualization of linkages between gender equity and IPV victimization of women via relationship power is relevant in this study, the examination of IPV perpetration and dual IPV experiences presents the need for an expanded framework for understanding this relationship. Given

the results regarding women's motivations for perpetration of IPV and our ongoing qualitative research, it is apparent that inequitable gender norms that endorse acceptable behavior in relationships are related to IPV. In particular, jealousy and infidelity as causes of IPV relate to the larger issue of unhealthy relationship norms, which can have myriad implications for health.

The findings of this paper suggest the need for more information about the circumstances of violent encounters to develop programs to prevent IPV and its effects, particularly in the relationships of youth. IPV prevention interventions for youth are crucially important and have the potential to improve the lives of men and women throughout the life course by setting into play positive relationship behaviors. Better understanding of the dynamics that precipitate IPV will aid in the development of interventions that more fully consider relationship context. School-based programs that incorporate skills training around conflict resolution may be one way to reach more youth early in their lives. Behavioral interventions, such as Program H, Stepping Stones and the Men As Partners project, have already shown success in reducing male IPV perpetration by promoting gender equity and healthy relationship norms in community-based settings.[14, 126, 127] Scaling up these programs to reach more youth in school settings may be worthwhile in Brazil and other settings. Furthermore, programs may be more successful when addressing or considering other contextual factors, such as norms around fidelity and violence, and family background, educational attainment and socioeconomic status. Future research in this area will allow for the development of interventions to address the complex interplay of factors that underlie gender inequity and increase young women and men's risk of IPV in diverse global settings.

Chapter Three

"When Two Heads Think, Now It Is Calm": A Qualitative Study of Gender and Relationship Dynamics among Young Brazilian Women and Their Partners (Paper 2)

The following paper utilizes qualitative data from young women and their male partners from a slum in Rio de Janeiro, Brazil. The aims of this study were to explore how gender inequity influences relationship dynamics as they relate to sexual and reproductive health, to investigate communication and decision-making processes in relationships, and to better understand the dynamics that precipitate IPV.

METHODS

This qualitative research study included in-depth, individual interviews with young women (ages 18-24) and their male partners (ages 18 and older) in order to examine the intersection between gender and relationship dynamics. Data were collected between October and December 2009 in a *favela*, or densely populated slum, in Rio de Janeiro, Brazil. Couples were recruited by two recruiters from the community, by utilizing their social networks and visiting non-governmental organizations in the community. A purposive sampling approach was employed, with the goal of recruiting couples that represented a variety of ages, educational backgrounds and relationship types. Eligibility criteria for the study were: being at least 18-years-old and, for women, no older than 24; at least one member of the couple having residence in the study community; and having been in the relationship for at least 3 months. Twenty-three

couples were approached to participate in the study. Fourteen eligible couples initially agreed to participate, with seven completing interviews. Among the seven eligible couples that did not complete interviews, four did not show up for scheduled interviews, while three did not respond to recruiter efforts to schedule interviews.

Couples were interviewed at the same time in separate rooms at neighborhood association buildings in the community. Prior to recruitment, study staff visited the neighborhood associations to ensure that the rooms where interviews would be conducted were private. Before beginning the interview, interviewers verbally administered informed consent in Portuguese to each participant individually. Each participant was interviewed by a trained interviewer of the same sex using an interview guide with open-ended questions (Appendix A). The interview garnered information about how each couple initiated their relationship, relationship satisfaction, power dynamics, communication and views on gender equity, use of condoms and family planning methods, and IPV. To make the respondents feel more comfortable with sensitive topics, we used a fictional scenario that explained the experiences of a young couple, Luis and Evelyn, who had been dating for six months and lived in a similar community. Throughout the interview, respondents were asked to provide their opinions on issues that Luis and Evelyn face in their relationship, including negotiation for condom use, infidelity, power over sexual encounters, pregnancy and abortion. At the end of the interview, a series of close-ended questions were asked to assess demographic characteristics, reproductive health behaviors and views on gender equity. As per Brazilian human subjects research regulations, respondents did not receive any incentive for their participation in the study. All interviews were digitally recorded, transcribed in

Portuguese and translated to English. Analyses were conducted primarily in English, with frequent references to the Portuguese text. This study received approval from the Institutional Review Board of the University of North Carolina at Chapel Hill, the Committee on Ethics on Research at the University of Estacio da Sá in Rio de Janeiro, and the National Bioethics Commission of Brazil in Brasilia.

Atlas.ti qualitative analysis software was used to analyze interview data. Preliminary analysis began with close readings of transcripts by two members of the study staff to become familiar with the content and themes of interviews. After initial examination of the data, a codebook was developed. Major themes were explicitly addressed by the interview guide, including views on gender, relationship dynamics and IPV, while a number of sub-themes emerged from the data. Data were coded by the first author. Additionally, in order to exploit the dyadic nature of the study, matrices for each couple were developed. In each matrix, major themes from the codebook were listed, and data from both partners were entered side-by-side to compare and contrast their views on and perceptions of gender and relationship dynamics. Due to the risk of deductive disclosure, quotes are identified only by the sex of the respondent.

RESULTS

Characteristics of couples

Seven heterosexual couples, or a total of 14 individuals, were interviewed for this study. The women ranged from ages 18 to 24 years (mean 20.7 years), while the men ranged from ages 20 to 28 years (mean 24.3 years). Five couples lived together and considered themselves to be married, though only one was legally married. Six of the

women and five men reported completing secondary or higher education. Four couples had children or the woman was currently pregnant. All the male participants reported either working or being a student, while women reported being housewives, students or working outside the home. The average relationship length was 4.6 years (range 1.25 years to 10 years). Each of the couples considered their relationships to be serious, defined from having been together for an extended period of time and having children, to committed, monogamous partnerships built on trust and shared hopes for the future. The relationships generally appeared to be long-term and stable; even in cases where respondents expressed dissatisfaction with their partners, they did not disclose intentions to end the relationship. There was less within couple variation on responses about relationship satisfaction in cases where the respondents expressed very positive feelings about their relationship and their partner. For a few couples, it appeared that the male partner was more satisfied in the relationship and perceived the female partner to be happier than she described herself. Furthermore, there appeared to be an imbalance in give and take in these relationships, with one partner, usually the female, making more of an effort and sacrifices for the relationship.

The participants in this study described a variety of ways that gender influences their relationships and lives. What follows is a description of their personal opinions about gender and their perceptions of gender in their community; an examination of power, negotiation and communication in their relationships in three realms: (1) in general, (2) during sexual encounters, and (3) as related to contraceptive and condom use; and an exploration of the causes of and responses to conflict in their relationships, including IPV.

Beliefs about gender roles and norms

Two domains related to gender emerged from these descriptions: gender as defined by the prevailing drug trafficking culture in the *favela*, and gender as conceptualized in terms of traditional gender roles. Overall, the participants had negative attitudes toward the gender roles they observed in their community. These viewpoints were shared by the majority of participants, across age and educational attainment. Both men and women said that men gained status and respect in the *favela* by having numerous sexual partnerships and through behaviors reflecting machismo.

> Ah, here being a man is being a player. "Ah, I went out with that one, went out with that one, went out with that one." Here men are players. He is the... the girls say, he is the *muleque piranha* (a guy who has sex with every woman he can).
>
> -Female respondent

Several participants also defined men in terms of being providers and hard workers, though they noted that "hard workers" (i.e, people not involved in drug trafficking) were often not given status in the community.

> That is why I say, the real men are those who work, who have families, who help out in the house, you know? Who are chasing after something better... Yes those are men. Too many people like me they see it this way, but many people here see that is being there on the corner, you know? Exchanging gunshots...
>
> -Female respondent

At the same time, the participants defined being a woman in terms of gender roles related to both the drug culture as well as household responsibilities. Many participants said that being a woman in the community meant being vulgar, sensual and attractive. A few noted that being in relationships with drug dealers was a way to gain status and power, referencing *baile funk*, referring to funk dances that are the center of social and sexual life for young people in *favelas,* as well as a style of music with frequently sexual, violent and misogynistic lyrics.[107]

> Women think that being a woman is this. It is using drugs, drinking beer, going to *baile funk*. Having swear words in the mouth. Going out with those that are taken, being a mistress... It is these things. The women of the community think in this way. .. They want to have the power. For example, she is with the guy, she will have the power to confront many hard workers, many people with whom maybe she has a problem.
>
> -Male respondent

Several women described how the *baile funk* culture demeaned and objectified women and was influential in young people's perceptions of gender. One young woman, in particular, used these constructs to describe women in the community but equated them with not being a woman, appearing conscious of the gender inequity perpetrated by these ideals.

> Because since the moment that a man looks at you and see that your clothing is vulgar, you are not a woman...It's like this funk music that says, that a woman is a dog, that a woman is nasty, that a woman is everything, everything that's not right. Nowadays there are girls of 13, 12 years that think that this is a privilege, being called a dog, a nasty girl, and so on, you know the taboo words.
>
> -Female respondent

Being a woman was also defined in terms of household responsibilities. There was a sense of respect and pride that emerged when participants spoke about the many responsibilities that women had to fulfill.

> A woman in the community? A warrior, too. Warrior. Because sometimes she comes home from work, has to do things inside the house. Or then a woman gets home early from work, goes to get her child at school. I have seen many times mothers picking up their children here during gunshots too…They get home, take care of the food, or the husband, of the house.
>
> -Male respondent

A few participants also described being a woman in their community as "devalued" and spoke of the lack of opportunity for women to change their lives due to their submissive roles.

The participants generally viewed these norms about gender negatively, often speaking disapprovingly about men and women who lived within these ideals. Many spoke of how their own personal views on being a man and being a woman differed from the community norms.

> No, I think people disparage women more, that a woman needs to be that certain way. That way is a mold, that person is at home, needs to be... not to be, is... to cook, iron, clean... wash... people already have that mold of a woman here, understand? And the man goes to work, understand? In my mind it is not like that.
>
> -Female respondent

Despite this recognition of more gender equitable norms expressed by a number of the participants, the couples generally appeared to fulfill traditional gender roles. Most of the women who lived with their partners depended on their partners financially and were primarily responsible for household maintenance and caring for the children. Even in cases where the female partner was a student or worked outside of the home, the couples described little division of household responsibilities. In one extreme case, the relationship where gender inequity was most apparent, both members of the couple mentioned his disallowance of her working or even spending time outside of the home.

> From thinking that she shouldn't work. Thinking that she shouldn't be out all the time. Depriving her of certain things. Things like that, that sometimes I don't want to do, but I end up doing it because the pride and the machismo get mixed up.
>
> -Male respondent

The participants were asked whether they thought if, in their community, it was more difficult to be a man or woman. Many respondents said it was difficult to be both, but all of them were able to identify more difficult circumstances for one sex compared to the other. Most participants, both male and female, said it was more difficult to be a woman.

> Women have more responsibilities inside the community. Because women in the community...women in the community do everything, right? She washes, irons, cooks... There isn't stewardship there that many women outside, that there is an improved condition they have. Of hiring a maid. And this maid lives in a community. She does in the house of others and in her house. This is very difficult. Now, it's a complicated life. Because she has to do there and has to give attention here as well. [The life of] the woman in the community is more difficult than the man's. Much more difficult.
>
> -Male respondent

Communication, negotiation and power in relationships

Relationship context

Overall, both partners reported that generally the female partner decided how they spent their time and that they were satisfied with this arrangement, though in practice, it appeared that females suggested activities or meeting times, which were then decided upon by the males. In a few relationships, the male partner preferred a different arrangement and seemed to place the blame on their wives or girlfriends for not being more organized. Though the couples seemed to indicate decision-making power belonged to the females, often the men would choose to spend their time in other ways without consulting their partners, often causing conflict. One woman described using sex to negotiate with her husband to do things that she enjoyed.

> …he only goes out with me, if I, for instance, have sex with him the day before we go out. It's like this. If I do nothing, he will never go out with me.
>
> -Female respondent

Communication among the couples varied from discussions centered on household and financial needs to deeper connections, where participants described sharing intimate details of their lives and pasts and hopes for the future. Both the male

and female partners in several couples expressed the desire to leave the *favela* for a better life and noted that this was a frequent topic of conversation for them.

> We talk a lot about that... About, like...opportunities...studying...getting a degree... to get out of here... About that situation in which we live, right? We want to have a child... But I don't want to have a child here. I think that this is not a good place.
>
> -Female respondent

Among couples where it seemed that one or both partners were not entirely satisfied, there appeared to be a lack of communication about the problematic aspects of the relationship. In these cases, the female partner gave the impression of being less satisfied than the male, and there was considerable within-couple variation in reporting sources of, communication about and resolution of conflicts.

Sexual encounters

All seven couples reported being currently sexually active. For women, the mean age of sexual debut was 15.6 years (range 11-19 years), while for men, it was 15.7 years (range 13-18 years). Several couples described the initiation of sexual activity in their relationship as occurring with little prior discussion and planning.

> That was why I said to you, "It is complicated..." Because... we decided, it was sort of on impulse, we did not say, "We will do it today," it was not like that. We were together, alone and... it happened.
>
> -Female respondent

Five of the seven women reported that they sexually debuted with their current partner. For several of these couples, it appeared that the female partner had more control in the circumstances of the first sexual encounter. A few women described their partners as patient in waiting for them to feel ready to start having sex. Age asymmetries appeared to be important in terms of power differentials in the first sexual encounter. On average

the male partner was 3.5 years older than his female partner (range 0 to 7 years), with a few relationships initiated when the female was as young as 11 or 12. For some of these couples, the older male partner appeared to initiate and control the process of having sex in the relationship. One female respondent, who sexually debuted at an early age, said:

> We didn't have a conversation, then I went….then I told my mother that I was going to school, I didn't go to school, then he took me to the house of his friend, then there we began to kiss, then it happened.

All the participants were quick to note that women generally had more power in determining when sexual encounters occurred. One male participant said, "Because if the woman doesn't want… it does not help for the guy to say anything." However, in practice, they viewed women as being pliable, noting that men ultimately have the power to convince a woman to have sex even when she is not initially interested or willing.

> ... But I think that the man pushes it more. Even if she does not want to, "No, but it is like this, like that... Ah, we have been together for a long time, I don't know what... I already trust you, you trust me..." I think that he pushes that side more.
>
> -Male respondent

Women recognized this tendency of males to "push" to fulfill their "thirst" for sex but ultimately felt that the decision to have sex belonged to the women. This was particularly evident in responses to the scenario where Luis wanted to have sex one night but Evelyn did not.

> Generally the man forces it a bit more. But to have relations it needs to be both of them together...
>
> -Female respondent

When discussing negotiation to have sex when one partner wanted to and the other did not, participants stressed the importance of communication.

> Ah, I think that it is really just by talking... Because it does not do. It does not do for one to want to and the other to not want to. How can it be, if a relationship needs to be both of them together?
>
> -Female respondent

However, it seemed difficult for women to communicate with their partners when they did not want to have sex. Several spoke about eventually giving in. For one couple, conflict arose when she did not want to have sex and he did, which usually ended in her going to bed to diffuse the situation. Interestingly, while her partner described a woman not wanting to have sex as a potential source of conflict in a relationship in a general sense, he did not mention this to be a problem in his own relationship.

Contraceptive and condom use

For both contraceptive and condom use, the participants generally felt that women held the decision-making power and responsibility, mainly attributed to the fact that women bear the burden of the consequences of non-use, particularly pregnancy. Even in cases where respondents noted that the responsibility belonged to both partners, nearly all thought that it ultimately fell on the woman.

> Yes, because the man does not care. If the woman becomes pregnant or not…
>
> -Female respondent

> Women are more conscious, men aren't. Men are more instinct[ive]. Women are more rational. I think it is because of that she takes [the initiative for condom use]...
>
> -Male respondent

In one case, where a female respondent thought the responsibility for condom and contraceptive use was a man's, she reasoned that it was because women were irresponsible these days, referencing the definition of women as being vulgar that several participants mentioned. In another case, a male respondent noted that he had never

discussed condom or contraceptive use with a partner because he had always taken responsibility in this area. One participant noted that when both members of a couple did not support condom or contraceptive use, non-use was more likely, regardless of the sex of the partner who did not want to use.

> …if I don't want to use and she wants to use, I can convince her not to use. Then she gets pregnant. If she doesn't use. If she doesn't want to use and I want to use, she can convince me not to use. Then she gets pregnant also. So the initiative has to be from both. For using a condom.
>
> -Male respondent

Support for norms reinforcing gender inequity also presented a barrier to effective condom and contraceptive use. A few participants said that machismo may make it difficult for women to successfully negotiate for condom use. Several participants noted that when a man or woman suggested condom use, their partner may become suspicious of infidelity.

> ...The society created this thing of the guy...that the condom is a more feminine worry. Sometimes she might feel a little offended, right? And...believing that the guy doesn't trust in her. Believe that she goes with anyone and he is afraid of STDs.
>
> -Male respondent

Several noted, in considering the vignette where Evelyn wants to have sex with a condom and Luis does not, that it was normative to use condoms in the beginning of relationships but later requests for condom use were a warning sign that the suggesting partner was being unfaithful.

Among the couples, there were both cases where the male partner and female partner initiated discussions about condom and contraceptive use in the relationship. In the cases where the female partner suggested condom or contraceptive use, it appeared that more of a negotiation process occurred, particularly for condoms because often her

partner did not want to use. For these couples, condom use appeared to be inconsistent.

> Participant: …And I got that stuck in my head, "No, you have to do it with a condom..." Like, sometimes, I am not going to say that we always had sex with a condom, but a good bit of the time...
> Interviewer: And it was you who said to?
> Participant: It was me.
> Interviewer: And how did he react?
> Participant: He does not much like the idea no! (Laughs.) But he complied, you know?
> Interviewer: I understand...
> Participant: Sometimes he says, "Shit... and whatnot..." But it is like I told you, I convince him, right? But not always, no.
>
> -Female respondent

Negotiating condom use resulted in an agreement that presented a barrier to effective pregnancy prevention for one couple, and the female became pregnant unintentionally.

> Yes... he is always like, "Damn...don't we live together? Haven't we been together for whatever amount of time?" Then I [say], "Ah, I don't know, but I don't like it!" Then we entered into an agreement, we do it sometimes with, sometimes without.
>
> -Female respondent

For other couples, where it appeared that condom and contraceptive use was more consistent, communication and a balance of power were apparent in this area of their relationships. There was also a greater sense of the future and the effect that condom or contraceptive non-use could have on their lives.

> No, constantly we talk about, "No, no, I don't want to have a child now..." I talk with her, "I just want to have a child 70 years from now..." So now we prevent much, much more than before. Before we used condoms. Now we use condoms for sure.
>
> -Male respondent

However, for a number of couples, a lack of communication about contraceptives and condoms at the time of the interview was attributed to the length of their relationships or to the female's use of birth control pills. Several males saw contraception use as a process that did not involve or concern them. One male held the uncommon view that

men and women should share equal responsibility in contraceptive use; however, in his own relationship, he found it difficult to have a role in contraceptive use, as his partner did not seem to need or want his involvement. Additionally, it appeared that the female partners sometimes struggled to negotiate condom use with their partners, as compared to contraceptives, which males often suggested their partner use.

In response to a situation in the scenario, where Evelyn suggests condom use but Luis wants to have sex without a condom, norms around negotiation and power were apparent. Several respondents noted that even though they thought she should refuse to have sex with him, it would be difficult to carry through with this.

> In this case you told there in the story, I think that the man would win the fi...the fight at this time. I think that the woman would be weaker. Generally. But there are woman that [say], "Ah, no. You have to use a condom." And a condom is used. But the man I think wins more there in the conversation, in the fight, in the discussion.
>
> -Male respondent

Conflicts and intimate partner violence

Common causes of conflicts in relationships

Across the couples, a few common causes of conflict emerged. First, jealousy, often on the part of the female partner, was reported as a source of conflict in current and past relationships. Both males and females reported that females were frequently suspicious of any interactions their partners had with other females. One male noted that,"…with all couples, jealousy has to exist," describing a recent conflict with his partner when she thought he was flirting with other women. One female noted that she was frequently suspicious of her partner without reason. Others described conflicts caused by finding text messages or online chat conversations that the male partner had

with other females. Interestingly, where jealousy was a source of conflict in the relationship, generally only one member of the couple spoke about it, usually the male. Second, finances were commonly a cause of stress and conflict in the relationship. In several of the relationships where the female partner was a housewife, the males complained about their partner's indiscriminate spending of the money that they earned.

> Sometimes she buys something without thinking like. Having the things to pay for at home, we need to buy things... We need to administer things properly. That is what we argue about sometimes.
>
> -Male respondent

In one case, where a woman acknowledged her tendency to spend too much money, she noted that her partner spoiled her and felt this was one of his positive characteristics. At the same time, her partner exhibited annoyance with her behavior, of which she seemed unaware. A third source of conflict, as noted earlier in the paper, is how the couples spent their time together, where one partner felt set aside due to the other's interests or busier schedule. For example, for one couple that did not live together and where the female partner was extremely busy, her partner felt neglected and described her as being lazy for not making more time for him. In contrast, she felt pressure to do what he wanted. Finally, for several couples, the male's tendency to frequently go out with males friends and leave her at home was currently or previously a source of conflict in the relationship. Within most of the couples, both partners similarly described at least one major source of conflict in their relationship. However, there was considerable variation overall in reporting causes of conflicts, with both male and female respondents mentioning issues that were not brought up by their partners.

Conflict resolution

A few of the couples reported that conversation was the main way in which they resolved conflicts, often after heated arguments. One male described how he and his partner tried to immediately discuss their disagreements. He explained, "We do not let things slide. Even in a moment of discussion, we prefer to vomit right away rather than holding it back." However, more common was a generally confrontational approach to deal with conflicts, as well as conflict avoidance achieved by communication avoidance. When respondents described their arguments with their partners, there was often a sense that they were easily irritated by them. Also common was the idea that leaving and ceasing discussion was the best way to avoid conflict, though some respondents spoke about revisiting the topic of disagreement at a later, calmer time.

> Because he doesn't let me work. It is only him that works….any small argument he sends me away, because it is him that pays for rent, everything…
>
> -Female respondent

> Nowadays we try to have more dialogue. Like, if I see that she is irritating me to the max, I go out in the street.
>
> -Male respondent

Avoiding communication and ultimately conflict was also utilized as a way that respondents, particularly males, resisted the urge to perpetrate IPV.

> Like, when I am very angry, I turn my back and go away. Wherever I am I go out, go to the street.
>
> -Male respondent

At the same time, other participants avoided the escalation of disagreements to violence by stepping back and being calm.

> Ah, once in a while he drives me crazy, like... and that rage hits when you feel like charging, understand? Just that you need to think, right? Think about the consequences, think twice and breathe deeply.
>
> -Female respondent

Even for a couple where both partners reported a deep sense of satisfaction in their relationship and a balanced partnership, it appeared difficult to establish a successful dialogue about recurring sources of conflict in the relationship. For another couple, the female described her partner's tendency to dominate conversation, indicating that it affected her ability to be heard and to express her opinion.

Intimate partner violence attitudes and experiences

Each of the participants clearly expressed the opinion that a man hitting a woman or a woman hitting a man was wrong and immoral. Nearly all participants said that there was never a situation where violence was justified, but a few qualified their remarks and noted that in situations where infidelity was occurring or suspected, violence was a common and expected response.

> I won't tell you that it is acceptable for a man to beat a woman, but shit… I think that a man would never accept a betrayal.
>
> -Male respondent

Though the participants denounced violence regardless of the sex of the perpetrator, a number of them implied that a woman hitting a man was less serious than a man hitting a woman.

> It is much more violent a man hitting a woman. Do you think that the punch of a woman, if the woman were not...whatever, doesn't train as a martial arts fighter. I think that it is much more violent. I think that the guy would hurt the woman much more. Than when a woman hit him.
>
> -Male respondent

> The difference is that a woman can even be very strong, but a man hitting a woman is... in addition to being wrong, it will cause more pain. The man, I don't know, is sometimes... if he goes by instinct, he can kill a woman with one punch, with one blow.
>
> -Female respondent

Some female participants noted that when females perpetrated violence, they were more likely to be hit by their partners.

> Because if she hits … if she wants respect she also has to respect.
>
> -Female respondent

> No, I think that violence has no gender. A woman hits, she should suffer the same consequences as a man when he hit her. "A woman is more fragile..." But she also hit.
>
> -Female respondent

Many participants described how violence in the community affected their lives. Observations of recent drug-related violence were common among participants, and a few discussed how the violence was a major cause of stress and caused them to isolate themselves at home. Moreover, a number of the participants recounted observations of IPV in public in their community, with both males and females as instigators.

> Here men hit women, women hit men... Women hit women... for any reason. If a pretty girl goes by, and the other one looks at her with an ugly look, there is already a fight! Here everyone hits everyone...
>
> -Female respondent

> Sometimes you even see that here, a woman cheated on a guy, then the guy violently hit the woman, started beating her in the middle of the street...
>
> -Female respondent

A male participant also noted that IPV against women in public was usually perpetuated by men involved in drug trafficking, while another described women becoming involved with drug traffickers due to fear of violence.

Only one woman reported currently physically abusing her partner, while none of the participants reported current victimization. Members of two couples noted that IPV had previously occurred in their current relationship, while several individuals also described IPV in past relationships. For two couples, the IPV in their relationship was mutual, with both partners perpetrating abuse.

> I felt so angry that I just ended up pushing, not hitting, just pushing him, then he went and slapped me, like, much stronger…this was horrible, because I was reasonable, only that I was angry, I ended up pushing him and then he slugged me much harder. Who suffered the damage was me: I had a reason, didn't have the right to talk, didn't have the right, like, to act, I don't know how to talk. I don't have the right to take an attitude, like, of doing nothing, because then I got beat anyway.
>
> -Female respondent

However, within these couples, there was variation in reporting of IPV; in one couple, both partners reported the male's abuse but only the male reported the female's, and in the second, the male reported perpetration by both him and his partner, though she did not mention either. In one case, a female reported frequently hitting her partner, though she said her partner never hit her, nor did he mention being hit.

> Ah, I don't like it when he bites my ear. Then he bites it. Then I [say], "I don't like it!..." He knows that I don't like it, then he does it to irritate me. Then I go and hit him. Just this week, in our friend's living room. I started hitting him... I hit him so much, so hard, that my friend's husband said to me, "Damn, if you do that to me I will kick you!" Ah, I really hit him, he irritates me...
>
> -Female respondent

When asked how she thought her partner felt about her actions, she said that she thought he pretended that she was "playing around," though in private, he would mention that her blows hurt and that it wasn't acceptable for her to abuse him in front of other people.

Most of the participants who discussed their past IPV perpetration exhibited a sense of regret for their actions and felt the violence was not justified.

> When I stumbled on that memory of what I had learned... I don't know, that there was worse than a slap on the face. Of me knowing that I was not being a real man by hitting a woman, of not knowing how to resolve problems. Could it be that I was not able to learn to talk and resolve a situation, without needing to hurt?
>
> -Male respondent

For one woman who experienced IPV early in her relationship, she noted that communication had improved between her and her partner over time. She described how

both she and her partner avoided communicating during times of conflict in the past but now, they made a conscious effort to talk about disagreements when neither partner was upset. Describing the improvement in dialogue that she and her partner now had and their ability to resolve conflicts peacefully, she said, "When two heads think, now it is calm."

Two males noted that in previous relationships, suspicions of infidelity drove their urge to perpetrate violence. In both these cases, neither respondent was sure that their partner was being unfaithful. Though they explained how they restrained themselves from abusing their partners, the actions they described indicate that abuse occurred nonetheless.

> Because there were more fights, she thought that I was cheating on her, I thought that she was cheating on me. Then it was more constant. I got to the point of pushing her. Not hitting, but I got to the point of pushing her on top of the bed.
>
> -Male respondent

> And afterwards she said some things, I became very agitated that day... and that day, when I tried to get on top of her, I held her by the arm very hard in bed. Then I counted to 10 and said, "Be calm." Then I thought, "This is why many guys beat women. This is why."
>
> -Male respondent

DISCUSSION

This is one of the first studies to examine gender and relationship dynamics among young couples. This analysis revealed that gender inequity was a reality of the participants' lives in several realms. There was a surprising amount of recognition of gender inequity in their community and relationships, but few participants lived outside these sociocultural norms. These prevailing relationship dynamics may present barriers to reducing the risk of adverse reproductive health and IPV and, ultimately, the promotion

of healthy relationships. Notably, females' difficulty negotiating for condom use and males' desire to postpone childbearing put pressure on females to use other forms of contraceptives, potentially leaving them vulnerable to STIs and HIV in an environment where it is normative for men to have multiple sexual partnerships. In one case, where a man wanted to be more involved in contraceptive use, the perception that it was a female worry inhibited his ability to do so.

These data revealed an adversarial approach to dealing with conflict, as evidenced by the participants' descriptions of conflict resolution and the public observations of IPV noted in many interviews. IPV was never considered justified, though it was commonly experienced by the participants and observed in the community. While most participants felt that IPV perpetrated by a woman was not as serious as male IPV perpetration, it appeared that a lack of communication could lead to the feeling that IPV was the only way to deal with an argument. In some cases, gender inequity was an underlying factor in conflicts, with jealousy and suspicions of infidelity as frequently reported sources of tension in relationships. This is consistent with the findings from Paper 1 of this dissertation, where 40 percent of young women in the same community in Rio de Janeiro reported perpetrating IPV against a partner in the past 6 months, with jealousy as the most frequently reported motivation. The lack of communication about conflicts and the fiery and sometimes violent manner in which participants responded to conflicts indicate the need for programs to promote healthy relationship behaviors, especially for youth.

This study highlights the importance of considering context when developing programs to address reproductive health and IPV among youth. Additionally, the data revealed that, at the couple level, male and female perceptions of issues such as sexual

negotiation and power vary considerably. The focus of the study on young women and their partners is informative as well. By their mid-20s, many participants had been in relationships where IPV occurred and were vulnerable to gender norms around relationship dynamics. Age asymmetries were common and appeared to be related to power differentials in the first sexual encounter, and participants spoke about the *baile funk* culture as perpetuating gender inequity among youth. Respondents also frequently mentioned the context of the *favela*, particularly the influence of the drug culture on gender and violence norms. Programmatic efforts to promote healthy relationships should be targeted to reach youth at early ages and should move beyond educational efforts to helping youth develop skills to foster healthy relationships, such as communication, conflict resolution and self-efficacy. Promoting negotiation skills for condom use may be important for longer-term couples, particularly since the data indicated that while condom use was acceptable at the beginning of relationships, it may be difficult to negotiate use later, due to norms around infidelity. Previous research has found that social norms around gender are engrained in the ways that youth approach relationships and sexuality and that failing to consider this context will inhibit the sustainability of efforts to promote health behaviors.[4, 35, 69, 128]

A number of limitations to this study must be mentioned. First, cross-sectional interviews with 14 individuals (7 couples) from one community, while informative, only provide a glimpse into the relationship dynamics that are characteristic of the relationships of young people in a *favela* in Rio de Janeiro and are not representative. Specifically, data from more couples who had been together for shorter periods of time, do not have children or do not live together would aid in the exploration of how gender

influences relationship situations that are common to youth. Recruitment for the study was difficult, given that incentives could not be provided and the need to interview both members of the couple at the same time. These challenges were compounded by the tense environment in the community due to a violent incident in October 2009 where a military helicopter was shot down by two warring drug gangs in another *favela*, which led to an increased police presence in the community where this study occurred. Due to the violence, there were several interviews that were scheduled but ultimately did not occur because the interviewers could not enter the community. While some of these interviews occurred at later times, we were unable to reschedule many of them. Data collection concluded due to the escalating violence and time and budget constraints. Second, while interviewing both members of the couple provided information about relationship dynamics that we would have otherwise been unable to attain, the interviews were not entirely comparable due to different interviewer probing styles and to respondent interpretation of the questions, limiting our ability to conduct a dyadic analysis. Future research that includes follow-up interviews with couples will be useful because it will allow for careful, directed probing on relationship dynamics based on data gathered previously from both partners. In the absence of a longitudinal approach, questions about specific events, such as the first time the partners had sex or the last time they had a disagreement, should be asked of respondents in order to increase the likelihood of obtaining comparable data. Additionally, sensitive topics, such as IPV and infidelity, were approached conservatively because of ethical concerns, since both members of the couples were being interviewed at the same time. While these data are informative, they reflect a limited exploration of the topic. Finally, social desirability bias

may have influenced some of the findings, particularly the universal disapproval of IPV. This bias may have been intensified because respondents knew that their partners were participating in the study.

The results of this study point to several directions for programs and future research. From a research perspective, studies with couples that include at least one-follow up interview would provide the opportunity to explore themes brought up by one partner but not the other and to better compare and contrast experiences with relationship dynamics and understand how gender affects their relationships. Additionally, it would be valuable to study couples from multiple communities to further examine the influence of community context. From a programmatic perspective, it is necessary to promote gender equity at the community-level, as well as the individual and couple levels. Many respondents spoke about the gender inequitable context of life in their *favela*. Changing this context will require collective action. In particular, norms that support multiple sexual partnerships and violence pose risks to the sexual and reproductive health of youth, but there are few programmatic models for addressing these issues at the community level. While several interventions addressing issues of gender have had success at the individual level,[14, 126, 127] community-level scaling up of these programs is necessary to address the social norms that foster poor sexual and reproductive health. Programs should consider promoting gender equity and healthy relationship behaviors among youth, particularly in terms of communication and conflict resolution. In particular, programs that move beyond education to promote skills to foster healthy relationships may be more successful. Utilizing role playing techniques to help youth develop skills around relationship dynamics, implementing programs in school and

targeting both females, males and couples may be ways to reach more youth with gender equity messages. Addressing these issues may facilitate positive behaviors around sex and reproductive health, reduce the risk of violence and increase relationship satisfaction.

Chapter Four
Conclusions

SUMMARY OF KEY FINDINGS

The goal of this dissertation was to explore the intersections of gender equity, IPV and reproductive health, and relationship dynamics. Using data collected from urban male and female youth in Brazil, the most important contribution of these analyses is the findings about the contexts in which IPV and risky sexual behaviors occur. Specifically, issues around communication, power and conflict resolution are salient to the reproductive health of the youth studied, as well as their relationships and overall well-being. The key findings of this dissertation include:

- *Gender inequity is an important risk factor for adverse reproductive health and IPV.* This dissertation supports previous research that indicates that gender inequity is a significant contextual factor in relation to reproductive health.[1-7, 25, 26, 67, 68] Paper 1 shows that as support for individual-level gender equity increases, the likelihood of female IPV victimization, male IPV perpetration and females reporting both IPV perpetration and victimization is significantly decreased. Moreover, there is evidence that gender underlies female IPV perpetration, as the majority of females who perpetrate IPV report being motivated by jealousy and retaliation for their partner's aggression. In Paper 2, the influence of gender inequity is evident in the relationships of young women and their male partners. The interactions that participants describe with their partners indicate that gender

inequity influences negotiations for how time is spent, when sex is had and whether condoms are used. Young women may feel pressure from male partners to use contraceptives to avoid pregnancy, leaving them vulnerable to HIV and STIs. Unhealthy relationship norms may further reinforce gender inequity in relationships, particularly when confrontational conflict resolution styles are the norm.

- *Relationship context should be considered when studying risk factors for reproductive health and IPV.* This dissertation was motivated by the need to incorporate context into the study of risk factors for reproductive health and IPV, specifically gender equity. The results revealed that the intersection of gender norms and relationship context is important, particularly in terms of norms around acceptable and expected behavior in relationships and how these norms influence relationship dynamics. In Paper 2, even though participants strongly believed that women should and do have control over sexual encounters and contraceptive and condom use, men viewed women as pliable to their preferences. While many participants recognized gender inequity in their relationships, this awareness didn't necessarily translate into more equitable relationships. In Paper 1, the data revealed that when females experienced IPV, they often left their partners but later returned to them. Most females who perpetrated IPV did so because of jealousy or retaliating for their own victimization. Gender inequity clearly plays an important role in the relationships of the youth studied, supporting unhealthy relationship norms that increase the risk of IPV and adverse reproductive health outcomes.

- *Community context is influential in participant's views on gender and relationship dynamics.* In Paper 2, the participants of the qualitative study alluded to a number of ways that community context influenced reproductive health and IPV. They specifically spoke about the influence of the drug culture on gender and violence and described observations of public IPV. Coupled with the frequent drug-related violence in the community, they indicated that violence is a normalized experience in their lives. Several spoke about the violence that they often observed in the streets and how it caused stress to their families, expressing desires to leave the *favela*. Some spoke negatively about the influence of *baile funk* on views of women. Taken together and considering previous research that uses an ecological approach to study violence[65, 129, 130] and reproductive health,[5, 131-133] it is evident that community influences may present barriers to promoting healthy behaviors among youth.
- *Youth warrant special focus when considering issues around gender, relationship dynamics and reproductive health.* By their mid-20s, the youth who participated in this study were vulnerable to gender inequity in their relationships. In Paper 1, half of young women reported either IPV perpetration or victimization. Among the participants in Paper 2, age differentials were common among the couples, with some of the male partners exhibiting control over the first sexual encounter when their female partner was as young as 11 or 12. Respondents described the *baile funk* culture as promoting gender inequitable views among youth. Issues that youth must navigate in relationships, such as initiating sexual activity, balancing pregnancy prevention with future childbearing desire and HIV/STI prevention,

working towards stability in their financial and education situations, and for young women, power and economic asymmetries that arise with older partners, necessitate special attention. These issues may be neglected when research does not specifically examine youth. Furthermore, targeting youth can effect positive change throughout their lives and relationships.[27-29]

OVERALL LIMITATIONS

There are a few overarching limitations that this dissertation faces, in addition to the limitations described in each paper. First, while this dissertation notes interesting findings related to context, there are some methodological limitations. In Paper 1, we were only able to study gender inequity at the individual level, though in Paper 2, several important community influences were noted. From a quantitative perspective, incorporating community-level factors into analyses is a challenge, as data from low- and middle-income countries are not often linked to censuses or other community-level data sources. Second, both papers utilized small samples from one community. Future research that includes more than one community will help describe the role of community context in reproductive health and IPV. Specifically, quantitative data with larger sample sizes will allow for more power to explore linkages between gender equity and IPV.

IMPLICATIONS FOR PRACTICE

These results point to several main recommendation for programs that aim to reduce the risk of adverse reproductive health and IPV among youth. First, incorporating context into programs acknowledges the many forces that influence individuals'

behaviors and that may make it difficult for them to engage in positive health behaviors. There are many realms that can be addressed, from gender inequity to violence norms to relationship norms. For example, the qualitative data revealed that even when men want to get involved in contraceptive use, they may find it difficult because this is seen as a woman's responsibility. While it is unrealistic to expect programs alone to change the culture around gender and/or violence, acknowledging these constraints and working within accessible contexts, such as relationships, may make programs more relevant to the lives of the young people they are trying to reach.

Relationship dynamics are important to risky sexual behavior and IPV among the youth studied. There is a dire need to promote healthy relationship behaviors for both male and female youth, including communication, self-efficacy and conflict resolution. Moreover, framing these issues in terms of relationships acknowledge the microsystem context in which risk is elevated. Programs could target couples to implement a relationship perspective, but they may also consider developing sex-specific messages around healthy relationships, incorporating the factors that may be relevant to women and men as individuals but interact to create inequitable partnerships. These messages should be aimed at even younger populations than those studied in this dissertation, as by the time individuals reach age 14 or 15, they are likely to already be sexually active and in relationships, especially young women, who often engage in relationships with older men. Conflict resolution is specifically an area that should be prioritized, given the prevalence of IPV among youth in this community and the tendency for participants to approach conflict in a confrontational manner.

As noted in Paper 2, respondents acknowledged gender inequity in their relationships and community, but this recognition did not necessarily translate into behaviors. This could be a positive finding, indicating that youth may be responsive to programs, especially those that are skills-oriented and use role playing techniques and participatory approaches to promote self-esteem, assertiveness, problem solving and decision making and conflict resolution.[134] Finally, while a number of interventions have had success with promoting gender equity as a way to reduce IPV[14, 126, 127] and promote positive reproductive health behaviors,[14] there has been a lack of rigorous implementation and evaluation that investigates the sustainability of behavior change and the possibility of scaling up these interventions to reach more individuals.

Several programs have shown success in promoting gender equity to reduce IPV and improve reproductive health outcomes. The Brazilian non-governmental organization Promundo developed Programs H, which encourages young men to question traditional gender norms and has been implemented in Brazil, Mexico, Ecuador and India.[14] The Men as Partners project, developed by Engender Health, promotes gender equity through skills-based workshops and educational campaigns.[127] The Stepping Stones Intervention package was originally designed as a community-level intervention focused on gender, communication and relationship skills to promote HIV prevention and improve the lives of people living with AIDS but local adaptations have expanded the scope of the program to address issues such as reproductive rights, gender-based violence, teenage pregnancy, and abortion.[135, 136] While Programs H has been rigorously evaluated,[14] only recently have rigorous evaluations been undertaken of Stepping Stones and Men As Partners programs, though these two programs have been implemented

across the globe since the 1990s. These three programs has shown short-term success in reducing IPV perpetration among males, while participation in Program H and Men as Partners has also positively influenced reproductive health.[14, 126, 127] To scale up these programs, evaluations that assess long-term effectiveness of the program is necessary, as well as considerations of how to address the ecological context beyond the individual level. Expanding these programs to a school-based setting may be a way to reach more youth, both male and female and have greater population-level impact on IPV and reproductive health.

DIRECTIONS FOR FUTURE RESEARCH

Several overarching suggestions for research can be made on the basis of the two papers of this dissertation. To better incorporate context into research on reproductive health, there is the need to make methodological advances in this area. For example, while many quantitative studies have collected data from couples and compared their responses on issues around contraceptive use, fertility preferences and measures of gender equity,[12, 88-93] there are few examples on how to comprehensively survey couples on issues around relationship dynamics, such as power, communication and negotiation. Likewise, while qualitative research provides the opportunity to probe about such topics with couples, comparable data are not always obtained (e.g., partners talk about different incidents or understand questions differently). Methodological work developing ways to better measure relationship dynamics among couples and collecting data with a high degree of specificity, such as asking individuals about the first and last times they had sex with their partner and the last disagreement they had, will be useful in future research.

There is also the need to study community-level context. Research from the United States has noted community-level influences on adolescent health and risk behaviors, often incorporating contextual factors at the school and neighborhood levels.[119, 137-143] From a methodological perspective, there is a need to develop linkages between community data sources and population-based surveys to better investigate the relationship between context and health in low- and middle-income countries. In addition to aiding in our understanding of how community context influences individual health outcomes, advances in this area may be useful for evaluating community-level interventions.

Finally, understanding the context in which IPV occurs is vitally important. Paper 1 revealed that jealousy motivated much of the IPV perpetrated by females and that many female IPV victims left their partners but later returned to them. These findings may not be captured in the gender equity measure, yet they reflect how gender plays out in young people's lives. Moreover, the qualitative data from Paper 2 revealed that among the couples, there was a generally adversarial style to dealing with conflict and that IPV was commonly experienced by participants and observed in the community. Taken together, these results provide useful and specific information for programs. Future research should collect data on motivations and responses to IPV, as well as data on injuries sustained from violence and frequency of violent encounters from both males and females to enable programs to develop more nuanced prevention strategies.

Gender is a factor that permeates the lives of youth at every level. Future research investigating the mechanisms by which gender and health are related will aid in the development and refining of programs aimed at reducing IPV and improving

reproductive health outcomes among youth. Promoting gender equity among youth has the potential to not only foster better health outcomes but also to enhance their relationships, well-being and human rights throughout the life course.

Tables

Table 1. Violence Items

Category of IPV	Type of abusive behavior
Psychological	Humiliating
	Threatening
	Controlling whether partner leaves house*
Physical	Pushing
	Punching
	Pulling of hair
	Throwing things
	Trying to strangle
	Trying to burn
	Slapping
	Kicking
	Threatening with firearm*
Sexual	Physically forcing sex
	Forcing sex in a humiliating way

**Not asked of female IPV perpetration.*

Table 2. Descriptive Statistics for Analytic Sample

	Males n = 240	Females n = 198
	% (n)	% (n)
Age		
15-17	25.4 (61)	34.9 (69)
18-20	45.4 (109)	34.9 (69)
21-24	29.2 (70)	30.9 (60)
Race/color		
White	25.8 (62)	27.3 (54)
Brown	25.0 (60)	32.8 (65)
Other	49.2 (118)	39.9 (79)
Religion		
Catholic	29.2 (70)	43.9 (87)
Other/ Not religious	70.8 (170)	56.1 (111)
Educational attainment		
Basic level or less	48.8 (117)	53.0 (105)
More than basic level	51.3 (123)	46.0 (93)
Employment status		
Employed	50.0 (120)	35.4 (70)
Unemployed	50.0 (120)	64.7 (128)
Current relationship status		
Does not have a steady partner	47.5 (138)	20.7 (41)
Has a steady partner	52.5 (102)	79.3 (157)
Sexual experience		
Has not had vaginal or anal sex	18.8 (45)	17.2 (34)
Has had vaginal or anal sex	81.3 (195)	82.8 (164)
Weekly alcohol use		
No	40.0 (96)	60.6 (120)
Yes	60.0 (144)	39.4 (78)

Table 3. Intimate Partner Violence Experiences

	Males n = 240	Females n = 198
	% (n)	% (n)
Any IPV		
Victimization	--	31.8 (63)
Perpetration	17.5 (42)	39.9 (79)
Summary of IPV experiences		
Both victimization and perpetration		22.2 (44)
Only victimization	--	9.6 (19)
Only perpetration	--	17.7 (35)
No victimization or perpetration		50.5 (100)
IPV, by type		
Victimization		
Psychological	--	19.2 (38)
Physical	--	21.7 (43)
Sexual	--	4.0 (8)
Perpetration		
Psychological	12.5 (30)	16.7 (33)
Physical	15.0 (36)	31.3 (62)
Sexual	0.8 (2)	3.5 (7)

Table 4. Logistic Regression Results for Male and Female Intimate Partner Violence Experiences

	Males n = 240		Females n = 198		Females n = 198	
	Any IPV Perpetration		Any IPV Perpetration		Any IPV Victimization	
	OR	95% CI	OR	95% CI	OR	95% CI
Gender equity score	0.69	(0.40-0.89)*	0.73	(0.49-1.09)	0.33	(0.21-0.54)***
Personal history factors						
Age						
15-17	1.00		1.00		1.00	
18-20	1.32	(0.41-4.25)	1.22	(0.55-2.71)	0.53	(0.22-1.26)
21-24	1.69	(0.48-6.00)	1.14	(0.49-2.66)	0.99	(0.39-2.52)
Race						
White	1.00		1.00		1.00	
Brown	2.00	(0.78-5.19)	1.35	(0.59-3.10)	0.99	(0.39-2.52)
Other	1.58	(0.60-4.13)	1.42	(0.65-3.14)	1.28	(0.55-3.01)
Sexual experience						
Yes	1.00		1.00		1.00	
No	0.15	(0.02-1.32)	0.38	(0.13-1.05)	0.18	(0.05-0.64)**
Microsystem factors						
Religion						
Catholic	0.79	(0.34-1.80)	0.39	(0.16-0.95)*	0.43	(0.20-0.87)*
Other/not religious	1.00		1.00		1.00	
Weekly alcohol use						
Yes	3.36	(1.29-8.76)*	1.65	(0.84-3.23)	1.29	(0.62-2.68)
No	1.00		1.00		1.00	
Educational attainment						
Completed primary education or less	1.00		1.00		1.00	
More than primary education	0.79	(0.25-1.79)	1.39	(0.73-2.67)	1.15	(0.57-2.36)
Current relationship status						
Does not have a steady partner	0.18	(0.08-0.42)***	0.39	(0.16-0.95)*	0.85	(0.33-2.21)
Has a steady partner	1.00		1.00		1.00	
Exosystem factor						
Employment status						
Unemployed	1.15	(0.50-2.64)	3.02	(1.49-6.11)**	1.19	(0.64-2.52)
Employed	1.00		1.00		1.00	

Notes: *p ≤ 0.05; **p ≤ 0.01; *** p ≤ 0.001.

Table 5. Multinomial Logistic Regression Results for Female Intimate Partner Violence Experiences

Females n = 198						
	Victimization only		Perpetration only		Both victimization and perpetration	
	RRR	95% CI	RRR	95% CI	RRR	95% CI
Gender equity score	0.34	(0.18-0.68)*	1.46	(0.65-3.32)	0.38	(0.23-0.65)***
Personal history factors						
Age						
15-17	1.00		1.00		1.00	
18-20	0.64	(0.17-2.45)	2.20	(0.74-6.54)	0.67	(0.24-1.89)
21-24	0.80	(0.19-3.40)	1.11	(0.32-3.84)	1.10	(0.38-3.17)
Race						
White	1.00		1.00		1.00	
Brown	1.00	(0.22-4.57)	1.37	(0.45-4.22)	1.17	(0.39-3.45)
Other	1.40	(0.37-5.29)	1.42	(0.49-4.15)	1.50	(0.55-4.14)
Sexual experience						
Yes	1.00		1.00		1.00	
No	0.16	(0.02-1.44)	0.67	(0.17-2.68)	0.17	(0.04-0.72)
Microsystem factors						
Religion						
Catholic	0.27	(0.08-0.91)*	0.55	(0.24-1.31)	0.40	(0.17-0.91)
Other/not religious	1.00		1.00		1.00	
Weekly alcohol use						
Yes	2.34	(0.74-7.41)	2.50	(1.01-6.21)*	1.51	(0.64-3.57)
No	1.00		1.00		1.00	
Educational attainment						
Completed primary education or less	1.00		1.00		1.00	
More than primary education	0.76	(0.24-2.47)	1.13	(0.47-2.69)	1.43	(0.62-3.28)
Current relationship status						
Not in a relationship	0.97	(0.27-3.51)	0.29	(0.07-1.12)	0.51	(0.16-1.61)
In a relationship	1.00		1.00		1.00	
Exosystem factor						
Employment status						
Unemployed	0.56	(0.18-1.74)	2.79	(1.04-7.54)*	2.55	(1.03-6.34)*
Employed	1.00		1.00		1.00	

Notes: Referent group is no IPV victimization or perpetration reported. *p ≤ 0.05; *** p ≤ 0.001.

Table 6. Responses to Intimate Partner Violence

	Female victims n = 64	Male perpetrators n = 42
	% (n)	% (n)
Victim used violence against partner	31.3 (20)	16.7 (7)
Victim left partner but went back	25.0 (16)	40.5 (17)
Victim did nothing	12.7 (8)	31.0 (13)
Victim filed complaint with police	12.5 (8)	0.0 (0)
Victim left partner	9.4 (6)	4.8 (2)
Victim talked with perpetrator	6.4 (4)	0.0 (0)
Victim stayed in a shelter	3.1 (2)	2.4 (1)
Victim responded emotionally (cried, shouted, was upset, angry, etc.)	0.0 (0)	33.3 (14)
Victim put perpetrator out of the house	1.6 (1)	0.0 (0)
Victim obeyed perpetrator	3.2 (2)	0.0 (0)
Don't remember	3.2 (2)	0.0 (0)
Other	0.0 (0)	4.8 (2)
No response	14.3 (9)	4.8 (2)

Note: Respondents who responded affirmatively to more than one act of abuse may note different responses for each act.

Table 7. Motivations for Intimate Partner Violence

	Female perpetrators n = 79
	% (n)
Jealousy	59.5 (47)
Retaliation for his aggression	21.5 (17)
Demoralization/disrespect	7.6 (6)
No response	20.3 (16)

Note: Respondents who responded affirmatively to more than one act of abuse may note different motivations for each act.

Appendix A: Qualitative Interview Guide

Let's begin the interview. As you know, we are talking to couples in your neighborhood about their opinions about and experiences with relationships and different health issues. I'd like to start by learning more about you and your current relationship.

A. Let's talk about your girl/boyfriend.

1. Can you describe her/him to me?

2. How did you relationship start? (Probe who initiated relationship.)

3. What kinds of things do you talk about?

4. How do you decide how often you talk/see each other?
5. Probe: Does one partner have more say in how often you talk/see each other?

6. What kinds of things do you do together?

7. How do you decide what you do together? (Probe on whether one partner has more say on how couple spends time together.)

8. How does this relationship make you feel? (Probe on respondent's emotions around relationship – does participant feel special, cared about, etc.)

9. How do you think this relationship makes your partner feel? (Probe on respondent's perception of partner's emotions around relationship – does partner feel special, cared about, etc.)

10. What are aspects of your current relationship that you wish you could change?

B. Now, we are going to talk a little bit about relationships in general and expectations about how guys and girls are supposed to behave.

1. When you are in a dating relationship with a girl/guy, what are the expectations?
Probes*:* What does s/he expect of you?
What do you expect of her/him?

2. When you're dating a guy/girl, what kinds of things do you disagree or argue about?

3. What about in your current relationship -- what kinds of things do you disagree or argue about?

4. How do you usually resolve the disagreements/arguments with your girl/boyfriend (or wife/husband)?

5. What does it mean to you to have a "serious" relationship?
Probe:What makes (or doesn't make) your current relationship serious?

C. I'd like to tell you a story about a young couple, Luis and Evelyn. They are both 19-years-old and live in a community similar to yours, and they have been dating for about six months. We will talk about Luis and Evelyn throughout the interview. Luis and Evelyn have decided to have sex, and Evelyn wants to use condoms. Luis does not want to use condoms and tries to convince her to have sex without them.

1. What do you think Evelyn should do in this situation?

2. What do you think are some reasons Luis does not want to use condoms?

3. How do you think that Evelyn and Luis can resolve their differences?

4. In general, how do a guy and girl decide when to "make love"?
Probe: Does one partner have more say in this decision?

5. In your past relationships, what has been your experience with making the decision to have sex?
*Probe:*What types of things did you and your boy/girlfriend talk about before you had sex?

6. What about in your current relationship?

7. In a couple, who takes the initiative to use/ask to use a condom? The man or the woman?

8. When a girl asks a guy to use a condom, how does he react?

9. What about when a guy asks a girl to use a condom – how does she react?

10. What about preventing pregnancy -- who is responsible for using contraception or birth control?
Probe:The man? The woman? Both?

11. Can you tell me about your experiences with talking about contraception or condoms with a boy/girlfriend?
*Probe:*How was conversation initiated?

12. What was your (or partner's) reaction?

13. What about your current relationship? Can you tell me about any times that you talked to your boy/girlfriend about using contraception or condoms?

D. There is more to the story of Luis and Evelyn. One night, Evelyn decides that she does not want to have sex. Luis still wants to have sex, even though Evelyn said she does not.

1. What do you think are some reasons that Evelyn does not want to have sex?
Probe: In general, what are reasons that women might refuse to have sex with a boyfriend?

2. What do you think happens in situations like this, when a guy wants to have sex but his girlfriend does not?
Probe: How does the guy react?

3. Do guys ever try to force the issue?

4. How do guys negotiate in situations like this?

5. What can a girl in Evelyn's situation do?

6. Why do you think that guys sometimes want to have sex while women do not?

E. Some time later, Evelyn is worried. She has heard about Luis going out with other girls and is afraid that he is not having safe sex. By safe sex, I mean using condoms. Evelyn does not want to break up with Luis, but she does not know what she should do.

1. What do you think about Luis going out with more than one girl?
Probe:What are some reasons that Luis sees other girls besides Evelyn?

2. What do you think Evelyn should do in this situation?

3. *Follow up:* How do you think Luis will react to if Evelyn did that? (Summarize participant's response to first part of the question.)

4. What would you think of Evelyn if she also began seeing other boys?

5. If you found out your girl/boyfriend was going out with another guy/girl, what would you do?

F. After some time, Evelyn learns that she is pregnant. She does not feel ready to be a mother and is thinking about her options for the future. She is not sure if she should tell Luis about the pregnancy.

1. What are some reasons that Evelyn might not want to have a baby?

2. What are Evelyn's options in this situation?

3. If Evelyn lived in this neighborhood and decided to terminate her pregnancy, is there somewhere she could go?

4. What do you think is Luis's responsibility in this situation?
Probe: Should Evelyn inform him about her pregnancy?

5. When a girl is in Evelyn's situation, who should make the decision to terminate?
Probe: Is it up to the girl or the boy? Does anyone else have a say?

6. In what situations do young women have the right to end a pregnancy?
Probe: Never? All the time? In certain situations? Which ones?

G. Evelyn decides to terminate the pregnancy but does not have enough money to go to a clinic. She still does not tell Luis about the pregnancy, even though he could give money to help her. Luis learns about the pregnancy from a friend. He goes to talk with Evelyn about the pregnancy and does not agree with her decision. Even after talking with Luis, Evelyn still wants to have an abortion.

1. What do you think Luis should say to Evelyn?

2. Since Evelyn has already made a decision about the pregnancy, what do you think Luis should do in this situation?
Probe: * What emotions do you think Luis might feel?
* Could he support her even though he does not support her decision?

3. What do you think a woman would do if she wanted to continue a pregnancy but her boyfriend wanted her to have an abortion?
Probe: Is this situation more common in your community than a woman wanting to end a pregnancy?

4. What are some reasons a man might have for wanting his girlfriend to end a pregnancy?

H. Thanks for your thoughts on the story of Luis and Evelyn. Let's talk some now about what you think it means to be a woman/man in your community.

1. What is it to be a woman?

2. What is it to be a man?

3. What is the difference? How is being a man and being a woman different, if at all?

4. Today, do you think it's more difficult to be a man or a woman? Why?
5. In your opinion, are there situations where it is acceptable for a man to hit a woman? Which situations?

6. In your opinion, are there situations where it is acceptable for a woman to hit a man? Which situations?

7. How is it different for a man to hit a woman, and a woman to hit a man, if at all?

8. Have you ever felt like you were so mad at a boy/girlfriend that you thought you might hit him/her?
Probe: What happened?

End open-ended portion of interview

Thank you for sharing your thoughts and experiences with me. We have almost completed the interview. Now, I'd just like to ask you a few more questions about yourself and your relationship. Remember, your answers are confidential, and you don't have to answer any question that makes you feel uncomfortable.

No.	Questions and filters	Coding categories	Skip to
101	What is your age?	AGE IN COMPLETED YEARS .....[__|__] DON'T KNOW AGE ……...99	
102	Right now, are you married or living with a girlfriend/boyfriend?	YES.....1 NO 2	
103	Right now, with whom are you living? MARK ALL THAT APPLY	MOTHER ..... A FATHER ..... B YOUR CHILDREN ..... C WIFE/HUSBAND ..... D BOYFRIEND/GIRLFRIEND ..... E SIBILINGS ..... F OTHER RELATIVES ..... G FRIENDS ..... H NO ONE (LIVES ALONE)..... I OTHER (SPECIFY) ..... J _____	SKIP TO 105 IF DOES NOT LIVE WITH MOTHER OR FATHER
104	For how long have you been living apart from your parents?	MONTHS ..... [__|__] YEARS..... [__|__|__|__] DON'T KNOW 99	
105	For how long have you been living in your current home?	MONTHS ..... [__|__] YEARS..... [__|__|__|__] DON'T KNOW 99	

106	What is the highest level of education you have completed? (Mark one answer only.)	NEVER WENT TO SCHOOL.....1 1ST LEVEL, YEAR 1-YEAR 5.....2 1ST LEVEL, YEAR 6-YEAR 9.....3 2ND LEVEL .....3 HIGHER EDUCATION.....4 PROFESSIONAL COURSES .....5 EQUIVALENCY .....6 OTHER (SPECIFY) .....7 _____ DON'T KNOW.....99	
107	What is your color or race? (Write spontaneous answer).	_____	
108	Among the following choices, which would you choose to define your color or race (Prompt for unique answer).	WHITE .....1 BLACK.....2 BROWN.....3 YELLOW/ASIAN.....4 INDIGENOUS.....5 DON'T KNOW.....99	
109	What is your occupation? (Write answer.)	_____	
201	**Now, I am going to ask you some questions about your experiences with sex.** How old were you the first time you ever had sex?	AGE IN YEARS .....[__|__] DON'T KNOW AGE ……...99	
202	Are you currently using any method to prevent pregnancy?	YES.....1 NO 2	SKIP TO 204

203	Which method are you using? (Circle all that apply.)	PILLS ..... A INJECTION ..... B IUD ..... C DIAPHRAGM ..... D WITHDRAWAL ..... E NATURAL FAMILY PLANNING ..... F CONDOMS ..... G OTHER (SPECIFY) ..... H _____	
204	The last time you had sex, did you use a condom?	YES ..... 1 NO ..... 2 DON'T KNOW 99	
205	**WOMEN ONLY:** Are you pregnant right now?	YES ..... 1 NO ..... 2 DON'T KNOW 99	SKIP TO 207
206	Have you ever been pregnant before (or impregnated a woman)?	YES ..... 1 NO ..... 2 DON'T KNOW 99	
207	How many times have you been pregnant (or impregnated a woman)?	NUMBER OF PREGNANCIES ..... [__|__] DON'T KNOW AGE 99	
208	How many pregnancies resulted in: Live births? Abortions? Spontaneous? Induced? *Number of pregnancies and abortions should equal total number of pregnancies.*	NUMBER OF LIVE BIRTHS ..... [__|__] NUMBER OF ABORTIONS ..... [__|__] SPONTANEOUS ..... [__|__] INDUCED ..... [__|__]	

	Now, I'd like to ask you a few questions about the roles of men and women. For each question, tell me whether you (1) agree (2) partially agree or (3) do not agree. Do you understand these answer options? (If no, interviewer clarifies.)		
301	A woman's most important role is to take care of her home and cook for her family.	AGREE .....1 PARTIALLY AGREE.....2 DO NOT AGREE 99	
302	You don't talk about sex, you just do it!	AGREE .....1 PARTIALLY AGREE.....2 DO NOT AGREE 99	
303	Changing diapers, giving the kids a bath, and feeding the kids are the mothers' responsibility.	AGREE .....1 PARTIALLY AGREE.....2 DO NOT AGREE 99	
304	It is a woman's responsibility to avoid getting pregnant.	AGREE .....1 PARTIALLY AGREE.....2 DO NOT AGREE 99	
305	Men are always ready to have sex.	AGREE .....1 PARTIALLY AGREE.....2 DO NOT AGREE 99	
306	There are times when a woman deserves to be beaten.	AGREE .....1 PARTIALLY AGREE.....2 DO NOT AGREE 99	
307	A man needs other women, even if things with his wife/girlfriend are fine.	AGREE .....1 PARTIALLY AGREE.....2 DO NOT AGREE 99	
308	It is okay for a man to hit his wife is she won't have sex with him.	AGREE .....1 PARTIALLY AGREE.....2 DO NOT AGREE 99	
309	A couple should decide together if they want to have children.	AGREE .....1 PARTIALLY AGREE.....2 DO NOT AGREE 99	

310	In my opinion, a woman can suggest using condoms just like a man can.	AGREE .....1 PARTIALLY AGREE.....2 DO NOT AGREE 99	
311	If a guy gets a woman pregnant, the child is the responsibility of both.	AGREE .....1 PARTIALLY AGREE.....2 DO NOT AGREE 99	
312	A man and a woman should decide together what type of contraceptive to use.	AGREE .....1 PARTIALLY AGREE.....2 DO NOT AGREE 99	
313	If she wants, a woman can have more than one sexual partner.	AGREE .....1 PARTIALLY AGREE.....2 DO NOT AGREE 99	
401	We are almost done now! Just a few more questions. Have you ever heard of Program H, Youth for Gender-Equity. Project Citizen, or , Onda Jovem, or Between Us?	YES.....1 NO .....2 DON'T KNOW.....99	
402	Have you ever participated in group education sections about HIV, STIs and relationships given by Promundo?	YES.....1 NO .....2 DON'T KNOW.....99	

Thank you for your honesty and willingness to participate in this project! We are now done with the interview. Do you have any questions about anything we talked about?

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