July 2019

ASSOCIATIONS BETWEEN ADVERSE CHILDHOOD EXPERIENCES AND ATTITUDES TOWARDS ABUSE AGAINST WOMEN AND CHILDREN AMONG ADOLESCENTS AND YOUNG ADULTS IN MALAWI

Nellipher Lewis Mchenga

ASSOCIATIONS BETWEEN ADVERSE CHILDHOOD EXPERIENCES AND ATTITUDES TOWARDS ABUSE AGAINST WOMEN AND CHILDREN AMONG ADOLESCENTS AND YOUNG ADULTS IN MALAWI

A Dissertation Presented

by

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Submitted to the Graduate School of the
University of Massachusetts Amherst in partial fulfillment
of the requirements for the degree of

DOCTOR OF PHILOSOPHY

May 2019

NURSING

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DEDICATION

To all the participants who were emotionally, physically and sexually abused during their childhood, I hear you. Together, we can find lasting solutions to this intergenerational epidemic.

To my daughter, Fortune Mchenga and my husband, Promise Mchenga, I owe you both a special distinction for your unwavering support and unconditional love.

To my parents, Mr and Mrs Lewis, and my siblings; Kenneth Lewis; Esther Lewis Dzimbiri; Eliza Lewis Yohane; Makina Lewis; Patricia Lewis Bekelesi; Grace Lewis John; Gift Lewis and their families, you mean the world to me.

To my nieces and nephews, cousins, in-laws, uncles and aunties, I will never be able to thank you enough for all your prayers, encouragement, patience and unconditional love. You made this journey a great adventure for me.

I finally dedicate this work to my grandmothers and my beloved aunt and uncle who went to heaven while I had embarked on this journey. It is hard to believe that I will never see you when I return home but I know you will always be with me

ACKNOWLEDGMENTS

First and foremost, I would like to thank the sovereign God in the name of Jesus Christ for his undeniable grace upon my life. If it were not for his mighty hands and divine favor, I would have not reached this far. To him be the glory, the honor and the power.

Second, I would like to thank Together for Girls for providing me with the data. I am also indebted to all the stakeholders who were involved in making the collection of violence against children and young people data a success. It is because of their funds, knowledge and skills that made the data to be usable to me. I am also grateful to Beta Zeta At-large Chapter of Sigma Theta Tau International, Philanthropic Educational Organization and UMass Amherst College of Nursing for the financial support.

Third, I would like to express my heartfelt gratitude to my committee members for their unwavering support. Thank you Dr. Mary T. Paterno, for believing in me that I could complete this dissertation research study. You provided me with constructive and helpful feedback and you were there to ensure that I succeed. This dissertation study would not have been completed at this time if it were not for your encouragement and immensurable support. I further thank Dr. Genevieve E. Chandler for your unwavering confidence in me. Apart from the guidance and helpful feedback you provided to me during my dissertation research, you have greatly enriched my experience exceptionally. I am really grateful to you for all the conferences we have attended together; projects that we worked together and the journal reviewing we have done. I am also indebted to Dr. Nicholas G. Reich for the guidance. If it were not for your exceptional support and encouragement this dissertation would have not come to completion. Thank you so much for all the feedback and your precious time. I further extend my heartfelt gratitude to Dr. Lisa Keller for the guidance you provided to me during my research proposal. Thank you so much for your time.

Fourth, I am indebted to the college of nursing faculty members, staff and students. Thank you all for broadening my perspective and enriching my experiences. Special thanks to Dr. Cynthia Jacelon for your continued unwavering support. You were always checking on me on how I was doing personally, socially and academically. I felt so supported and connected. In the same vein, I would like to thank Dr. Emma Edith Dundon for the encouragement, unconditional love and support. You were always there for me. I further extend special thanks to the following Drs; Kate Green, Cyndy Gaudet, Lori Lyne and Mary Ellen Burke for your support in many ways.

Fifth, I am so grateful to my cohort, Dr. Kirk Sanger and Dr. Sue Scott for sharing their knowledge, skills and perspective with me. This journey was educative and informative because of you two. I am wishing you every success wherever you go. I further thank my wonderful friends, Emma Lien, Dr. Olga Ehrlich, Iradukunda Favorite and Brenda Mpazo Banda for spicing up my experience. You were always there to listen to me whenever I felt overwhelmed. Thank you all for your unconditional love, patience and kindness.

Sixth, I would like to thank church friends for their spiritual, emotional and social support. I extend my thanks to Galen and Nora Hardy for their unwavering support. Apart from sharing the word of God, you have greatly impacted my life. I am very thankful to you for all the birthday celebrations and other events we have had together, the rides you provided for church and the gifts. I am really grateful to you two for your love, humility and generosity.

Last, but not least, I would like to thank the person behind my success, my daughter, Fortune. You are my inspiration. This work was made possible because of your perseverance, hope, and resilience. I am further indebted to my husband who showed me the joy of learning. Thank you so much, Promise Mchenga for your unwavering support, encouragement, endurance, patience and unconditional love. I extend my special thanks to

godmother, Amy Webb for all the provisions. If it were not for your unconditional love and confidence in me, I would have not been come here in the U.S. for studies. You provided financial support for application, air ticket and whenever necessary. May the Lord bless you abundantly.

I owe my family many thanks. First of all, I am grateful to my parents for their faith and belief in me. I would have not reached this far if my family were not there for me. I thank you my parents for contributing everything you had towards my education. My daughter was left with you when she was 5 days old, you trusted me that I could succeed and you offered me the greatest opportunity that only few people could offer to their children. I am very fortunate to have you mother, Elizabeth Rhodah Walasi Lewis and father, Mr Lewis. I am further indebted to these families for their contribution towards my education in one way or another; Mr. and Mrs. Mzimbiri, Mr. and Mrs. Bekelesi, Mr. and Mrs. Chilemba, Mr. and Mrs. Msiska and everyone who provided shelter and any kind of accommodation when I was in need.

ABSTRACT

ASSOCIATIONS BETWEEN ADVERSE CHILDHOOD EXPERIENCES AND ATTITUDES TOWARDS ABUSE AGAINST WOMEN AND CHILDREN AMONG ADOLESCENTS AND YOUNG ADULTS IN MALAWI

May 2019

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The purpose of this study was to examine attitudes towards abuse against women and children between adolescents, aged 13 to 17, who had adverse childhood experiences (ACEs) and those who did not, and young adults, aged 18 to 24, who had ACEs and those who did not. The study also evaluated whether the region of residence moderates the relationship between participants' adverse childhood experiences and attitudes towards abuse against women and children. Secondary data collected from adolescents and young adults aged 13 to 24 between September and October of 2013 in the Violence Against Children and Young People Malawi Survey (VACS Malawi) was utilized in this cross-sectional retrospective study. The VACS Malawi is a nationally representative cross-sectional household survey that conducted face-to-face interviews with 2162 participants using a four-stage cluster survey design. Multivariate logistic regression was conducted to examine the associations between ACEs, including sexual, physical and emotional abuse and witnessing spousal abuse, and attitudes towards Intimate Partner Violence (IPV) and towards child physical abuse. The results revealed a significant relationship between witnessing spousal abuse and tolerant attitudes towards IPV among adolescents. No significant relationship was found between having ACEs, when considering direct

relationship with tolerant attitudes towards child physical abuse among adolescents. However, when considering region as a moderator, adolescents who were physically abused in South were less likely to have tolerant attitudes towards child physical abuse than adolescents who were physically abused in North. Among young adults, no significant relationship was observed between adverse childhood experiences and attitudes towards IPV. However, using region as a moderator, young adults who witnessed spousal abuse in South and Central were more likely to have tolerant attitudes towards IPV than young adults who witnessed spousal abuse in North. These findings indicate that associations between adverse childhood experiences and attitudes towards abuse against women and children vary depending on the type of abuse experienced during childhood. Because ACEs and IPV negatively impact the health of women and children, nurses are well-positioned to develop targeted, educational interventions focused on changing attitudes towards IPV and child physical abuse to help reduce violence and break intergenerational transmission of violence.

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LIST OF ACRONYMS

ACEs	Adverse Childhood Experiences
AIC	Akaike's Information Criterion
AOR	Adjusted Odds Ratio
BIC	Bayesian information criterion
CI	Confidence Interval
H	Hypothesis
IPV	Intimate Partner Violence
IRB	Institutional Review Board
MDHS	Malawi Demographic and Health Survey
MoGCDSW	The Ministry of Gender, Children, Disability and Social Welfare
OR	Odds Ratio
UNICEF Malawi	The United Nation Children's Fund in Malawi
VACS	The Violence Against Children and Young People in Malawi Survey
WHO	World Health Organization

CHAPTER 1

INTRODUCTION

Background and Significance

Emerging evidence suggests that intimate partner violence (IPV) and violence against children often co-occur and lead to negative lasting impacts on health and well-being for children and women (Hamby, Finkelhor, Turner, & Ormrod, 2010; Kyegombe et al., 2015; Wathen & Macmillan, 2013). Globally, 30% of females aged 15 and over have experienced either physical or sexual IPV or both (Devries et al., 2013), and around one billion children, or half of all children in the world, experience violence every year (Hillis, Mercy, Amobi, & Kress, 2016). Acts of violence experienced during childhood, also referred to as adverse childhood experiences (ACEs), have been shown to undermine the strong foundation children require to lead healthy and productive lives, thereby increasing their vulnerability to physical and psychological health problems (Balistreri, 2015; Felitti et al., 1998; Sumner et al., 2015).

The term ACEs is used to describe violence to those under 18 and may take various forms, including maltreatment and abuse, as well as living in unsafe environments (Boullier & Blair, 2018). These types of experiences are often traumatic, and distress and harm children, thereby also impacting their physical and psychological health and development (Boullier & Blair, 2018; Kalmakis & Chandler, 2014). Adults who had ACEs are at significant risk for physical health problems, including: chronic pain syndromes, such as migraines (Paras et al., 2009; Tietjen, Khubchandani, Herial, & Shah, 2012); gastrointestinal problems (Flaherty et al 2013; Paras et al, 2009); liver disease (Almuneef, Qayad, Aleissa, & Albuhairan, 2014; Anda, Butchart, Felitti, & Brown, 2010; Dong, Dube, Felitti, Giles, & Anda, 2003); asthma (Gilbert et al., 2015; Wing, Gjelsvik, Nocera, & McQuaid, 2015); stroke (Felitti, et al 1998; Gilbert et al., 2015); cancer (Fuller-Thomson & Brennenstuhl, 2009;

Kelly-Irving, Mabile, Grosclaude, Lang, & Delpierre 2013); cardiovascular disease (Almuneef et al., 2014; Gilbert et al 2015; Su et al,. 2014); chronic fatigue (Houdenhove, Luyten, & Egle, 2009; Tietjen et al., 2012); obesity (Burke, Hellman, Scott, Weems, & Carrion, 2011; Heerman, Krishnaswami, Barkin, & McPheeters, 2016; Lynch et al., 2016); and adult onset diabetes (Gilbert et al., 2015; Rich-Edwards et al., 2010).

Individuals who experienced childhood adversities have also been shown to have increased risk of mental health issues, including depression, anxiety, attention-deficit hyperactivity disorder, and suicidal ideation (Almuneef et al., 2016; Brockie, Dana-Sacco, Wallen, Wilcox, & Campbell, 2015; Cluver, Orkin, Boyes, & Sherr, 2015; Dube et al., 2001; Humphreys & Zeanah, 2015). Additionally, these individuals are more likely to develop health risky behaviors, including drug use disorder (Dube et al., 2003; Giordano, Ohlsson, Kendler, Sundquist, & Sundquist, 2014; LeTendre, & Reed, 2017); alcohol use disorder (Almuneef et al., 2016; Dube et al., 2006); and sexual risky behavior (London, Quinn, Scheidell, Frueh, & Khan, 2017; Naramore, Bright, Hardt, & Epps, 2017). Exposure to ACEs has also been shown to be a predictor of future victimization or perpetration (Duke, Pettingell, McMorris, & Borowsky, 2010; Miller et al., 2011; Roberts et al., 2011).

Adverse childhood experiences (ACEs) are prevalent in all settings worldwide; however, higher rates have been reported in the WHO African Region, where ACEs seem to be exacerbated by poverty and harmful traditional practices (Badoe, 2017). Malawi is one of the poorest African countries, and two out of every three Malawians report experiences of violence during their childhood (The Ministry of Gender, Children, Disability and Social Welfare (MoGCDSW), The United Nation Children's Fund in Malawi (UNICEF Malawi), the Center for Social Research at the University of Malawi, MoGCDSW, & Centers for Disease Control and Prevention (CDC), 2014). The experience of violence is more prevalent among Malawian females compared to males, with 41% of adult women in Malawi reporting

experiencing IPV (MoGCDSW et al., 2014). Additionally, 70% of respondents reported that men abuse women in their communities (Bisika, 2008). From a health and economic perspective, this is concerning because IPV is associated with poor physical health and high socioeconomic cost in Malawi (Mellish, Settergren & Sapuwa, 2015). Additionally, literature from other countries have revealed a positive association between IPV and adverse childhood experiences (Antai, Braithwaite & Clerk, 2016; Widom, Czaja, & Dutton, 2014).

Services available for individuals who experience violence in Malawi include receiving health care, legal or security aid, and counselling support (Sumner et al., 2015), yet studies have shown minimal utilization of these services (Bisika, Ntata, & Konyani, 2009; Sumner et al., 2015). This occurs, in part, because some individuals who experience violence are not aware that such incidents are offenses, while some are afraid to report violence because they face intimidation or fear retribution from a perpetrator (Basika, 2009). To mitigate poor health consequences and social problems that are linked to IPV and ACEs, effective interventions are needed that target preventing exposure to violence and early recognition and treatment for those who have experienced violence (Boullier & Blair, 2018). Due to a significantly increased risk of violence among women and children—exacerbated by poverty, social norms, and cultural practices such as bride price and sexual cleansing (Bisika, 2008; Chilemba, Wyk, & Leech, 2014; Warria, 2018)—it is critical to understand the attitudes of adolescents and young adults towards IPV, as well as the use of physical violence against children. Understanding of the attitudes related to the approval of IPV has the potential to provide a basis for developing culturally appropriate interventions to address violence (Nayak, Bryne, Martin, & Abraham, 2003; Rani, Bonu, & Diop-Sidibe, 2004).

Purpose of the Study

The purpose of this study was to examine the associations between ACEs and attitudes towards abuse against women and children using existing data from Malawi. With technical support from the Centers for Disease Control and Prevention and funding from the Government of the United Kingdom, the Malawi Violence Against Children and Young People Survey (VACS Malawi) was conducted by the Ministry of Gender, Children, Disability and Social Welfare (MoGCDSW); the Center for Social Research at the University of Malawi; The United Nation Children's Fund in Malawi (UNICEF Malawi); and the President's Emergency Plan for AIDS Relief. The VACS Malawi is a nationally representative cross-sectional household survey that was conducted between September and October of 2013. The survey used a four-stage cluster survey designed to collect data from adolescents and young adults aged 13 to 24.

The specific aims and hypotheses (H) of this study were:

Examine attitudes towards intimate partner violence, comparing Malawian adolescents aged 13 to 17 who have had ACEs (sexual, emotional and physical abuse and witnessing spousal abuse) with those who have not, and comparing Malawian young adults aged 18 to 24 who have had ACEs with those who have not.

H1: Adolescents and young adults who have had ACEs will be more likely to have tolerant attitudes towards intimate partner violence than those who have not.

Examine attitudes towards child physical abuse, comparing Malawian adolescents aged 13 to 17 who have had ACEs (sexual, emotional and physical abuse and witnessing spousal abuse) with those who have not, and comparing Malawian young adults aged 18 to 24 who have had ACEs with those who have not

H2: Adolescents and young adults who have had ACEs will be more likely to have tolerant attitudes towards child physical abuse than those who have not.

Evaluate whether region (Southern, Central, and Northern) moderates the relationship between experience of ACEs and the attitudes towards intimate partner violence, and experience of ACEs and the attitudes towards child physical abuse.

H3a: The relationship between history of ACEs and attitudes towards intimate partner violence will be moderated by the region.

H3b: The relationship between history of ACEs and the attitudes towards child physical abuse will be moderated by the region.

Theoretical Framework

This study utilized two theories: Social Learning Theory and Feminist Theory. The social learning theory was advanced by Albert Bandura and posits that people learn from one another through observing, imitating, and modelling (Bandura, 1977; McEwen & Wills, 2014). This learning process occurs through the interaction of three factors: environment, cognitive factors, and behavior, of which each factor impacts the other two (Bandura, 1977; McEwen & Wills, 2014). It further postulates that by observing the behavior of others and the consequences faced by others, individuals are able to form attitudes and opinions about themselves, and exhibit behaviors that are congruent with their opinions and attitudes as well as behaviors that are rewarding and effective (Bandura, 1977). Additionally, it explains that most of the learning takes place through casual or direct observation of behavior as it is exhibited by people who are admired (Bandura, 1977). By observing people who are admired, individuals can conceptualize the components for developing new behavior (Bandura 1977). Not all behaviors observed are instantly displayed. Rather, individuals observe behaviors and exhibit them later, when there is a need to act (Bandura, 1977; McEwen & Wills, 2014). For instance, Hines and Saudino (2002) conclude that exposure to violence in the family of origin during childhood increases the likelihood of having violent relationships during adulthood. Based on social learning theory, intimate partner violence is

regarded as a learned behavior that is transmitted from generation to generation (Hines & Saudino, 2002; Pournaghash-Tehrani & Feizabadi, 2009). Furthermore, witnessing or experiencing violence may lead to internalization of that behavior, which might later be exhibited on the basis that it is socially acceptable (Hines & Saudino, 2002).

Social learning theory has been used in previous research related to violence. In Bangladesh, it was hypothesized, based on social learning theory, that men who witnessed spousal violence during childhood would be more likely to hold positive attitudes towards wife beating and victimize their partners (Islam et al., 2017). The findings showed that men with a history of witnessing spousal violence in childhood were more likely to justify wife abuse and were also more likely to abuse their wives (Islam et al., 2017). This indicates that when children are raised in an environment where intimate partner violence is accepted, later in life they assume that IPV is socially accepted (Haj-Yahia & Uysal, 2008; Kyegombe et al., 2015). Additionally, individuals who are exposed to violence during childhood may be desensitized and may consider violence as a way of resolving conflict because they lack strong alternative methods of resolving conflicts (Hines, & Saudino, 2002; Pournaghash-Tehrani & Feizabadi, 2009).

Feminist theory, which focuses on gender inequality and the differences in social positions between women and men, has various perspectives, including liberal, radical, ecofeminist, and socialist, among many others. Most perspectives agree that violence against women results from patriarchal structure and ideologies, but differ in how they conceptualize women's oppression (Campbell & Wasco, 2000; Smith, 1990). This study specifically relies on a liberal feminist perspective that asserts women's and men's equality, and that sexism and discrimination against women must be eliminated (Campbell & Wasco, 2000; Groenhout, 2002; Henley, Meng, O'Brien, McCarthy, & Sockloskie 1998; Mackinnon, 1983).

Sexism and discrimination against women occur in various forms in the private and public sphere, including unequal distribution of decision-making power in the home, domestic violence, and unequal access to education and employment (Funk, 2013). Education and employment promote personal and financial autonomy and the ability to make informed decisions; when women face insufficient access to these and other basic necessities, they become more susceptible to violence (Groenhout, 2002). For instance, Yodanis (2004) examined the relationship among structural gender inequality, experiences of sexual and physical violence against women, and levels of fear among women in European and North American Countries. The findings indicate that the degree to which women have experienced violence is significantly associated with educational status, such that countries with high educational status for women had lower rates of violence against women than countries with lower educational status (Yodanis, 2004). Similarly, more highly educated women were less likely to experience violence compared to women with lower education (Nwabunike & Tenkorang, 2017). Additionally, men with lower education were more likely to have beaten their wives than their more educated counterparts (Smith, 1990).

Based on the synthesis of social learning and feminist theories, the following demographic variables were extracted as relevant to this study: education, employment, marital status, age at the time of survey, age at first marriage, sex, and region. The dependent variables in this proposed study were (1) attitudes towards IPV and (2) attitudes towards child physical abuse. Adverse childhood experiences, including sexual, emotional, and physical ACEs, as well as witnessing spousal abuse, represent the independent variables for this study (see Figure 1).

The goal of this study was to understand the effect of ACEs on attitudes towards IPV and child physical abuse. In particular, this study examined whether individuals who had

either observed or experienced violence during childhood were more likely to develop tolerant attitudes towards the use of violence against women and children, from the perspective that these attitudes would be considered learned behaviors and influenced by patriarchal ideologies.

Summary

Incidences of adverse childhood experiences occur worldwide; however, while higher rates have been reported in the World Health Organization African Region, few studies have been conducted in Africa. This study expands the body of knowledge related to associations between ACEs and attitudes towards abuse against women and children. Health care providers, especially nurses, can use this evidence to develop culturally appropriate interventions that may focus on changing the attitudes of adolescents and young adults towards abuse against women and children. Literature reveal that early recognition and intervention can significantly reduce mortality and morbidity associated with IPV and child abuse (WHO, 2002). With the fact that children of women who experience IPV are more likely to have more hospital visits (Rivara et al., 2007), nurses can play a vital role in: educating people about the health consequences of violence against women and children; identifying women and children who are experiencing violence; and providing support and treatment. Additionally, policy makers can also use this evidence to develop policies and strategies that address violence against women and children, which, ultimately, will reduce violence exposure among women and children.

CHAPTER 2

LITERATURE REVIEW

Introduction

Violence against women and children is prevalent in many societies, posing a public health issue and human rights concern worldwide (Badoe, 2017; Centers for Disease Control and Prevention, CDC, 2018; Haj-Yahia & Uysal, 2008; Watts & Zimmerman, 2002). Studies have reported that violence against women, in particular Intimate Partner Violence (IPV), and child abuse, also known as adverse childhood experiences (ACEs), commonly co-occur in households and increase the risk for IPV later in life (Kyegombe et al., 2015; Hamby et al., 2010; Widom et al., 2014). IPV takes various shapes, including stalking, psychological aggression, and physical and sexual violence, and it is perpetrated by a current or former spouse (Smith et al., 2015; Watts, & Zimmerman, 2002); ACEs include experiences (prior to 18 years old) of emotional abuse and neglect, physical abuse and neglect, sexual abuse, living in a household with a family member who has mental illness or a substance use disorder, and witnessing spousal abuse or community abuse (Boullier & Blair, 2018; Kalmakis & Chandler, 2014)

Globally, one in three women have experienced physical and/or sexual abuse by their intimate partners, and intimate partners have also been found to be the perpetrators of 38% of murders of women (WHO, 2017). Experiences of violence among women can lead to life-threatening, short-term and long-term health consequences, including suicidal attempts, depression, induced abortions, sexually transmitted infections such as HIV, and poor overall health (Trabold, Swogger, Walsh, & Cerulli, 2015**;** WHO, 2017). The effects of violence against women can also seriously impact children, families, and society. For instance, children who grow up in families where there is domestic violence are at higher

risk of developing emotional and behavioral problems, as well as facing other adversities such as sexual, physical, and emotional abuse (Holt, Buckley, & Whelan, 2008).

To mitigate IPV and child abuse, it is important to understand the attitudes of both women and men towards IPV and child abuse, because attitudes can be a determinant of women's likelihood of experiencing IPV (Joshi & Childress, 2017) and a precursor of intimate partner violence (Johnson & Das, 2009; Zakar, Zakar, & Kraemer, 2013). For example, women who believed that IPV was justifiable were at an increased risk of experiencing violence (Begum, Donta, Nair, & Prakasam, 2015; Nwabunike & Tenkorang, 2017), and men who believed that IPV was justifiable were more than four times as likely to report recently abusing their wives (Johnson & Das, 2009). Similarly, women who justified IPV were more likely to justify child physical abuse (Dalal et al., 2018; Antai et al., 2016), and individuals who justified child abuse were more likely to abuse children (Cappa & Dam, 2014).

The aims of this review were 1) to understand the current knowledge (2008 to 2018) on the effects of adverse childhood experiences and other factors on attitudes towards abuse against women and children among men and women in African and Asian regions, and 2) to synthesize current knowledge on factors associated with attitudes towards abuse against women and children in Malawi among women and men. In the literature, several terms were used interchangeably with intimate partner violence and child abuse. Common terms used instead of IPV include spousal abuse or violence; family violence; domestic and marital violence; gender-based violence; and battering and wife beating. References to child abuse include adverse childhood experiences; child maltreatment; child trauma; child adversity; and violence against children. To be consistent with the literature, in this review the term IPV refers to any physical abuse perpetrated

against a woman by her husband or male partner, and child abuse refers to any abuse experienced during childhood.

Method

The following computer databases were used to search published studies on the predictors of the attitudes towards IPV: Cumulative Index to Nursing and Allied Health Literature, Pubmed, American Psychological Association's PsycINFO, Academic Search Premier, and Web of Science. These databases were selected because they offered access to a great variety of peer-reviewed journals. The main search terms were attitudes towards wife beating, Intimate Partner Violence (IPV), and adverse childhood experiences (ACEs). Other similar search terms used instead of adverse childhood experiences were child maltreatment, child abuse, child adversity, childhood trauma, childhood sexual, physical and emotional abuse, and violence against children. To ensure that the most recent literature was synthesized, research studies were limited to those published between 2008 and 2018.

Articles were included if they were in English, peer-reviewed, and focused on men's and/or women's attitudes towards IPV and/or child abuse; additionally, the studies were conducted in Africa, Asia or both, or the participants were from those regions. Studies from other continents were also included if they included data from Asian and/or African regions. The initial search yielded 1,754 articles, of which 338 were duplicates and were excluded. After reviewing titles and abstracts for inclusion and exclusion criteria, 62 articles remained for full-text review, of which 31 articles met the inclusion criteria. The remaining 31 articles were excluded because they did not focus on attitudes towards IPV, child abuse, or both. The references of those 62 articles were also reviewed, of which 7 quantitative and 4 qualitative articles were identified. This review included 34 quantitative and 8 qualitative

studies and used a data analysis process that includes data reduction, data display, data comparison, conclusion drawing, and verification (Whittemore & Knafl, 2005).

First, upon excluding all articles that did not meet the criteria (See Appendix C, Figure 1), all the remaining articles were read and similar data were extracted. Details of search strategy and selection process are presented in Figure 1, using Preferred Reporting Items for Systematic Reviews and Meta-Analyses. Second, the matrix method was applied to display the characteristics of each article, including author, publication year, purpose of the study, sample, country, study design, and findings. For the next step, extracted data in the matrix table were compared item by item to identify rates, factors and associations. This process included categorizing and synthesizing data. Finally, conclusions were drawn by examining the matrix table for similarities and differences, and the findings were compared to the original data sources.

Findings

Using a data analysis process proposed by Whittemore and Knafl, (2005), results were organized into the following major categories: prevalence of attitudes towards IPV and child abuse; socio-demographic factors; witnessing and experiencing violence; decision-making autonomy; alcohol consumption and smoking; access to media; strong patriarchal norms; and other factors. Characteristics of the articles included in this literature are presented in Table 1 (See Appendix B, Table 1).

Prevalence

Attitudes towards IPV

Research using random samples of nationally representative data has overwhelmingly shown high rates of attitudes supportive of IPV. A study of 39 low- and middle-income countries showed that the justification of wife beating was most prevalent in South Asia and Africa and least prevalent in the Carribbean, Latin America, and Central and

Eastern Europe (Tran, Nguyen, & Fisher, 2016). For instance, among women, supportive attitudes towards wife beating ranged between 2% in Argentina and 90.2% in Afghanistan; whereas among the men it ranged between 5% in Belarus and 74.5% in the Central African Republic (Tran et al., 2016). Similarly, a study in six Asian countries—Armenia, Cambodia, India, Kazakhstan, Nepal, and Turkey—reflected high percentages, among women, of approval of wife beating, ranging from 29% in Nepal to 57% in India; among men approval ranged from 26% in Kazakhstan to 56% in Turkey (Rani & Bonu, 2009). In 2017, a similar study was conducted in three countries, Kazakhstan, Kyrgyzstan, and Tajikistan, using Multiple Indicator Cluster Survey 2005-2006 data (Joshi & Childress, 2017). It found that nearly 12% (in Kazakhstan), 45% (in Kyrgyzstan), and 74% (in Tajikistan) of ever married women aged 19 to 40 believed that husbands were justified in beating their wives. Similarly, Uthman, Lawoko, and Moradi (2009) conducted secondary data analysis using Demographic Health Survey (DHS) data collected between 2003 and 2007 from 17 Sub-Saharan countries. The supportive attitudes towards wife beating ranged from 28% in Madagascar to 74% in Ethiopia among women, and 8% in Madagascar to 62% in Kenya among men (Uthman et al., 2010). Notably, a 2017 study by Joshi and Childress reported lower rates of supportive attitudes toward IPV in Kazakhstan compared to a study conducted by Rani and Bonu in 2009. The method used for both studies was similar, indicating that interventions that had been initiated to change men's and women's attitudes toward IPV may have been effective; however, the rates in Kazakhstan remain alarming. Additional studies to examine the prevalence of violence against women in Asian and African regions are still needed.

Attitudes towards Child Abuse

A retrospective study conducted in 28 developing and transitional countries indicated that child abuse was very prevalent in many of the countries examined; however,

the rates were significantly high in African countries (Akmatov, 2010). For instance, in the WHO African Region, 83% of children experienced psychological abuse, and 64% and 43% experienced moderate or severe physical abuse, respectively (Akmatov, 2010). In Nepal, Atteraya and colleagues conducted a study to understand the prevalence of child maltreatment and the associated determinants of child maltreatment. Nearly 77% of children experienced emotional abuse, followed by 49.8% who experienced moderate physical abuse, and 21.5% who experienced severe physical abuse (Atteraya, Ebrahim & Gnawali, 2018). Concurring with the Akmatov study, a high prevalence of abuse was found in Tanzania, where boys and girls aged 6 to 15 were examined. Nearly 95% of the children reported that they had experienced at least one type of child abuse in their lifetimes (Hecker, Hermenau, Isele, & Elbert, 2013). Despite the limited availability of reliable literature on child abuse in African populations (Badoe, 2017), the research reviewed for this study, including two studies that used secondary data that was nationally representative, reflect rates that are significantly high.

Factors Associated with Attitudes towards Abuse

Socio-Demographic Factors

Sex

Analyses of the association between sex and attitudes towards IPV have varied. A study in 39 countries demonstrated that women in Asia and Africa were more likely to justify wife beating than men; however, men in Central and Eastern Europe were more likely to justify wife beating than women (Tran et al., 2016). Similar findings were found in India and Pakistan, where women were more likely to justify wife beating than men (Bhattacharya, 2016; Tayyab, Kamal, Akbar, & Zakar, 2017). However, in Palestine, attitudes of approval for IPV were not statistically different between men and women.

Age

Compared with older women, younger women were more likely to justify wife beating in Kazakhstan, Kyrgyzstan, Tajikistan, Bangladesh, Ethiopia, Jordan, and Uganda (Gurmu & Endale, 2017; Jesmin, 2015; Joshi & Childress, 2017; Krause, Haardörfer, & Yount, 2017; Linos, Khawaja, & Al-Nsour, 2012; Speizer, 2010). Similar findings were found among men in Asia and Africa where younger men were more likely to justify wife beating than older men (Tran et al., 2016). This is contrary to the findings in Central and Eastern Europe (Tran et al., 2016), where older men were more likely to justify wife beating than younger men (Tran et al., 2016). This was consistent with findings from a study among Jordanian ever-married women (Al-Nsour, Khawaja, & Al-Kayyali, 2009) and Bangladeshi women (Sayem, Begum, & Moneesha, 2012): as the age of the women increased, the likelihood of justifying wife beating increased (Sayem et al., 2012). Conversely, as the age of the women increased, the likelihood of supporting child physical abuse decreased (Cappa & Dam, 2014; Dalal et al., 2018).

Education

In several studies, educational attainment was reported as a protective predictor to accepting wife beating among both men and women. A study in India examined men's attitudes towards wife beating (Zhu & Dalal, 2010). A positive significant association was found between low education and attitudes supportive of wife beating. Similar, consistent findings were also observed among both men (Dalal et al., 2012; Dhaher, Mikolajczyk, Maxwell, & Kraemer, 2010; Mann & Takyi, 2009; Murshid, 2016) and women (Ebrahim & Atteraya, 2018; Gurmu & Endale, 2017; Jesmin, 2015, 2017; Joshi & Childress, 2017; Jung & Olson, 2017; Krause et al., 2017; Linos et al., 2010; Mann & Takyi, 2009; Rashid et al., 2014; Sayem et al., 2012). In the research reviewed for this study, it was generally reported that both men and women with more education found wife beating unacceptable (Mann & Takyi,

2009; Rani & Bonu, 2009). There were a couple of exceptions, including one study surveying Jordanian women (Al-Nsour et al., 2009) and one Palestinian women (Haj-Yahia et al., 2012), where levels of education were not associated with attitudes towards wife beating. In addition, in Zambia, men with no education were less likely to justify wife beating (Lawoko, 2008). Jesmin (2017) reported that in Bangladesh, as illiteracy levels increased, the women in those communities were less likely to hold supportive attitudes towards wife beating. Regarding attitudes toward child abuse, half of the 42 participants in a qualitative study in Iran stated that individuals with tolerant attitudes towards child abuse were more likely to have a low level of education (Oveisi et al., 2009). Likewise, a study of Cambodian mothers with lower levels of education were also found to have attitudes that were tolerant of child physical abuse (Dalal et al., 2018). While substantial literature showed an inverse association between education level and tolerance of abuse against women and children, two of the studies reviewed that presented no association were based on data that was not nationally representative (Al-Nsour et al., 2009 & Haj-Yahia et al., 2012).

Wealth Status

Socio-economic status has been found as a predictor of individuals' attitudes towards wife beating (Jesmin, 2015; Linos et al., 2012; Rashid et al., 2014). A nationally representative cross-sectional study in Bangladesh revealed that women with low household economic status were more likely to accept wife beating than women with high household economic status (Rashid et al., 2014). Similarly, other studies reflected that as economic status increased, the supportive attitudes toward wife beating declined (Bhattacharya, 2016; Ebrahim & Atteraya, 2018; Jesmin, 2014; Krause et al., 2017; Tayyab et al., 2016, Zhu & Dalal, 2010). Conversely, one study in Bangladesh has revealed that as community poverty increased, the women in those communities were more likely to condemn IPV (Jesmin, 2017). The author also suggested that men who are not able to

provide economic security to their wives are less likely to be respected, hence having less control over their wives. Additionally, among women, women having higher levels of control over finances was significantly associated with being less likely to justify wife beating (Tayyab et al., 2017). Regarding abuse of children, wealthy women were less likely to endorse child physical abuse (Dalal et al., 2018).

Employment

Employment status of the women consistently predicted attitudes towards wife beating (Al-Nsour et al., 2009; Bhattacharya, 2016; Dhaher et al., 2010; Ebrahim & Atteraya, 2018; Linos et al., 2012, 2010; Rashid et al., 2014). Based on a cross-sectional study in Jordan where 87% of women reported experiencing some form of intimate partner violence and around 30% justified wife beating (Al-Nsour et al., 2009), women without employment were more likely to justify wife beating (Al-Nsour et al., 2009). Similar findings have also been observed related to men's employment status (Linos et al., 2010,). Across the studies reviewed, men with employment were generally less likely to endorse IPV, and individuals involved in managerial work (not manual) were less likely to justify wife beating (Islam, et al., 2017; Tayyab et al., 2017). In another study in Iran, unemployment was also identified as the predictor of having more tolerant attitudes towards child physical abuse (Oveisi et al., 2009), while in Cambodia, a significant positive association was found between tolerant attitudes towards child physical abuse and employment (Dalal et al., 2018); however, this association should be reconsidered based on the research methods used. More studies are needed to better understand how employment is a factor in predicting attitudes toward IPV and child abuse.

Age at First Marriage

The age at which an individual first got married has been reported to have a negative impact on attitudes toward wife beating. A nationally representative cross-

sectional study in Pakistan (Nasrullah, Muazzam, Khosa & Khan, 2017), revealed that women married as children (before aged 18) were more likely to have supportive attitudes towards wife beating than women married as adults. Consistent findings were also obtained in Bangladesh (Sayem et al., 2012) and in Jordan (Al-Nsour et al., 2009 & Linos et al., 2010). In contrast, no relationship was found between age at first marriage and attitudes towards wife beating in Palestine with a convenience sample (Dhaher et al., 2010). Literature related to association between age at first marriage and attitudes towards child physical abuse was not found among the literature sample reviewed.

Place of Residence

Place of residence is a significant predictor for wife beating attitudes. In their study of Ethiopian women, Gurmu and Endale (2017) found that women who lived in rural areas had higher tolerance towards wife beating than women who lived in urban areas. Place of residence has been shown to be a consistent predictor of wife beating attitudes among both men and women; numerous studies reported that individuals who resided in rural areas were more likely to justify wife beating (Al-Nsour et al., 2009; Dhaher et al., 2010; Gurmu & Endale, 2017; Islam et al., 2017; Joshi & Childress, 2017; Linos et al., 2012, 2010; Murshid, 2016; Nasrullah et al., 2017; Rashid et al., 2014; Speizer et al., 2010; Tayyab et al., 2017; Tran et al., 2016; Yount & Li, 2009). Similarly, children living in rural areas were more likely to experience violence, and study participants from rural areas were more likely to approve of child physical abuse (Cappa et al., 2014). Rural dwelling is associated with lack of resources that exposes children to many forms of violence perpetrated by adults due to stress (Ebrahim & Atteraya, 2018).

Marital Status

Findings related to the relationship between marital status and wife beating attitudes have been inconclusive. Zhu and Dalal (2010) reported that being married was a

protective factor for justifying attitudes towards wife beating for men. In contrast, married women were more likely to justify wife beating (Ebrahim & Atteraya, 2018; Tayyab et al., 2017). However, similar studies did not find any relationship between married men and supportive attitudes towards wife beating as compared to non-married men (Tran et al., 2016; Tayyab et al., 2017), except in Mongolia and Central African Republican, where married men were less likely to justify wife beating (Tran et al., 2016). These varied findings show that marital status might be confounded by other social and cultural factors. Similar inconsistencies were reflected regarding duration of marriage as a determinant for attitudes supportive of wife beating. Using a convenience sample, Dhaher and colleagues (2010) found that individuals who were married for a longer period were less likely to justify wife beating. In studies using random sampling, no association was found between marriage duration and attitudes towards wife beating (Donta et al., 2016; Islam et al., 2017). Age difference in marriage was significantly associated with attitudes about wife beating (Joshi & Childress, 2017; Linos et al., 2010, 2012). For instance, a study conducted in Kazakhstan, Tajikistan, and Kyrgyzstan revealed that in Kazakhstan, women who were ten years younger than their husbands were more likely to accept IPV (Joshi & Childress, 2017). Lastly, based on an Iraq study that used nationally representative data, being in consanguineous marriage was significantly associated with supportive attitudes towards wife beating (Linos et al., 2012); although a Jordan study found no association (Al-Nsour et al., 2009), it relied on a small sample.

Only one study examined the relationship between the number of life partners and favorable attitudes towards child abuse (Dalal et al., 2018). The findings revealed that women who had two or more lifetime partners were more likely to have supportive attitudes towards child abuse (Dalal et al., 2018). Future research should examine the association between marriage and favorable attitudes towards child abuse.

Number of Children

Analyses of the associations between number of children and attitudes towards IPV have varied. A positive significant relationship has been found between number of children and attitude towards IPV (Dhaher et al., 2010; Krause et al., 2017; Speizer et al., 2010; Tayyab et al., 2017); however, literature has not been consistent in regard to how many children relate to the supportive attitudes about IPV. For instance, Dhaher et al., (2010) reported that having more than one child was associated with more likelihood of accepting IPV, while Speizer et al (2010) reported that women with more than three children were more likely to accept IPV. Literature reviewed did not explore the relationship between the number of children and attitudes towards child physical abuse, however, a significant relationship was found between endorsement of child physical abuse and having had a son or a daughter who died (Dalal et al., 2018).

Region and Ethnicity

Substantial literature from different countries have consistently found a significant association between wife beating attitudes and region and ethnicity (Gurmu & Endale, 2017; Joshi & Childress, 2017; Linos et al., 2012; Nasrullah et al., 2017; Tayyab et al., 2017). For instance, a study in Kazakhstan, Kyrgyzstan, and Tajikistan revealed that women from Asian ethnic backgrounds were more likely to justify wife beating than Russian women from European ethnic backgrounds (Joshi & Childress, 2017). In their study of Pakistani women, Nasrullah et al. (2017) reported that the region was significantly related to supportive attitudes about IPV: individuals living in rural areas and the Kyber Pakhtunkhwa region were more likely to accept IPV,

A nationally representative study revealed that a higher percentage of parents in African countries endorsed physical punishment against their children (Akmatov, 2011). Only one study in the literature reviewed explored the relationship between favorable

attitudes towards child abuse and region. It found that a significant percentage of parents in African countries condoned child physical abuse, and that Syria had the highest approval of child physical abuse among 28 developing and transitional countries surveyed (Akmatov, 2011).

Religion

Despite extensive study regarding the association of religion and wife beating attitudes, the findings are inconclusive. A qualitative study conducted in Indonesia and Norway among Muslims resulted in inconsistent findings (Eidhamar, 2018). Muslims in Indonesia believed that men were the leaders of the family and were obligated to discipline their wives by beating them, whereas Muslims in Norway believed in equality (Eidhamar, 2018). The findings from Indonesia were consistent with the findings in Kazakhstan and Nepal where Muslim women were more likely to approve of wife beating than Christian and Hindu women (Rani & Bonu, 2009). In Ethiopia, Muslim women living in urban settings were more likely to justify wife beating than their counterparts in rural settings.

Using nationally representative data from 49 countries, Jung and Olson (2017) did an analysis on the association between personal religiosity and attitudes towards IPV. A negative relationship was found between individuals with a high level of religiosity (individuals who value religion and attend church regularly) and attitudes towards IPV (Jung & Olson, 2017). However, religious leaders in a qualitative study in Pakistan stated that an ideal wife should not have an independent social network and interact with strangers—the husband should forbid the wife from developing such relations, and that if she does, the husband has the right to physically beat her. In Cambodia, non-Buddhist women were more likely to approve of child physical abuse than Buddhist women (Dalal et al., 2018). Religion and attitudes towards child abuse have not been explored much in

African and Asian countries. Future research should focus on understanding attitudes towards child abuse from the perspectives of different religious groups.

Decision-Making Autonomy

Literature related to women's decision making and wife beating is inconsistent; however, a study done in Palestine among women indicated that women with higher decision-making autonomy were less likely to justify wife beating (Dhaher et al., 2010). Similarly, a study in Jordan showed that having higher decision-making autonomy among married women was associated with being less likely to approve of wife beating (Linos et al., 2010). In Bangladesh, approval of wife beating among women who participated in decision making was conditional, based on certain circumstances (Rashid et al., 2014). For instance, they believed that wife beating was acceptable if women argued with their husbands, neglected their children, or went out without telling their husbands (Rashid et al., 2014). Another study in Pakistan surveyed ever-married participants—over 13,000 women and 3000 men—to examine their attitudes toward wife beating (Tayyab et al., 2017). The findings revealed that both men and women who were involved in household decision making were less likely to justify wife beating (Tayyab et al., 2017). Consistent findings were also observed in Kazakhstan, Kyrgyzstan, and Tajikistan (Joshi & Childress, 2017), Bangladesh (Jesmin, 2017), and Ethiopia (Ebrahim & Atteraya, 2018). A significant association was also found between women who had less autonomy in decision making about their own healthcare, large household purchases, or visiting their relatives, and tolerant attitudes towards child abuse (Dalal et al., 2018).

Alcohol Consumption and Smoking

Dalal and colleagues (2012) conducted a study in India, Nepal, and Bangladesh to examine male adolescents' attitudes towards wife beating. Both Indian and Nepalese participants with a history of smoking and consuming alcohol endorsed supportive

attitudes towards wife beating (Dalal et al., 2012). In contrast, alcohol consumption was not associated with acceptance attitudes towards wife beating in a different study in India (Donta et al., 2016). Regarding child abuse, in a qualitative study, participants suggested parents' drug abuse was positively associated with an attitude of approval (Oveisi et al., 2009). Future research in Africa and Asia should examine this relationship statistically.

Access to Media

Access to media, including magazines, newspapers, television (TV) and radio, was found to be associated with people's attitudes towards wife beating (Bhattacharya, 2016; Gurmu & Endale, 2017; Jesmin, 2017, 2015; Krause et al., 2017; Tayyab et al., 2017; Sayem et al., 2012). In a number of studies, exposure to media in general was found to be a strong predictor of disapproving attitudes towards wife beating (Gurmu & Endale, 2017; Jesmin, 2015, 2017; Sayem et al., 2012; Tayyab et al., 2017). However, varied findings were observed in India, where regular access to magazines or newspapers was associated with attitudes less likely to justify wife beating among both men and women (Bhattacharya, 2016), a finding that was consistent with a study in Bangladesh (Krause et al., 2017). Exposure to radio, though, had a weak association with unaccepting attitudes towards wife beating among women, and no relationship was observed among men (Bhattacharya, 2016). A non-significant relationship was found between exposure to TV and attitudes towards wife beating (Bhattacharya, 2016).

Only one study in the sample explored the relationship between attitudes towards child physical abuse and access to media (Dalal et al., 2018). A significant number of women who had no access to mass media approved of child physical abuse. Additional studies comparing the effects of different kinds of mass media on attitudes towards child abuse would be useful. Based on attitudes towards IPV and access to various kind of media,

findings have varied, indicating that exposure to various media may have varied effect on attitudes towards abuse against women and children.

Strong Patriarchal Norms

Social and gender norms are important factors that influence wife beating attitudes (Haj-Yahia et al., 2012; Jesmin, 2015, 2017; Jung & Olson, 2017; Morse, Egbarya , Paldi, & Clark, 2012). Consistently, individuals and communities that held strong patriarchal norms were more likely to justify wife beating (Haj-Yahia et al., 2012; Jesmin, 2015, 2017; Jung & Olson, 2017; Morse et al., 2012). Additionally, individuals living in countries with a higher level of corruption were more likely to justify wife beating than their counterparts (Jung & Olson, 2017). A qualitative study conducted in South Africa revealed a common belief that an ideal wife conforms, respects, and submits to her husband, implying that failure to comply was viewed as a justification for wife beating (Chisale, 2016). Similarly, another qualitative study in Bangladesh showed that 51% of the participants reported that men would be justified in beating their wives if the women visited a friend or relatives without the husbands' permission; around 76% thought that others in the community would concur with them (Schuler, Yount, & Lenzi, 2012). A study in Pakistan reported that it is a husband's responsibility to control his wife's behavior, meaning that wife beating is permissible if the wife misbehaves (Zakar et al., 2011)

Effects of Adverse Childhood Experiences on Attitudes towards Abuse

Witnessing Violence

Using nationally representative data, Islam and colleagues examined the effect of witnessing father-to-mother violence in childhood on endorsement of attitudes towards wife beating among ever-married men (Islam et al., 2017). The findings revealed that men who witnessed spousal abuse were more likely to hold tolerant attitudes towards wife beating (Islam et al., 2017). A similar study was conducted in India (Bhattacharya, 2016)

and in Uganda (Speizer, 2010). No relationship was found between witnessing spousal abuse and condoning wife beating among women; however, among men a positive association was found (Bhattacharya, 2016; Speizer, 2010). In contrast, Haj-Yahia and colleagues (2012) found no relationship between witnessing spousal abuse and supportive attitudes towards wife beating among both men and women; however, their study did not use nationally representative data. There is evidence that witnessing violence plays a role in determining tolerant attitudes towards child abuse, but literature related to this relationship was not included within the literature reviewed.

Experiencing Violence

In a qualitative study in Iran, for half of the 42 participants the experience of abuse during childhood was a predictor of favorable attitudes towards child abuse (Oveisi et al., 2009). Literature reviewed for this study did not find any quantitative study that examined the association in Asian and African regions between tolerant attitudes towards child abuse and experience of violence in childhood. However, substantial literature was extracted that examined the association between experiences of violence and attitudes towards IPV. A study in Palestine examined the relationship between perceptions of Palestinian adults towards different forms of wife abuse and the experience of violence during childhood and adolescence (Haj-Yahia et al., 2012). The findings revealed that experiencing violence was not associated with tolerant attitudes towards IPV. In contrast, in numerous other studies, the likelihood of approving of wife beating was higher among individuals with a history of experiencing any form of violence than their counterparts (Kunnuji, 2015; Nasrullah et al., 2017; Sayem et al., 2012; Yount et al 2014; 2009). In their study of Tibetan women, Rajan (2018) explored how Tibetan women conceptualized abuse and their perspectives on acceptable and unacceptable hitting. The findings showed that women who have been hit frequently do not condone IPV; however, they were equally as supportive as other members

in their community of the belief that women deserve to be hit or beaten under certain circumstances, such as when they go out of the home and do no return on time (Rajan, 2018). Based on a study in Nigeria, participants approved of wife beating for different reasons. For instance, participants who had a history of sexual abuse were more likely to approve of wife beating if the wife goes out without telling her husband, whereas participants with a history of emotional abuse were more likely to approve of wife beating if the wife burns the food (Kunnuji, 2015). Finally, even though violence exposure in childhood was shown to be associated with acceptance attitudes towards IPV, the association disappeared when confounding factors (education, age, socio-economic status) were adjusted (Yount et al., 2009, 2014). Inconsistent outcomes of research examining witnessing or experiencing violence as a predictor of attitudes towards abuse against women and children suggest that results should be considered in light of the research methods used and whether other determining factors were considered, including the age when the violence occurred.

Other Factors

Exposure to physically abused woman was negatively associated with tolerant attitudes towards IPV, and being an IPV perpetrator among men was positively associated with tolerant attitudes towards wife beating (Donta et al., 2016; Haj-Yahia et al., 2012; Sayem et al., 2012). Having a child who died, family disputes, two or more life partners, and parents' mental disorder were associated with favorable attitudes towards child abuse (Dalal et al., 2018 & Oveisi, 2009). A summary of some of the factors synthesized above are presented in Table 2 (see Appendix B, Table 2).

Discussion of the Main Findings

It is evident that tolerant attitudes towards IPV are prevalent in communities with strong patriarchal norms (Haj-Yahia et al., 2012; Jesmin, 2015, 2017; Jung & Olson, 2017;

Morse et al., 2012). This could be due to the passing on of social norms and gender roles from generation to generation in a patriarchal society that promotes acceptance of wife beating (Rani et al., 2004). Despite the fact that strong patriarchal ideology had direct effect on attitudes towards wife beating, multiple quantitative and qualitative studies have consistently shown that both women and men with more education and high economic status were less likely to justify IPV. As individuals receive more education, they are exposed to new ideas and rational thinking that changes their perception of male dominance and traditional norms that promote inequality (Rani et al., 2004; Gurmu & Endale, 2017).

Similarly, having a high economic status defines the class and different social networks that individuals belong to, offering opportunities for exposure to a wide array of new ideas (Rani et al., 2004). A high level of decision-making autonomy among women has consistently been found to be associated with attitudes that are less likely to justify wife beating, and men who made decisions together with their wives were also less likely to justify IPV. Attitudes towards IPV have also consistently been associated with ethnicity and region, while few studies have considered variables such as smoking, extended families, and consanguineous marriage in terms of their association with attitudes towards IPV. Inconsistent findings have been found with numerous variables, including age at the time of interview, sex, current marital status, age at first marriage, religion, number of children, men's educational attainment, women's work status, witnessing and experiencing violence, alcohol consumption, media access, and place of residence. The reason for the inconsistency in outcomes could be a reflection of patriarchal social systems, measurement tools used, predictor variables included, or research methods.

Substantial literature has revealed that child abuse can lead to significant physical, psychological, and behavioral issues for victims during childhood and later in adulthood.

Studies have shown that the most significant predictor of abusing children is favorable attitudes towards child physical abuse (Cappa et al., 2014; Akmatov, 2011). Supportive attitudes towards child abuse have been found to be associated with parents' drug abuse, poverty, low levels of education and employment, family disputes, parents' mental disorders, living in rural areas, having two or more life partners, specific ages, living in specific regions, and history of experience of abuse during childhood.

Abuse Against Women and Children in Malawi

Important work, though inadequate, has been done examining the prevalence of and factors associated with justification of IPV among men and women in Asia and Africa, where patriarchy and gender inequality is very high (Eidhamar, 2018; Gurmu & Endale, 2017; Islam et al., 2014; Linos et al., 2012). Within this limited body of research, only two studies in Malawi have examined the prevalence of exposure to violence (Ameli, Meinck, Munthali & Ushie, 2017 & MoGCDSW, 2014) and whether the exposure to violence is associated with gender-based attitudes about violence (Ameli et al., 2017). Ameli and colleagues (2017) examined the association between experiences of violence and attitudes regarding gender-based violence among Malawian adolescents. The participants were not randomly sampled, and sexual abuse was not included as a predictor variable. Nonetheless, the study revealed that physical violence exposure at school was rampant—around 42% and 36% among girls and boys respectively. Among girls, this exposure was significantly associated with attitudes condoning rape and violence towards women; among boys, no association was found with attitudes about gender-based violence, but there was a positive association with bullying perpetration.

Although studies were not found that considered a wide array of adverse childhood experiences and their association with attitudes about wife beating, a few studies have been conducted that examined a number of factors (Hayes & Boyd, 2017; Hindin, 2013; Uthman

et al., 2009). One study identified the following factors as being associated with supportive attitudes towards wife beating: being female, younger, or employed; having never been married; having less education or lower income; reading newspapers; residing in rural areas; and making decisions alone or having a partner who made decisions alone (Uthman et al., 2009). In another study, while less education, lower wealth, living in rural areas, and being younger also were consistently associated with supportive attitudes towards wife beating, having never married and being able to make decisions independently were associated with being less likely to justify wife beating (Hayes & Boyd, 2017). Hayes & Boyd (2017) also reported that being employed or having laws against IPV did not influence attitudes about IPV. Notably, this study highlights how a variety of factors influenced participants' responses; for instance, the presence of a husband during the interview decreased acceptance of IPV, while the presence of another woman increased acceptance (Hayes & Boyd, 2017). In another study, Hindin (2013) examined the relationship between adolescent childbearing and the mothers' attitudes towards wife beating in Sub-Saharan countries including Malawi. The findings revealed that having a child before turning 20 was associated with believing that wife beating is justifiable (Hindin, 2014).

Gaps in the Literature and How They were Addressed

Only a few studies have explored the association between experiencing or witnessing violence and attitudes towards wife beating in Africa and Asia (Haj-Yahia et al., 2012; Islam et al., 2017; Kunnuji et al., 2015; Nasrullah et al., 2017; Rajan, 2018; Sayem et al., 2012; Yount et al., 2009, 2014). Of those that did, a number of them did not specifically address when witnessing or exposure to violence occurred. Age at which an individual witnesses or experiences violence determines the type and degree of health consequences that develop later in life (Felitti et al., 1998). Among the few studies that examined the association between adverse childhood experiences and supportive attitudes towards wife

beating, the findings were inconsistent. Associations were found between exposure to violence and justifying wife beating; however, specific variations impacted the findings. For instance, individuals with histories of sexual abuse were less likely to justify wife beating if the reason for the beating was related to a wife going out of the home without telling the husband (Kunnuji, 2015). Similarly, the link between history of physical abuse and justifying wife beating disappeared when covariates were adjusted (Yount et al., 2009, 2014). To date, no studies have examined the association between adverse childhood experiences and supportive attitudes towards abuse against women and children among adolescents and young adults in Malawi.

Malawi is one of the Sub-Saharan African countries south of the Equator. It borders Mozambique, Zambia and Tanzania (See Figure 3). Globally, Malawi is classified as a low-income country, ranking at 170 out of 188 countries (United Nations Development Programme, UNDP, 2016). According to a 2016 UNDP report, around 61% of the population live under the poverty rate ($1.25 per day). Malawi is considered a patriarchal society with strong attitudes about women being inferior to men (MoGCDSW, 2014), placing it at 145 out of 159 countries on the UNDP gender inequality index (UNDP, 2016). Women are socialized to be submissive and obedient when they get married and are told to persevere in all circumstances to ensure stability of the household (Bisika et al., 2009). A survey done by the Ministry of Gender, Children, Disability and Social Welfare (MoGCDSW), the Center for Social Research at the University of Malawi, UNICEF Malawi, and the Centers for Disease Control and Prevention revealed that 42% of young women thought that it is acceptable to suffer intimate partner violence, and 41% believed that women should tolerate this kind of violence to avoid separation (MoGCDSW, 2014). Congruent with this finding, men are regarded as household heads (Bisika et al., 2008), supporting gender inequality that is prominent in all essential sectors of Malawian society (UNDP, 2016). Gender inequality

contributes to women in Malawi registering high maternal mortality rates, high school dropout rates, poor standards of living, and low rates of labour market participation (UNDP, 2016). Additionally, the high rate of violence against children is alarming; 60% of all Malawians have reported experiencing violence during their childhoods (MoGCDSW, 2014).

Remarkable changes have been made to protect children from violence and empower women. At an international level, Malawi is a signatory in the following documents: Convention on the Elimination of all Forms of Discrimination Against Women (in 1979); African Charter on Human and People's Rights (1986); Convention on the Rights of the Child (1990); Vienna Declaration on Human Rights (1993); Beijing Platform for Action (1995); Southern African Development Community Declaration on Gender and Development (1997); and Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa (2005) (Mellish, Settergren, & Sapuwa, 2015). At a national level, several policies and laws have been established to protect women and children from abuse, such as the National Gender Policy, which, among other strategies, stipulates that laws and policies should be formulated and enforced to eliminate gender-based violence. Recently, Malawi has enacted a Divorce and Family Relations Law that declares 18 years old as a legal age for marriage. In response, traditional leaders have set up a Chief's Gender Council to support a campaign to end child marriage, and some communities have developed gender-based action groups to end violence (Bisika, 2008). Despite all of these efforts, abuse is still occurring in various ways. In a qualitative study, Warria (2018) explained how Malawian girls and women undergo female initiation rites, or "sexual cleansing," at different stages of their lives. These include: when a girl reaches adolescence, a man called a "fisi" is hired to have unprotected sexual intercourse with the girl, believing that she will be cleansed, purified, and initiated into adulthood life; similarly, when a woman has had a miscarriage, a man is hired to cleanse the woman by having unprotected

sex; when a couple cannot conceive, a man is hired to impregnate the woman (this man cannot make any claims to the children he has fathered); after a birth of a child, a man is hired to have unprotected sex with the postpartum mother, believing that it will influence the healthy development of the child; and, finally, when somebody dies in a woman's family or when a family purchases an important item, a man is hired to have unprotected sex with the woman to appease the spirits (Warria, 2018). All of these acts are committed without obtaining consent from the girl or woman. Until we understand the attitudes of both men and women towards abuse against women and children, these kinds of violence, as well as other acts of abuse against women and children, cannot be combatted.

Limitations

This integrative review has several limitations. First, this review incorporates all studies conducted in Africa and Asia that met the inclusion criteria, and only articles reported in English were considered. Thus, information reported in other continents and languages has not been included. Second, all studies included in this review were selected using five search engines and their references, hence information regarding IPV catalogued in databases other than the five search engines used was not included. Third, only recent literature (post-2008) was included in this review; hence, important information published prior to 2008 was not included. Last, all articles included in this review were limited to attitudes towards IPV, violence against women, and attitudes towards child abuse—thus, research involving other violence, such as violence against men and bullying, was not included, and the findings are not generalizable to those types of violence.

Conclusion

In order to alleviate violence against women and children in Malawi, it is important to conduct more research regarding Malawian attitudes about IPV and child abuse and associated factors. For instance, higher levels of education and exposure to media have been

reported to be associated with attitudes less likely to be tolerant of violence against women and children. Because attitudes supportive of violence contribute to perpetration of violence, changing attitudes to become intolerant of abuse against women and children is needed to mitigate violence.

Research highlights that children who have experienced violence face consequences related to their health, both during childhood and later in adulthood. Women who experience violence also experience health consequences. For instance, literature have shown that women who experience violence are more likely to have more hospital visits than those who have not. In addition, they will present with other health-related issues, including gynecological and obstetrical health issues.

Because the effects of violence include a wide variety of health consequences, nursing is well-situated to help develop and implement interventions that may reduce violence in Malawi. In addition, nurses may be in a good position to assess the beliefs of the Malawian women they provide care to, such as attitudes related to "sexual cleansing," and provide information, education and support in order to foster attitudes that are intolerant of all forms of violence against women and children.

CHAPTER 3

RESEARCH METHOD

Introduction

The study utilized secondary data analysis to examine attitudes towards Intimate Partner Violence (IPV) and attitudes towards child physical abuse based on the Violence against Children and Young People Survey (VACS), a nationally representative, cross-sectional household survey conducted in Malawi from September 2013 to October 2013. VACS was designed to gain information regarding violence against children; estimate the national lifetime prevalence of ACEs, such as the physical, emotional, and sexual violence experienced by females and males aged 13 to 24; recognize the health and social consequences of violence against children; and assess the knowledge and use of (as well as lack of access to) medical, psychosocial, legal and protective services available for children with ACEs (Chiang et al., 2016; Ministry of Gender, Children, Disability and Social Welfare, Malawi, MoGCDSW, 2014). This survey utilized a validated sampling approach developed by the National Statistics Office (NSO) in 2008 for the National Population and Housing Census (MoGCDSW, 2014).

Study Design

This study used a retrospective cross-sectional design to conduct a secondary analysis of an existing data set. The analysis focused on two age groups: adolescents aged 13 to 17 who have had ACEs (sexual, emotional and physical abuse and witnessing spousal abuse) and those who have not; and young adults aged 18 to 24 who have had ACEs and those who have not.

Theoretical Model

The proposed study uses a theoretical model from the conceptual framework developed by Rani and colleagues in their empirical investigation of attitudes towards IPV among men and women in seven Sub-Saharan African countries (Rani et al., 2004). Developed using social learning theory and ecological theory, the model was designed to understand the predictors of attitudes among both men and women regarding IPV. The model posits that patriarchal ideology or myth of male superiority is central to the tolerance of IPV (Rani et al., 2004). These patriarchal ideologies are transmitted from one generation to another through the social learning process. However, not all learned behaviors are sustained and executed, as various enabling factors can interrupt the process and challenge individuals to reexamine their beliefs and actions (Bandura, 1977; Rani et al., 2004). These enabling factors may contest the acceptance of the myth of male superiority. For instance, women who are better educated, employed, and who have financial stability comparable to men may question the social norms that support IPV (Gurmu & Endale, 2017; Yodanis, 2004). This model also postulates that violence is a learned behavior. Based on this model, individuals with history of adverse childhood experiences (ACEs) are more likely to endorse violence. For instance, in Vietnam, men who either witnessed spousal abuse or who were hit by their parents (or both) during childhood were more likely to report more reasons for hitting their partners (Yount et al., 2014). Additionally, they also were more likely to ever have perpetrated IPV (Yount et al., 2014).

Study Aims

The specific aims and hypotheses of this study were:

Aim 1: Examine attitudes towards intimate partner violence, comparing Malawian adolescents aged 13 to 17 who have had ACEs (sexual, emotional and physical abuse and

witnessing spousal abuse) with those who have not, and comparing Malawian young adults aged 18 to 24 who have had ACEs with those who have not.

H1: Adolescents and young adults who have had ACEs will be more likely to have tolerant attitudes towards intimate partner violence than those who have not.

Aim 2: Examine attitudes towards child physical abuse, comparing Malawian adolescents aged 13 to 17 who have had ACEs with those who have not, and comparing Malawian young adults aged 18 to 24 who have had ACEs with those who have not.

H2: Adolescents and young adults who have had ACEs will be more likely to have tolerant attitudes towards child physical abuse than those who have not.

Aim 3: Evaluate whether region in Malawi (Southern, Central, and Northern) moderates the relationship between a) ACEs and the attitudes towards intimate partner violence and b) ACEs and the attitudes towards child physical abuse.

H3a: The relationship between ACEs and attitudes towards intimate partner violence will be moderated by the region.

H3b: The relationship between ACEs and the attitudes towards child physical abuse will be moderated by the region.

Data Sources

Between September and October 2013, the government of the United Kingdom provided funding to the Republic of Malawi for the Malawi Ministry of Gender, Children, Disability and Social Welfare to conduct the Violence Against Children and Young Women Survey. The Ministry worked in collaboration with the Center for Social Research at the University of Malawi, the United Nations Children's Fund in Malawi (UNICEF Malawi), and the President's Emergency Plan For AIDS Relief. The questionnaire was designed based on the following well-respected tools: Malawi Demographic and Health Survey (MDHS); the National Intimate Partner and Sexual Violence Surveillance System; the Child Sexual Assault

Survey; Longitudinal Studies of Child Abuse and Neglect; ISPCAN Child Abuse Screening Tool; HIV/AIDS/STD Behavioral Surveillance Survey; Youth Risk Behavior Survey; National Longitudinal Study of Adolescent Health; World Health Organization (WHO) Multi-Country Study on Women's Health and Domestic Violence against Women; Behavioral Risk Factor Surveillance System; and the Hopkins Symptom Checklist. Prior to conducting the VACS Malawi, a similar study had been conducted in five other countries using the same questionnaire. Key informants and stakeholders familiar with the topics of violence against children, children protection, and the Malawian cultural context were consulted to ensure that the questionnaire was appropriate for Malawi's adolescent and young adult population (MoGCDSW, 2014). To further validate the VACS Malawi questionnaire, cognitive lab testing was conducted by the CDC National Center for Health Statistics' Questionnaire Design Research Laboratory. Qualitative assessment was conducted by UNICEF Malawi and the Center for Social Research at the University of Malawi. The survey was conducted in native Malawi languages (Chitumbuka and Chichewa), and all stakeholders were involved in reviewing the questionnaire to ensure consistency and appropriateness of the questionnaire to societal context of Malawi (MoGCDSW, 2014). Prior to collecting the data, training was offered to the entire team for about 30 days to ensure the use of standardized, accurate, and appropriate interviewing techniques, and a pilot study was also implemented to test the questionnaire and the response plan (MoGCDSW, 2014). The pilot study was not randomly sampled because the researchers wanted to ensure that there was adequate representation based on gender, age group, and setting. The information collected during the pilot study was used to revise the instruments and update the survey procedure, such as consent and referral processes.

Sampling and Setting

The survey included females and males aged 13 to 24. A four-stage cluster survey design was used to collect data from females and males living in non-institutional areas. To select eligible participants, a sampling frame developed by Malawi's National Statistics Office was applied. Malawi has three administrative regions: the Northern, Central and Southern regions. These are further subdivided into 28 districts. Each district was subdivided into enumeration areas or clusters. Enumeration Areas (EAs) were classified as either urban or rural (MDHS, 2010). The entire country had 9,145 EAs. In the first stage, 849 EAs were selected using probability proportional to the size, or number, of households in the EAs. In order to randomly select eligible participants, 212 EAs were selected from among 849 EAs using probability proportional to size stratified by region. Each Enumeration Area has an average of 235 households (MDHS, 2015). A total of 30 households were selected from each of the 212 EAs using equal probability systematic sampling. Finally, a split sampling approach was employed to reduce the chances of interviewing abuser and abused, and to protect confidentiality in cases where abused females and abuser males, or vice versa, happened to live in the same area. This last process yielded 2,678 households from which female participants were randomly selected to be interviewed (out of the completed list of all eligible female participants), and 3,692 households from which male participants were randomly selected to be interviewed (MoGCDSW, 2014).

Interviewers were hired based on their experience, and their ability to speak local languages and to keep information confidential. The interviewers selected the head of household from eligible households, to whom they introduced the study and engaged to complete the household list of family members eligible to participate in the study. The head of the household was also requested to complete a short questionnaire

designed specifically for an adult, to determine the socioeconomic status of the household and to assist in the development of the interviewer's rapport with the family. In some cases, where more than one adult was eligible, the trained interviewer used a random selection program installed on the netbooks to randomly select an adult for the VACS interview. When there were no eligible respondents, the person representing the head of the household was requested to participate in the household questionnaire. When the interviewers encountered households where eligible participants were not available or refused to participate after three attempts, those households were skipped and not replaced. Eligible participants were between 13 and 24 years old, able to speak either Chichewa or Chitumbuka, and not institutionalized. Children below 13 years old were excluded due to the predictable lack of maturity required to grasp the full meaning of the survey questions. Young adults more than 24 years old were also excluded because of the potential for recall bias. Males and females with physical disabilities such as speech and hearing impairment were also excluded from participation in the study due to interviewers not having training or expertise that could assure effective communication. In addition, all males and females residing in institutions, such as hospitals and prisons, and all of those with mental disabilities were excluded (MoGCDSW, 2014). The proposed study will include data from all participants that were successfully interviewed.

For eligible participants who were less than 18 years old, permission to speak with these participants was obtained from their parents or guardians prior to the interview. Because of the nature of the questionnaire, the trained interviewers explained to the guardians and parents that they were interested specifically in learning more about young adults' health and educational and life experiences.

Trained interviewers were assigned to clusters based on the sex of the participants—that is, female participants had female interviewers and male participants

had male interviewers. Once informed consent was received from the parent or guardian, the interviewers were instructed to take the participant to a place outside the house where privacy could be guaranteed, unless the house itself was considered sufficiently safe and private. In cases where privacy could not be guaranteed, trained interviewers were instructed to reschedule the interview for another time during the period when trained interviewers were still in the community. When the respondent could not be reached after three attempts, the household was skipped and not replaced.

With participants who were more than 18 years old, permission from the parent or guardian was not necessary. After ensuring the privacy of the interview, trained interviewers read the contents of a verbal consent form to the participants. Consent forms stipulated that the decision to participate in the study was voluntary and all information they provided would be both anonymous and confidential. If they decided to participate in the study, information regarding their sexual activity, HIV testing, and their experience with physical, emotional, and sexual violence would be asked. Information on violence experienced in the 12 months preceding the survey was obtained from the 13 to 17-year group. The 18 to 24-year group provided information on their experience of violence prior to age 18. The proposed study utilized both male and female datasets (MoGCDSW, 2014).

Measures

In order to measure participants' attitudes about IPV and child physical abuse and participants' Adverse Childhood Experiences (ACEs), a range of variables was selected. For each variable, questions were constructed that would allow a positive or negative result for each of the variables. The dichotomous outcome variables selected were 1) attitudes towards Intimate Partner Violence (IPV) and 2) attitudes towards physical abuse of children. The dichotomous independent variables selected were 1) childhood sexual abuse, 2) physical abuse, 3) emotional abuse, and 4) witnessing spousal abuse.

Outcome Variables

Attitude towards IPV

Participants were asked the following five questions to determine their attitudes towards IPV:

Do you believe it is right for a man to hit or beat his wife in the following circumstances: 1) if she goes out without telling him; 2) if she doesn't take care of the children; 3) if she argues with him; 4) if she refuses to have sex with him; and 5) if she burns the food?

The response to each question was coded as 1 (for "yes") if a participant believed it was right for a husband to hit a wife due to that particular circumstance, as 2 (for "no") if a participant believed it was not right for a husband to hit his wife due to that particular circumstance, or as 99 if the participant did not know or declined to answer.

In this study, attitude towards IPV is defined as tolerant if a participant replied "yes" to any of the five questions. In other words, the variable was coded as 1 (or positive) if any of the circumstance replies was "yes," and it was only coded 0 if all the responses were "no." Thus, 0 denotes that a participant did not believe it is right to hit the wife for any of the above reasons, and was classified as having an intolerant attitude towards IPV; and 1 denotes that a participant believed that it is right to hit a wife for one or more of the above reasons and were classified as having a tolerant attitude towards IPV. A code of 99 denotes missing values. These questions were drawn from the Malawi Demographic Health Survey (MDHS), and various researchers have analyzed these questions using a similar process (Begum et al., 2015; Dalal et al., 2011; Dhaher et al., 2010; Jesmin, 2015; Krause et al., 2017; Linos et al., 2012; Rani & Bonu, 2009; Speizer et al., 2010; Uthman et al., 2010).

Attitude towards Child Physical Abuse

The following question was asked, and the participants were told to answer yes if they agree or no if they disagreed: Do you believe parents need to punch, kick, or beat a child when he or she misbehaves? A "yes" response (coded as 1) was classified as a tolerant attitude towards child physical abuse, and a "no" response (coded as 0) was classified as an intolerant attitude towards child physical abuse.

Independent Variables

Childhood Sexual Abuse

The variable of childhood sexual abuse is defined as experiencing unwanted sexual contact or attempted sexual contact (including oral, anal, and vaginal sex) prior to age 18 by an adult relative, family friend, or stranger who was at least 5 years older than the participant when the contact, or attempted contact, occurred. To ascertain whether participants had experienced childhood sexual abuse, this dichotomous variable was constructed based on the following yes/no questions: 1) Has anyone ever touched you in a sexual way without your permission, but did not try and force you to have sex? Touching in a sexual way without permission includes fondling, pinching, grabbing or touching you on or around your sexual body parts. 2) Has anyone ever tried to make you have sex against your will but did not succeed? 3) Has anyone ever physically forced you to have sex and did succeed? 4) Has anyone ever pressured you to have sex through harassment, threats or tricks and did succeed?

A "yes" (coded as 1) response to any of the four questions was coded as positive for the experience of childhood sexual abuse. A "no" (coded as 0) response to all four of the questions was coded as negative for the experience of childhood sexual abuse.

Childhood emotional abuse

The variable of childhood emotional abuse is defined as being sworn at, insulted, or put down by the parent, stepparent, or an adult living in the home with the participant prior to the age of 18. To ascertain whether participants had experienced childhood emotional abuse or not, this dichotomous variable was constructed based on the following yes/no questions: Has a parent, adult caregiver or another adult relative ever 1) told you that you were not loved or did not deserve to be loved; 2) said they wished you had never been born or were dead; 3) ridiculed you or put you down, for example, saying that you were stupid or useless? A "yes" (coded as 1) response to any of the three questions was coded as positive for the experience of childhood emotional abuse. A "no" (coded as 0) to all three of the questions resulted in coding experiencing childhood emotional abuse as negative.

Childhood Physical Abuse

The variable of childhood physical abuse is defined as being pushed, grabbed, slapped, hit, or having something thrown at you by a parent, stepparent, or other adult prior to the age of 18. This dichotomous variable was constructed based on the following yes/no questions: 1) Has a parent, adult caregiver or any other adult relative ever punched, kicked, or whipped you, or beat you with an object; 2) Has a parent, adult caregiver or any other adult relative choked, smothered or tried to drown or burn you intentionally; 3) Has a parent, adult caregiver or any other adult relative ever threatened you with a knife, gun or another weapon?

A "yes" response (coded as 1) to any of the three questions was coded as positive for the experience of childhood physical abuse. A "no" response (coded as 0) to all of the three questions was coded as negative for the experience of childhood physical abuse.

Witnessing Spousal Physical Abuse During Childhood

The variable of witnessing spousal abuse during childhood is defined as a participant witnessing a parent being treated violently by the other parent (or boyfriend or girlfriend) prior to the age of 18. This variable was constructed based on the following question: How many times did you see or hear your parent get punched, kicked, or beaten up by your other parent or their boyfriend or girlfriend? The responses were: never (coded as 1), once (coded as 2), few (coded as 3), and many (coded as 4). The codes were changed to 0, 1, 2, 3 subsequent to the survey process; responses coded as 0 then represented never witnessed spousal abuse; 1, witnessed spousal abuse once; 2, witnessed a few cases of spousal abuse; and 3, witnessed many cases of spousal abuse. The variable of witnessing spousal abuse during childhood was also treated as dichotomous. If a participant's answers totaled 1 and above, the variable was coded as positive; whereas, if the total of the coded answers was 0, the variable was coded as negative.

Demographic Factors

Based on prior studies, the following variables were included as control variables because they have been found to be associated with attitudes towards violence against women and children: age; level of education (Ebrahim & Atteraya, 2018; Islam et al., 2017); marital status (Jung & Olson, 2017; Tayyab et al., 2017); sex (Jung & Olson, 2017; Tran et al., 2016); employment (Linos et al., 2010, 2012); age at first marriage (Ebrahim & Atteraya, 2018; Nasrullah et al., 2017); and region (Gurmu & Endale, 2017; Tayyab et al., 2017).

Age at the Time of Interview

The following question was asked at the time of the interview: How old are you? All participants aged 13 to 17 were coded as adolescents, while participants aged 18 to 24 were coded as young adults. This variable was continuous, and the data were analyzed separately by age group.

Level of Education

This variable was constructed using the following questions: 1) Have you ever attended school? 2) Are you currently attending school? 3) What is the highest level of schooling you have completed? 4) What is your current level of school?

This variable had two levels: participants who had not attended school or who had attended some or completed primary school (coded as 0) versus participants who had attended some or completed secondary school or higher (coded as 1).

Marital Status

This dichotomous variable was constructed based on the following yes/no question: Have you ever been married? All "yes" (coded as 1) responses represented ever-married, and all "no" (coded as 0) responses represented not ever married

Employment

This variable was constructed based on the following yes/no question: Did you engage in any work of at least one hour during the past week as an employee, self-employed or unpaid family worker? All "yes" responses (coded as 1) represented being employed, and all "no" responses (coded as 0) represented not being employed at all.

Age at First Marriage

This continuous variable was constructed based on the following continuous question: How old were you when you first got married? The responses were recorded in order to ascertain an age range for when participants first married.

Region

Malawi is divided into three regions: Northern (coded as 0), Central (coded as 1), and Southern (coded as 2). Participants were sampled randomly based on the region where they were residing at the time of interview.

Sex

Two datasets were merged, and the sex variable was constructed and coded as male (1) and female (0).

Data Analysis

Analyses were conducted using Stata Statistical Software: Release 15. Descriptive statistics for all of the categorical variables—demographic variables (marital status, education, employment, sex, and region); outcome variables (attitudes towards IPV, attitudes towards child physical abuse); and independent variables (experiences of childhood sexual abuse, childhood emotional abuse, childhood physical abuse, and witnessing spousal abuse as a child)—were calculated to determine frequency and percentages. Means, range, and standard deviation were calculated for the continuous demographic variables (age at first marriage and age at the time of the interview). The alpha level of ≤.05 was used to determine statistical significance. Bivariate logistic analysis was conducted to select covariates for the multivariate analysis. All covariates with an alpha level of ≤.15 were entered in the multivariate model. Sex and education were included in the multivariate analysis irrespective of their alpha level because previous studies have found them to be associated with attitudes towards abuse. All predictors were also included in the multivariate analysis regardless of their alpha level from bivariate analysis because violence is considered as a learned behavior, meaning that individuals who experience violence are more likely to condone abuse. Backward stepwise logistic regression was used. To assess the goodness of fit of a logistic regression model, both Akaike's information criterion (AIC) and Bayesian information criterion (BIC) were used. The model with the lowest AIC and BIC was selected as the best model fit (Sakamoto, Ishiguro, & Katagawa, 1986).

Ethical Considerations

For the original data collection in Malawi, the World Health Organization (WHO) guidelines on ethics and safety in studies of violence against women were followed, and a separate approval was obtained from the U.S. CDC's Institutional Review Board (IRB) and the Malawi National Commission for Science and Technology Ethical Review Board, which protects the rights and welfare of human research subjects. Prior to analyzing the data, approval was obtained from the University of Massachusetts, Amherst's IRB, which determined that the study did not qualify as human subjects research. To read the memorandum that was provided to the researcher on November 7, 2018, see Appendix A.

CHAPTER 4

RESULTS

Introduction

Results are presented in two sections. First, descriptive findings are presented for sociodemographic data, adverse childhood experiences, attitudes towards IPV, and attitudes towards child physical abuse. Last, findings are presented in relationship to the study aims.

Descriptive Data

Participants in this study had an age range of 13 to 24 years old, with adolescents aged 13 to 17 accounting for 49.5% of the participants. Of the 2,162 participants, 47.6% were females. The highest level of education achieved was primary school (67.8%), followed by secondary (25.9%), less than primary (4.8%), and more than secondary (1.5%). Due to few numbers of participants in the level of education category, level of education was combined to become two categories: primary school or less, and secondary school or more. Most of the participants were from Central (45%) and Southern (43.1%) regions of Malawi, followed by Northern (11.9%)—partially because the Northern population is smaller compared to both the Southern and Central regions. Over 30% described themselves as married, with a mean age at first marriage of 18.38 (standard deviation of two). Around 79% of the participants reported having been employed for at least 1 hour in either the past month or past 12 months (see Table 3).

Overall, 26.5% of the sample reported having experienced sexual abuse, with 22.6% of the participants aged 13 to 17 experiencing sexual abuse in the last 12 months, and 30.2% of the participants aged 18 to 24 experiencing it prior to age 18. With respect to emotional abuse, 36.4% of total participants experienced some abuse, with 36.8% of the participants aged 13 to 17 experiencing it in the last 12 months, and 35.9% of the

participants aged 18 to 24 experiencing it prior to age 18. Overall, 58.6% of the participants experienced physical abuse; 66.6% of participants aged 13 to 17 experienced abuse in the last 12 months, and 50.5% of participants aged 18 to 24 experienced abuse prior to age 18. Witnessing spousal abuse was reported by over 30% of the sample; 11.7% of the participants witnessed it once, 10.3% witnessed a few cases, and 9.9% witnessed many cases of spousal abuse. Of the 2,162 participants, 767 (35.48%) had tolerant attitudes towards IPV and 713 (33%) had tolerant attitudes towards child physical abuse (see Table 4).

Prior to sorting the data into adolescents and young adults, missing values, which occurred when participants did not know or did not answer, ranged from 0.1% to 4.5% on all variables. The missing observations appeared to be random and the missing values were less than 5%, which is considered low (Polit, 2010). When the missing values were analyzed separately, adolescents had missing values on attitudes towards IPV up to 7%. Data for adolescents and young adults that had missing values on attitudes towards IPV but had answered "yes" on any of the attitudes towards IPV questions was coded as 1 and included in the analysis. As the result, adolescents represented 3.64%, and young adults represented 1.10% of the missing values on attitudes towards IPV.

Findings by Study Aims

Attitudes towards Intimate Partner Violence

Aim 1: To examine attitudes towards intimate partner violence (IPV), comparing Malawian adolescents aged 13 to 17 who have had Adverse Childhood Experiences (ACEs), specifically, sexual, emotional, and physical abuse and witnessing spousal abuse, with those who have not; and comparing Malawian young adults aged 18 to 24 who have had ACEs with those who have not.

H1A: Adolescents who have had ACEs will be more likely to have tolerant attitudes towards intimate partner violence than those who have not.

Compared with never witnessing spousal abuse, having witnessed many cases of spousal abuse (OR=1.81; 95%CI, 1.18, 2.77) increased the odds of having tolerant attitudes towards IPV among adolescents. Similarly, witnessing few cases of spousal abuse (OR=1.72; 95%CI, 1.14, 2.59) compared with never witnessing any spousal abuse increased the odds of having tolerant attitudes towards IPV. Being emotionally abused, sexually abused, or physically abused was not associated with having tolerant attitudes towards IPV among adolescents. Sex (OR=0.71; 95%CI, 0.55, 0.91) was statistically associated with attitudes towards IPV among adolescents: female adolescents were more likely to have tolerant attitudes towards IPV than male adolescents. Employment (OR=1.35; 95%CI, 1.01, 1.80) and education (OR=0.50; 95%CI, 0.35, 0.70) were statistically associated with attitudes towards IPV: adolescents who were employed were more likely to have tolerant attitudes towards IPV than adolescents who were not employed, and adolescents with secondary or more education were more likely to have intolerant attitudes towards IPV than adolescents with primary or less than primary education. Age at the time of interview and region were not associated with tolerant attitudes towards IPV among adolescents (see Table 5).

In the multivariate analysis, compared with the adolescents who never witnessed any spousal abuse, witnessing few cases of spousal abuse (AOR=1.80, 95%CI, 1.17, 2.77) and many cases of spousal abuse (AOR=1.67; 95%CI, 1.07, 2.59) remained statistically significant after controlling all predictors and covariates, indicating that witnessing few or many cases of spousal abuse increased the odds of having tolerant attitudes towards IPV among adolescents. To compare the models, both BIC and AIC were used. Model 2 had lower AIC values, but the difference between model 2 and model 3 was less than two, implying that with respect to AIC, model 2 and model 3 were almost the same (Sakamoto, et al.,

1986). Using BIC, model 3 had lower values as well. In this analysis, when sexual abuse was excluded, model 3 was identified as the best fit. In this model, compared to adolescent females, adolescent males were less likely to have tolerant attitudes towards IPV (AOR=.66; 95%CI, .51, .86). In addition, compared with adolescents who had an education level of primary or less, adolescents who had a level of secondary education or more were less likely to have tolerant attitudes towards IPV (AOR=.50 95%CI, .34, .72). A significant association between employment and attitudes towards IPV disappeared in the multivariate analysis (see Table 6).

H1B: Young adults who have had ACEs will be more likely to have tolerant attitudes towards IPV than those who have not.

In the bivariate analysis, no predictor (experience of childhood sexual abuse, emotional abuse, physical abuse, or witnessing spousal abuse) was associated with tolerant attitudes towards IPV. However, age at the time of interview (OR=0.91; 95%CI, 0.85, 0.97) was associated with tolerant attitudes toward IPV: as the age at the time of interview increased, the likelihood of having more tolerant attitudes towards IPV decreased by 7%. Similarly, age at first marriage (OR=0.85; 95%CI, 0.78, 0.93) was statistically significant: as the age at first marriage increased, the likelihood of having more tolerant attitudes towards IPV decreased by 15%.

Additionally, compared to women, men (OR=0.46; 95%CI, 0.35, 0.60) were less likely to have tolerant attitudes towards IPV. Having secondary or more education (OR=0.37; 95%CI, 0.28, 0.50) decreased the odds for having tolerant attitudes towards IPV compared to having primary or less education. Compared to young adults who resided in the Northern region of Malawi, young adults who lived in the Central (OR=1.92; 95%CI, 1.18, 3.12) and Southern (OR=1.83; 95%CI, 1.13, 2.99) regions had a greater chance for

having a tolerant attitude towards IPV. Having employment and being married were not associated with attitudes towards IPV among young adults (see Table 5).

In the multivariate analysis, childhood sexual, emotional, or physical abuse and witnessing spousal abuse were not statistically associated with attitudes towards IPV. Though not the focus of this study, sex, level of education, and age at the time of interview remained statistically significant when holding all variables constant. To find the model fit, both BIC and AIC were used. Model 4 had lower AIC values and model 5 had lower BIC values. Controlling for all other covariates, both models included witnessing spousal abuse as a predictor of attitudes, but it was not significant (see Table 7).

Attitudes towards Child Physical Abuse

Aim 2: To examine attitudes towards child physical abuse, comparing Malawian adolescents aged 13 to 17 with ACEs with those who have not had these experiences, and comparing Malawian young adults aged 18 to 24 with ACEs with those who have not had these experiences.

H2A: Adolescents who have had ACEs will be more likely to have tolerant attitudes towards child physical abuse than those who have not.

Among adolescents, no association was observed between having experienced childhood sexual, emotional, or physical abuse or having witnessed spousal abuse and attitude towards child physical abuse. Similarly, no demographic factors were statistically associated with attitude towards child physical abuse (see Table 8). In the multivariate model, no association with any of these factors was found. When all predictors were accounted for, model 2 had lower AIC values; model 5 had lower BIC values when all predictors other than childhood emotional abuse were excluded (see Table 9).

H2B: Young adults who have had ACEs will be more likely to have tolerant attitudes towards child physical abuse than those who have not.

In the bivariate analysis, being physically abused during childhood (OR=1.41; 95%CI, 1.08, 1.83) was statistically associated with young adults' tolerant attitudes towards child physical abuse. Thus, tolerant attitudes towards child physical abuse were higher for these young adults than young adults who were not physically abused. Compared to young adults who never witnessed spousal abuse, those who witnessed a few cases of spousal abuse were 2.3 times more likely to tolerate child physical abuse. No sociodemographic factors were statistically associated with attitudes towards child physical abuse (see Table 8).

In the multivariate analysis, compared to young adults who did not experience childhood physical abuse, those who did (AOR=1.42; 95%; 1.08, 1.88) were more likely to have tolerant attitudes towards child physical abuse—controlling for education, sex, marital status, and witnessing spousal abuse. Similarly, young adults who witnessed few cases of spousal abuse (AOR=2.16; 95%; 1.44, 3.26) had a higher likelihood for having tolerant attitudes towards child physical abuse than young adults who did not. Being sexually or emotionally abused in childhood was not associated with attitude towards child physical abuse. To find the best model fit, both BIC and AIC were used. When accounting for physical abuse and witnessing spousal abuse, model 4 had both lower AIC and BIC values; model 4 was thus found to be the best model fit (see Table 10).

Moderating Effect

Aim 3: To evaluate whether region (Southern, Central, or Northern) moderates the relationship between a) ACEs and attitudes towards intimate partner violence and b) ACEs and the attitudes towards physical child abuse.

H3A: The relationship between having had ACEs and attitude towards intimate partner violence will be moderated by region.

Region did not moderate the relationship between adolescent attitudes towards IPV and experiences of childhood sexual, emotional, or physical abuse or witnessing spousal abuse. However, it did moderate the relationship between attitude towards IPV and not being physically abused for adolescents in the Northern region versus those in the Southern region (AOR=2.14; 95%; 1.07, 5.54): adolescents who had not experienced physical abuse who resided in the Southern region were more likely to have tolerant attitudes towards IPV compared to those who resided in the Northern region. The moderating effect remained when controlling for education and sex. Similarly, attitude towards IPV between adolescents who did not witness spousal abuse in the Northern region was statistically different from adolescents who did not witness spousal abuse in the Southern region (AOR=1.68; 95%CI, 1.01, 2.77): adolescents in the Southern region who did not witness spousal abuse were more likely to have tolerant attitudes towards IPV than adolescents who resided in the Northern region. However, this moderating effect disappeared when controlling for sex and education.

Among young adults, the association between attitude towards IPV and experiences of childhood physical abuse were moderated by region. Compared to the young adults who experienced childhood physical abuse who resided in the Northern region, those who resided in the Central region (OR=1.99; 95%CI, 1.07, 3.71) were more likely to have tolerant attitudes towards IPV. However, this moderating effect disappeared after controlling for respondents' level of education, sex and ages. Compared to young adults in the Northern region who had witnessed spousal abuse, those residing in the Central region (OR=3.57; 95%CI, 1.18, 10.75) and the Southern (OR=3.78; 95%CI, 1.26, 11.34) were more likely to have tolerant attitudes towards IPV. In this case, though, the moderating effect remained when holding respondents' level of education, sex and ages constant.

Additionally, young adults residing in the Southern (OR=2.73; 95%CI, 1.42, 5.24) and Central region (OR=2.54 95%CI, 1.32, 4.91) who were not sexually abused had a higher likelihood of having tolerant attitudes towards IPV than those residing in the Northern region. This moderating effect remained when controlling for respondents' level of education, sex and ages. Consistently, young adults who were not emotionally abused and were residing in the Southern (OR=2.00; 95%CI, 1.14, 3.47) and Central region (OR=1.90; 95%CI, 1.09, 3.31) had a higher likelihood for having tolerant attitudes towards IPV than those who were residing in the Northern region. However, this moderating effect disappeared when controlling for respondents' level of education, sex and ages (see Table 11).

H3B: The relationship between having had ACEs and attitudes towards child physical abuse will be moderated by region.

Compared to adolescents who experienced childhood sexual abuse who resided in the Northern region, those who resided in the Southern region (OR=0.33; 95%CI, 0.12, 0.93) were less likely to have tolerant attitudes towards child physical abuse. This moderating effect remained after adjusting for level of education and sex. Additionally, adolescents who experienced childhood physical abuse who resided in the Southern region (OR=0.57; 95%CI, 0.36, 0.92) were less likely to have tolerant attitudes towards child physical abuse than those who resided in the Northern region. The moderating effect remained after controlling for level of education and sex.

Among young adults who experienced abuse, region had no moderating effect on attitudes towards child physical abuse. However, young adults who were not physically abused who resided in the Central (OR=4.43; 95%CI, 1.53, 12.8) and Southern region (OR=4.09; 95%CI, 1.42, 11.8) were more likely to have tolerant attitudes towards child

physical abuse than those who resided in the Northern region. This moderating effect remained after adjusting for level of education and sex (see Table 4.10).

Summary

The findings show that witnessing spousal abuse was statistically associated with having tolerant attitudes towards IPV among adolescents, and this association remained after controlling for all covariates that were found to be statistically significant in bivariate models. Among young adults, no predictor based on the previous experience of abuse was found to be related to attitudes towards IPV. However, the relationship between attitude towards IPV and witnessing spousal abuse was moderated by region. This moderating effect remained after adjusting for respondents' level of education, sex and ages. Childhood physical abuse was associated with tolerant attitudes towards child physical abuse among young adults; the relationship remained after controlling for all covariates. Region moderated the relationship between attitude towards IPV and witnessing spousal abuse. This moderating effect remained after adjusting for sex and education.

CHAPTER 5

DISCUSSION

This retrospective cross-sectional study was conducted using violence against children (VAC) datasets from Malawi. It compared attitudes towards abuse against women and children among adolescents who had a history of adverse childhood experiences (ACEs) with those who did not, and among young adults who experienced ACEs with those who did not. The investigator also evaluated the potential moderating effects of the region where the participants resided at the time of data collection.

Dependent variables analyzed in this study included attitudes towards intimate partner violence (IPV) and attitudes towards child physical abuse. The independent variables were childhood sexual, emotional, and physical abuse, and witnessing spousal abuse. Sociodemographic factors of interest in this study included sex, age at first marriage, age at the time of the interview, marital status, employment, and level of education. Region was a moderator and a covariate. In this section, key findings, nursing implications, and the limitations and strengths of this study are discussed.

Attitudes towards IPV

This study has shown that adolescents who witnessed a few or many cases of spousal abuse were more likely to justify intimate partner violence than those who did not. This is consistent with previous studies conducted in Bangladesh (Islam et al., 2017) and Pakistan (Nasrullah et al., 2017). One possible explanation is based on a social learning theory, which postulates that we learn by observing and modeling behavior (Bandura, 1977); adolescents who observed violence against one parent by another (or an intimate partner) may have learned to believe that it is appropriate or acceptable to be abused and/or to abuse an intimate partner, hence they were more likely to have attitudes tolerant of IPV. Thus, witnessing spousal abuse is likely to contribute to future abuse, as tolerant

attitudes towards IPV have been shown to have a higher risk for either perpetrating abuse against an intimate partner or being abused by an intimate partner (Johnson & Das, 2009; Yoshikawa, Shakya, Poudel, & Jimba, 2014). For instance, in a study in Bangladesh, women who witnessed intimate partner violence also reported experiencing IPV, including physical and sexual abuse (Islam et al., 2014), and in a multi-country study among men, witnessing spousal abuse was the highest risk factor for perpetrating intimate partner violence (Fleming et al., 2015). Among adolescents, when holding all covariates and other predictors constant, witnessing spousal abuse was the only predictor of tolerant attitudes towards IPV. Due to the substantial literature showing intergenerational transmission of violence, interventions and education to reduce IPV in Malawi should focus on adolescents who have witnessed spousal violence.

In this study, experiencing emotional, sexual, or physical abuse in childhood was not associated with tolerant attitudes towards IPV among adolescents. This is consistent with the previous study conducted in Malawi in which boys who experienced emotional or physical abuse were not associated with attitudes supportive of violence against women (Ameli et al., 2017). However, the same study indicated that among girls a positive association was observed. This finding is in contrast with this present study in which no association was found. This variation could be attributed to research methods and sample characteristics. More research is needed to shed more light on the associations between ACEs and attitudes towards IPV among adolescents, so that culturally appropriate interventions can be developed that can help reduce IPV.

Examining sociodemographic factors, though not the focus of this study, provided findings consistent with previous studies related to attitudes towards IPV. For example, among adolescents, a level of education of primary or less was associated with having tolerant attitudes towards IPV. This is congruent with studies conducted in Bangladesh

(Dalal et al., 2011; Islam et al., 2017; Jesmin, 2017), Ethiopia (Ebrahim & Atteraya, 2018), and Tajikistan and Kyrgyzstan (Joshi & Childress, 2017), in which participants with low educational attainment were more likely to have tolerant attitudes towards IPV. Another factor that resulted in findings consistent with previous research was sex. In this study, adolescent females were more likely to accept IPV than adolescent males. A previous Malawi study using a convenience sample also found a significant relationship between adolescent females and tolerant attitudes towards abuse against women; however, no relationship was observed among adolescent males. Similarly, a previous study of 17 Sub-Saharan countries using nationally representative data found that women were twice as likely to have tolerant attitudes towards IPV than men (Uthman et al., 2010).

Among young adults, childhood sexual, emotional, or physical abuse and witnessing spousal abuse was not statistically associated with tolerant attitudes towards IPV. This study's examination of sociodemographic factors resulted in findings consistent with previous studies. Among young adults, the likelihood of tolerating IPV declined as the age at first marriage increased in the bivariate model. In the multivariate model, the association disappeared after adjusting for other factors, such as education. This finding is consistent with previous studies conducted in different countries (Linos et al., 2010, Nasrullah et al., 2017, Sayem et al., 2012), where participants who married as adults were less likely to support IPV, as compared to participants who married while young. However, Dhaher and colleagues (2010) did not find any relationship related to age at first marriage, and Nasrullah and Colleagues (2017) reported that the association they discovered between age at first marriage and attitudes towards IPV when it was adjusted for other confounders, corroborating the findings of this study.

Additionally, this study found that young adult females were more likely to have tolerant attitudes towards IPV than their male counterparts. Previous studies from

countries with highly patriarchal views have reported similar findings (Speizer, 2010; Tayyab et al., 2017). This result suggests that prevention programs should include both men and women, but early recognition and treatment should specifically focus on women's attitudes. Women who believe that IPV is acceptable are less likely to seek help when they experience violence (Parvin, Sultana, & Naved, 2016), thereby making it less likely that efforts to eliminate IPV will be successful.

The region where the participants resided at the time of interview was also associated with attitudes towards IPV among young adults. This finding is consistent with previous studies done in Uganda (Speizer, 2010) and Pakistan (Nasrullah et al., 2016), where they found that region was statistically associated with attitudes towards IPV. In this study, young adults in the Central and Southern regions were more likely to accept IPV. This could be explained by the variations in cultural practices in these regions. For instance, individuals in Northern Malawi practice a dowry tradition called lobola, which requires a groom's family to present gifts or cattle to the bride's family before marriage. In the Central and Southern regions, there are less to no exchanges of gifts before marriage. Thus, potential research might seek to determine if the lobola practice impacts attitudes towards IPV. While not specific to attitudes about IPV, a study in South Africa reported that lobola was an important part of participants' lives and played a vital role in the stability of the marriage (Heeren et al., 2011). Additionally, couples linked paying lobola with an assurance that both partners will be supported by their families during crisis in their marriages (Heeren et al., 2011). Although this study cannot make specific claims about the reason, overall, young adults who reside in the Northern region and who were not abused in their childhood tended to be less likely to have attitudes accepting of IPV than their counterparts in the Southern and Central regions.

To reduce IPV in Malawi, based on the findings in this study and others, effective and culturally appropriate interventions should be developed to offer adolescents and young people the education and other supports they need to develop attitudes that are not accepting of IPV, starting with those who reside in the Southern and Central regions.

Attitudes towards Child Physical Abuse

Among adolescents, both predictors (experiencing childhood sexual, emotional, and physical abuse, and witnessing spousal abuse) and demographic factors (sex, education, age, region) were not related to attitudes towards child physical abuse. In a similar study in Canada, no relationship was found between sexual abuse or exposure to domestic abuse and accepting attitudes towards child physical abuse, which they specify as "spanking" or "corporal punishment" (Gagné, Tourigny, Joly, & Pouliot-Lapointe, 2007). Additionally, no association was found between demographic factors such as region, sex, and level of education and accepting attitudes towards corporal punishment (Gagné et al., 2017). A similar study conducted in the United States among immigrants from South Asia and the Middle East also reported that acceptance of violence against children was not associated with age and or parents' level of education (Maker, Shah, & Agha, 2005). Dalal et al. (2018) also did not find a significant relationship between participants aged 15 to 19 and attitudes towards child physical abuse. However, when they compared participants aged 45 to 49 to participants aged 20 to 24, the younger group was more likely to endorse child physical abuse. Using a nationally representative sample in Cambodia, a significant relationship was found between being uneducated and tolerant attitudes towards child physical abuse (Dalal et al., 2018).

Surprisingly, for this study, when comparing sexually abused Malawian adolescents who lived in the Northern region to those who lived in the Southern region, adolescents in the Southern region were 77% less likely to have tolerant attitudes towards child physical

abuse. Similarly, compared to adolescents who were physically abused and lived in the Northern region, their counterparts from the Southern region were 43% less likely to have tolerant attitudes towards child physical abuse.

There are a couple of possibilities as to why this study did not find any association between attitudes towards child physical abuse, and demographics and predictors. First, a majority of the participants in the study were still children who might be experiencing violence or had fresh memories of their experiences of abuse. The second possibility could be that the adolescents are still growing, implying that they have not yet fully acculturated into a highly patriarchal society, which often includes the abuse of women and children as a means of maintaining control and power. Last, the majority of adolescents had acquired less than primary or primary levels of education, indicating that their exposure to varying perspectives in regard to child physical abuse may have been limited. Studies have shown that level of education determines attitudes towards child physical abuse (Cappa et al., 2013; Dalal et al., 2018).

Young adults who were physically abused during their childhood were more likely to have tolerant attitudes towards child physical abuse. This is consistent with the social learning theory, which postulates that individuals learn by observing others (Bandura, 1977). Sexual and emotional abuse were not associated with tolerant attitudes towards child physical abuse. Another study in the United States indicated that child sexual abuse and exposure to domestic violence were not statistically associated with attitudes toward child physical abuse. However, participants who reported experiencing spanking in their childhood were more likely to approve of child physical abuse as a means of appropriate discipline (Gagné et al., 2007). One possible reason given in that study was that what determines tolerant attitudes towards child physical abuse is the specific type of abuse experienced, and not generally being a victim of any form abuse. This explanation holds true

for this study, since experiencing prior physical abuse was significantly associated with tolerant attitudes towards child physical abuse. This indicates that prevention and education efforts should target young adults who have experienced physical abuse in order to halt intergenerational transmission of physical abuse. Future research should focus on the relationship between experiences of a specific form of violence and attitudes towards that specific form of violence.

Witnessing a few cases of spousal abuse, compared to young adults who did not witness any spousal abuse, was associated with tolerant attitudes towards child physical abuse. However, young adults who witnessed many cases of spousal abuse had an inverse relationship with tolerant attitudes towards child physical abuse, but the findings were nonsignificant. This was unexpected, but it could be possible that those who witnessed many cases of spousal abuse also witnessed more severe cases of abuse, which could make them less likely to have tolerant attitudes towards child physical abuse.

Limitations and Strengths

Several limitations to this study are noted. First, the use of cross-sectional, retrospective data limits the interpretation of the findings. Although some associations were deduced between independent and dependent variables, causal inferences cannot be drawn and Small sample size, especially in the North region, increase the variability and limit the generalizability of the results from the multivariate logistic regression models, especially those that included interaction terms. Additionally, some of the operationalization of the study variables, such as witnessing spousal abuse and attitudes towards child physical abuse, were limited by the number of items used to assess the variables. These variables might not have been well captured, affecting the internal validity of this study. Future research would benefit from improved measurements and longitudinal data collection to better understand important constructs and relationships. Despite these

limitations, there are strengths in this study worth acknowledging. First, use of nationally representative samples of adolescents and young adults in Malawi allows generalization of the findings at the national level. The findings have extended previous scholarship related to associations between adverse childhood experiences and attitudes towards abuse against women and children. This study has revealed that Malawian adolescents who have witnessed spousal abuse are more likely to have tolerant attitudes towards IPV, and young adults who reside in the Southern and Central regions of Malawi are also more likely to have supportive attitudes towards IPV. Furthermore, young adults with a history of physical abuse are more likely to have accepting attitudes towards child physical abuse. The attitudes of both adolescents and young adults towards the abuse against both women and children were examined and included geographical region as a moderator. To the best of the investigator's knowledge, this investigation is the first study that compared adolescents who have had ACEs to those who have not in relationship to attitudes towards abuse against women and children, and also compared young adults who have had ACEs to those who have not in relationship to abuse against women and children. Additionally, this study evaluated whether region moderated the relationship between ACEs and attitudes towards abuse against women and children among adolescents and young adults.

Implications

Nursing Practice

Significant associations have been found between adverse childhood experiences and attitudes towards abuse against women and children. Although Malawi has developed several policies to protect women and children from abuse, literature have shown that abuse against women and children is still prevalent. This study has shown that a history of physical abuse is related to being more likely to have tolerant attitudes towards child physical abuse. Previous studies have shown that having a tolerant attitude towards abuse

against women and children is a significant predictor of being a victim or perpetrator of such abuse. This calls for nurses to develop culturally appropriate interventions focusing on changing attitudes of individuals who have a history of physical abuse and/or have witnessed spousal abuse.

Due to the fact that people who have experienced violence are more likely to have more frequent surgeries, visits to doctors, and hospital stays throughout their lives than individuals without a history of violence, the healthcare setting and nurses are well positioned to break the trend of intergenerational violence. Using a nationally representative sample in Malawi, 68% of women reported being assisted by nurses or midwives during their hospital visits (MDHS, 2016). This allows nurses to be key providers in efforts and interventions that focus on reducing violence. For example, nurses can play a role in identifying individuals who have accepting attitudes towards abuse against women and children. Additionally, they can provide education to individuals about abuse, and specifically,the health consequences of abuse against women and children.

Nurses can also take part in supporting awareness of the benefits of attaining education. In a review of the literature, Wang (2016) reported that education was found to be the most important factor related to decreasing accepting attitudes towards IPV. In this study, having secondary or more than secondary level of education was related to a lower chance for having tolerant attitudes towards IPV among both adolescents and young adults, indicating that educating children may ultimately reduce violence against women and children in Malawi. The school dropout rate in Malawi is very high due to a variety reasons, including lack of funds for tuition, since over 60% of Malawians live below the international poverty line and attending high school is not free. Thus, nurses can support an effort to make scholarships available to Malawian girls and boys who want to attend high school and college, both because of the impact education has on attitudes towards abuse and also,

potentially, to help alleviate the conditions of poverty that contribute to limited access to education.

Nursing Policy

The findings of this study are relevant for nurses who are involved in health-related policy development at any level. This study has revealed that adolescents who witnessed spousal abuse are more likely to endorse IPV, and young adults who experienced physical violence in their childhood are more likely to support child physical abuse. Given this relationship, nurses who are involved in developing policies should integrate interventions that focus on children and adolescents who have witnessed spousal abuse. Developing policies that target not only survivors of abuse but also adolescents who have witnessed abuse has the potential to reduce or halt the intergenerational transmission of violence. Studies have shown that health professionals lack protocols, training, and resources for managing survivors of violence. Nurses who develop policies can also ensure that policies are put in place that target how to identify and treat people who have experienced physical abuse during childhood. Health policies can also specifically stipulate that nurses should be trained about the effects of experiencing physical abuse during childhood in general and on attitudes towards child physical abuse, contributing to their overall ability to implement appropriate trauma-informed care. Young adults from the Southern and Central regions have indicated higher accepting attitudes towards IPV than in the Northern region. This information can be used to develop specific policies for different regions, and to target the region where tolerant attitudes towards abuse against women and children are more prevalent.

Future Nursing Research

Previous surveys in Malawi have revealed low utilization of services following experiencing violence. This study only examined the attitudes towards abuse against

women and children among adolescents and young adults. Future studies that may include nurses' attitudes towards abuse against women and children may be useful. Nurses' attitudes may hinder or advance the interventions aimed at reducing violence against women and children. Therefore, it is very important that nurses' attitudes be examined. Literature from other countries have shown that health professionals who had tolerant attitudes towards corporal punishment were less likely to report child abuse to child protection agencies (Gagné et al., 2007). To ensure that effective health-related policies are developed and followed in health care settings, understanding the attitudes of health professionals is needed.

Conclusion

This study provides new insights in regards to attitudes towards abuse against women and children among adolescents and young adults in Malawi. The World Health Organization has developed strategies that aim at understanding and preventing violence against children because this violence has shown to be detrimental to the well-being of children, both during their childhood and later in adulthood. Although abuse against women and children is prevalent throughout the world, growing evidence has shown that higher incidences in African and Asian regions. Abuse against women and children is exacerbated by poverty and patriarchal ideologies in these regions. Therefore, specific interventions are required to address issues of poverty and education, and promote equity and inclusion for all in these regions.

APPENDIX A

IRB MEMORANDUM

UMassAmherst

Human Research Protection Office

Mass Venture Center
100 Venture Way, Suite 116
Hadley, MA 01035
Telephone: 413-545-3428

Memorandum – Not Human Subjects Research Determination

Date: November 7, 2018

To: Nellipher M. Lewis, Nursing

Project Title: Associations between Adverse Childhood Experiences (ACEs) and Attitude towards Abuse against Women and Children among Adolescents and Young Adults in Malawi

IRB Determination Number: 18-224

The Human Research Protection Office (HRPO) has evaluated the above named project and has made the following determination based on the information provided to our office:

 The proposed project does not involve research that obtains information about living individuals
[45 CFR 46.102(f)].

 The proposed project does not involve intervention or interaction with individuals OR does not use identifiable private information [45 CFR 46.102(f)(1),(2)].

 The proposed project does not meet the definition of human subject research under federal regulations [45 CFR 46.102(d)].

Submission of an Application to UMass Amherst IRB is not required.

Note: This determination applies only to the activities described in the submission. If there are changes to the activities described in this submission, please submit a new determination form to the HRPO prior to initiating any changes.

A project determined as "Not Human Subjects Research," must still be conducted in accordance with the ethical principles outlined in the Belmont Report: respect for persons, beneficence, and justice. Researchers must also comply with all applicable federal, state and local regulations as well as UMass Amherst Policies and procedures which may include obtaining approval of your activities from other institutions or entities.

Please do not hesitate to call us at 413-545-3428 or email humansubjects@ora.umass.edu if you have any questions.

Iris L. Jenkins

Iris L. Jenkins, Assistant Director
Human Research Protection Office

APPENDIX B

TABLES

Table 1: Characteristics of the Articles Included

Country	First Author and publication Year
Bangladesh	Islam et al., 2017; Jesmin, 2017; Krause et al., 2017; Jesmin 2015; Rashid et al., 2014; Sayem et al., 2012; Schuler et al., 2012; Murshid 2016
Ethiopia	Ebrahim et al., 2018; Gurmu et al 2017
China	Rajan, 2018
Pakistan	Nasrullah et al., 2017; Tayyab et al., 2017; Zakar et al., 2011; Zakar et al., 2013
India	Bhattacharya et al., 2016; Zhu et al., 2010; Donta et al., 2016
Nigeria	Kunnuji 2015
Vietnam	Yount et al., 2014; Cappa et al 2014
Palestine	Haj-Yahia et al., 2012; Dhaher et al 2010,
Iraq	Linos et al., 2012
Iran	Oveisi et al., 2009
Jordan	Linos et al., 2010; Al-Nsour et al., 2009; Morse et al., 2012
South Africa	Chisale, 2016
Cambodia	Dalal et al., 2018
Uganda	Speizer, 2010
Egypt	Yount, 2009
Ghana	Mann et al., 2009
Kenya and Zambia	Lawoko 2008
Indonesia and Norway	Eidhamar, 2018
Multi-country (7)	Rani et al., 2009
Multi-country (17)	Uthman et al., 2017
Multi-country (Bangladesh, Nepal, India)	Dalal et al., 2012
Multi-country study (49 countries)	Jung et al., 2017
Multi-country study (39 countries)	Tran et al., 2016
Multi-country (28 countries)	Akmatov, 2011
Multi-country (Kazakhstan, Kyrgyzstan and Tajikistan)	Joshi et al., 2017

Type of data	Author and Year
Secondary data	Jesmin 2015, Rashid et al., 2014; Linos et al., 2012; Speizer, 2010; Uthman et al., 2010; Zhu et al., 2010; Yount et al., 2009; Rani et al., 2009; Mann et al., 2009; Ebrahim et al., 2018; Islam et al., 2017; Jesmin, 2017; Joshi et al., 2017; Jung et al., 2017; Krause et al., 2017; Nasrullah et al., 2017; Tayyab et al., 2017; Gurmu et al., 2017; Bhattacharya, 2016; Tran et al., 2016; Murshid 2016; Dalal et al., 2012; Linos et al., 2010; Lawoko, 2008; Dalal et al., 2018; Akmatov, 2011; Cappa et al., 2013
Primary data	Kunnuji, 2015; Yount et al., 2014; Sayem et al., 2012; Dhaher et al., 2010; al-Nsour et al., 2009; Morse et al., 2012; Schuler et al., 2012; Zakar et al., 2011; Eidhamar et al., 2017; Rajan, 2018; Oveisi et al., 2009 Chisale, 2016; Donta et al., 2016; Zakar et al., 2013; Haj-Yahia et al., 2012

Table 2: Summary of the Findings Related to Attitudes towards IPV and Child Abuse

Quantitative Studies **First author, publication year, country**	**Findings from African and Asian regions research on factors associated with attitudes towards IPV and child abuse**
Ebrahim, 2018, Ethiopia	Medium level of decision making (OR=0.69), high level of decision making (OR=0.63) were associated with less likely to justify wife beating
Dalal, 2018, Cambodia	Having no education, being poor, justifying wife beating and having less autonomy were associated with tolerant attitudes towards child physical abuse.
Jesmin, 2017, Bangladesh	Communities with approval of IPV norms predicted individual woman's justification of wife beating (P<.001) Negative associations were found between women living in the poorest household (P<.001), women in the community who were illiterate (P<.01) and individual woman's justification of wife beating
Joshi, 2017, Kazakhstan Kyrgyzstan Tajikistan	Women with more Joint decision power in Tajakistan (OR=0.63) were less likely to justify IPV Compared to high wealth urban, middle urban (OR=3.92) was more likely to accept wife beating women living in the capital city were less likely to accept IPV (Kazakhstan capital OR=0.44, Kyrgyzstan capital OR= 0.28 and Tajikistan capital OR=0.40)
Jung, 2017, Multi-country study (49 countries)	Personal religiosity is negatively associated with approval of intimate partner violence (P=<.05)

Krause, 2017, Bangladesh	Negative association between newspaper/magazine exposure and approval of IPV was found Positive association between television/radio exposure and approval of IPV Being a muslim, having less or higher education than one's husband were positively associated with supportive attitudes towards wife beating
Nasrullah, 2017, Pakistan	Compared to women married as children, women married as an adults (OR=1.7) were less likely to justified wife beating Experiencing any form of lifetime violence (AOR=2.14) was positively associated with approval of IPV
Tayyab, 2017, Pakistan	Women living with partners (AOR=1.4), having no access to information (AOR=1.34), lacking autonomy (AOR=1.34), and no control over income (AOR=1.67) were more likely to justify wife beating Men who had no access to information (AOR=0.64) were more likely to justify wife beating
Islam, 2017, Bangladesh	Men who witnessed spousal abuse (OR=1.34) were more likely to condone spousal abuse
Gurmu, 2017, Ethiopia	Around 54% of women in urban areas and 25% in rural areas did not approve IPV More education (AOR=5.12), high access to media (AOR=1.49) and high status (AOR=1.47) among women in the urban were associated with disapproving of IPV
Bhattachary a, 2016, India	No relationship between regular exposure to television and women's attitudes towards IPV (P=0.75) Regular exposure to newspaper or magazine is inversely associated with IPV among men and women (AOR=-0.043) No relationship between father ever beat mother and women's attitudes towards IPV
Murshid, 2016, Bangladesh	Living in rural, having no wealth asset and less education were associated with approval of wife beating (P<.05). Media exposure, age, and employment by wife were not associated with justification of IPV (P>.05)
Donta, 2016, India	No association was found between Age, religion, husband's age, number of living children, use of tobacco products, husband's use of any tobacco products and husband's use of alcohol and attitudes towards IPV (P>.05)
Tran, 2016 Multi-country	Household in the poorest quintile, having ever partnered, being aged under 25, and having less education was associated with higher likelihood of approving IPV except in Madagascar.
Jesmin, 2015, Bangladesh	Living in the communities with accepting attitudes towards wife beating was associated with justifying IPV (OR=4.5)
Kunnuji, 2015, Nigeria	Having experienced any form of domestic violence was associated with accepting IPV resulting from a woman's failure to prepare the husband's food on time (X^2=21.1 P<.001) and a woman burning the food (X^2=4.3 P<.05

Yount, 2014, Vietnam	Men who either experienced or witnessed (AOR=1.43) and men who both experienced and witnessed violence (AOR=1.66) were associated with supportive attitudes towards IPV (Relationship was not significant after controlling for other variables); Perpetration of physical IPV (AOR=2.57) was associated with supportive attitudes towards intimate partner violence Men's age, schooling and household wealth were inversely associated with men's attitudes about IPV
Rashid, 2014, Bangladesh	Having a husband who made decisions alone (AOR=1.12) was associated with more likelihood of justifying wife beating; Low household status, women's lower education, and being a muslim were associated with approval of wife beating
Cappa, 2014, Vietnam	High level of education, being older, living in urban, and being affluent were less likely associated with approval of child physical abuse
Dalal, 2012, Multi-country study in Bangladesh, India, and Nepal	Compared to high educated adolescents, less educated adolescents in Bangladesh (OR=2.69) and India (OR=1.59) were more likely to accept IPV; adolescents from middle-income were twice as likely to support wife beating than adolescents from richest households
Haj-Yahia, 2012, Palestine	Being married, never exposed to physically abused woman and holding nonegalitarian and patriarchal expectations of marriage were associated with justifying wife beating; gender, age, educational level, residence, work status and experiencing and witnessing family violence were not associated with justifying wife beating; increase in knowing the number of physically abused women was inversely associated with the tendency of justifying husband's abuse against wives (β= -.067, P=.028)
Linos, 2012, Iraq	Living in rural, having less education, being unemployed, married to younger husbands and very old husbands (>11 years gap), being in consanguineous marriage and younger women were associated with approval of wife beating
Sayem, 2012, Bangladesh	woman's education ($p < 0.01$), husband's education ($p < 0.001$), participant's exposure to mass media ($p < 0.001$), experiencing physical violence during last 12 months ($p < 0.05$) and women receiving micro-credit ($p < 0.001$) were inversely associated with attitudes toward IPV
Akmatov, 2011, Multi-country	Believing that physical punishment against children is permissible increased the risk of all forms of child abuse
Dhaher, 2010, Palestine	Place of residence, and being married for less than 10 years as well as having more children were associated with justifying wife beating; compared to women with higher education, women with less than secondary education were associated with approval of wife beating (OR=1.83), Compared to unemployed women, women who were employed were less likely to justify wife beating (OR=0.47)
Linos, 2010, Jordan	Compared to women with higher education, women with primary or less education were more likely to justify wife beating (OR=6.8); younger wives, unemployed wives, younger age at first marriage, rural residence were associated with supportive attitudes towards wife beating, women with less decision making power were more likely to justify IPV (OR=1.8)

Speizer, 2010, Uganda	Among married women, number of children 0-2 (OR=0.52), 3-4 children (OR=0.65) less than 25 years married men (OR= 2.46), region were associated with approval of wife beating; living in Rural (OR=2.84 women, OR =2 men), no religion (OR=0.62) among women, and father beat mother (OR=1.82) among men were associated with approval of wife beating
Uthman, 2010 Multi-country	Women were more likely to accept IPV in most countries (OR=1.97)
Zhu, 2009, India	Being married, rich and having more education were associated with less likely to justify wife beating; participants who belonged to Christianity, felt that had right to extramarital sex and attributed decision making power to themselves were more likely to justify wife beating than their counterparts
Al-Nsour, 2009, Jordan	Being older (OR=1.73), living in urban area (OR=2.20), getting married at a younger age (OR=2.30) and being unemployed (OR=1.94) were more likely to justify wife beating. Education was not significantly associated with approval of wife beating.
Rani, 2009, Multi-country	Higher household wealth was associated with less likely to justify IPV among both men and women in Armenia, Kazakhstan, and Turkey and Bangladesh except in Cambodia and Nepal More education among both women and men was inversely associated with approval of wife beating except in Cambodia and Armenia among men.
Yount, 2009, Egypt	Compared to urban-born women who did not experience violence in childhood or in marriage, rural born women with history of violence were more likely to justify wife beating (OR=0.27). Poorer and more dependent wives were more likely to justify wife beating (OR=0.54)
Mann, 2009, Ghana	A significant association was found between egalitarian decision-making and non-supportive attitudes towards domestic violence; having more education, equal household contributions were associated with less likely to accept domestic violence; religion and occupation were not associated with attitudes towards domestic violence
Lawoko, 2008 Kenya and Zambia	Compared to kenyan men, Zambian men were more likely to justify wife beating; being younger, residing in rural and having less education were associated with justifying IPV; access to Newspaper was associated with less likely to justify wife beating
Qualitative	
Rajan, 2018, China	severe beating is acceptable provided it is commensurate with the degree of transgression committed by a wife. "If the wife goes out and acts unruly . . . then even if the husband beats her to death it's okay, and people will say she deserves

Eidhamar, 2018, Indonesia and Norway	Most Indonesian respondents reported that Islamic norms prescribe male leadership and allow the husband to beat a disobedient wife, this was regarded as crucial for the wife's destiny after death; according to most Norwegian respondents believed that Islamic norms promote gender equality and oppose wife beating
Chisale, 2016, South Africa	Elderly men and women perceived IPV as an expression of love, discipline and punishment. An ideal wife conforms, respects and submits to her husband. failure to comply invites husband's anger and the beatings.
Zakar, 2013	The perpetrators attempt to justify their actions in the name of religion, tradition or the preservation of cultural values related to women; It is husband's responsibility to control his wife's behavior
Schuler, 2012, Bangladesh	12 out of 25 women and 12 of the 22 men reported that men would be justified in beating his wife if a woman visits her friend or relatives without husband's permission; 21 of the 25 women and 15 of the 22 men said others in the community would say the same
Morse, 2012, Jordan	Themes identified: Unmet gender roles, stigma and social norms and extended families; violence is accepted by the father and boys are encouraged to beat their sisters
Zakar, 2011, Pakistan	An ideal wife should not have an independent social network and interact with strangers. The husband should forbid the wife from developing such relations, if she does, the husband has the right to physically beat the wife.
Oveisi, 2009 Iran	Of the 42 participants, 80% expressed that when the child has done something wrong, correction should involve physical punishment

Table 3: The Descriptive Statistics for All Demographic and Covariate Factors

Demographic Variables	Combined n (%)	Adolescents n (%)	Young adults n (%)
Sex			
Females	1029 (47.6%)	455 (42.52)	574 (52.56)
Males	1133 (52.4%)	615 (57.48)	518 (47.44)
Region			
North	257 (11.9)	133 (12.43)	124 (11.36)
Central	974 (45)	486 (45.42)	488 (44.69)
South	931(43.1)	451 (42.15)	480 (43.96)
Employment			
Yes	1708 (79)	799 (74.67)	909 (83.24)
No	454 (21)	271 (25.33)	183 (16.76)
Education level			
≤Primary	1568 (72.6)	888 (82.99)	680 (62.27)
≥Secondary	593 (27.4)	182 (17.01)	411 (37.64)
Marital status			
Yes	654 (30.2)	31 (2.9)	623 (57.05)
No	1508 (69.8)	1039 (97.10)	469 (42.95)

	Mean (SD) Range	**Mean (SD) Range**	**Mean (SD) Range**
Age at first marriage	18.38 (2.12) 12-24	15 (1.43) 12 -17	18.53 (2.02) 13- 24
Age at the time of interview	17.78 (3.49) 13-24	14.73 (1.4) 13-17	20.77 (2.04) 18-24

Table 4: Descriptive Statistics for All Dependent and Predictors Variables.

Variable by Age group	**Combined n (%)**	**Aged 13-17 n(%)**	**Aged 18-24 n(%)**
Attitudes towards IPV			
Yes	767 (35.48)	446 (41.68)	321(29.40)
No	1344 (62.16)	585 (54.67)	759 (69.51)
.	51 (2.36)	39 (3.64)	12 (1.10)
Attitudes towards child physical abuse			
Yes	713 (32.98)	394 (36.82)	319 (29.21)
No	1446 (66.88)	674 (62.99)	772 (70.7)
.	3 (.14)	2 (0.19)	1 (0.09)
Sexual abuse			
Yes	572 (26.5)	242 (22. 62)	330 (30.22)
No	1585 (73.3)	824 (77.01)	761 (69.69)
.	5 (.23)	4 (0.37)	1 (0.09)
Emotional abuse			
Yes	786 (36.4)	394 (36.82)	392 (35.90)
No	1368 (63.3)	669 (62.52)	699 (64.01)
.	7 (.37)	7 (0.65)	1(0.09)
Physical abuse			
Yes	1263 (58.6)	713 (66.64)	550 (50.37)
No	892 (41.4)	353 (32.99)	539 (49.36)
.	7 (.32%)	4 (0.37)	3 (0.27)

Witnessing Spousal Abuse			
Never	1458 (67.44)	714 (66.73)	744 (68.13)
Once	253 (11.70)	144 (13.46)	109 (9.98)
Few	222(10.27)	109 (10.19)	113 (10.35)
Many	214 (9.90)	99 (9.25)	115 (10.53)
.	15 (.69)	4 (.37)	11 (1.01)

Note: . stands for missing

Table 5: Bivariate Odds Ratios and 95% Confidence Interval for Attitudes towards IPV

Variable by Age Group	Aged 13-17			Aged 18-24		
	OR	95%CI	P	OR	95%CI	P
Age at the Time of Interview	.92	.84-1.00	.05	.91	.85 -.97	0.005
Age at First Marriage	-	-	-	.85	.778 -.927	<.001
Sex						
Female	Ref					
Male	.71	.55-.91	.006	.46	.35 -.60	<.001
Region						
North	Ref			Ref		
Central	1.31	.88 - 1.96	.18	1.92	1.18 - 3.12	.008
South	1.39	.93 – 2.09	.11	1.83	1.13 - 2.99	.015
Employment						
Not employed	Ref			Ref		
Employed	1.35	1.01-1.80	.04	.79	.56 - 1.11	.18
Marital status	-	-	-			
Not married				Ref		
Married				1.19	.914 1.55	.20
Education level						
≤primary	Ref					
≥Secondary	.50	.35 -.70	<.001	.37	.28, .50	<.001
Sexual abuse						
No	Ref			Ref		
Yes	1.30	.97 - 1.74	.07	1.07	.80, 1.41	.66

Emotional abuse						
No	Ref			Ref		
Yes	1.24	.96 - 1.60	.09	.96	.73 - 1.26	.77
Physical abuse						
No	Ref			Ref		
Yes	1.06	.81 - 1.38	.66	.94	.72 - 1.22	.64
Witnessed spousal abuse						
Never	Ref	-	-	Ref	-	-
Once	1.31	.91-1.89	.14	.84	.53 - 1.34	.48
Few	1.72	1.14-2.59	.01	1.46	.96 - 2.22	.07
Many	1.81	1.18-2.77	.006	1.37	.90 - 2.08	.14

Note. Data rounded to second decimal point
OR=Odds Ratio; CI=Confidence Interval; Ref=Reference group

Table 6: Adjusted Odds Ratios (AOR) and 95% Confidence Interval for Attitudes towards IPV Among Adolescents

Adolescents (13 to 17 year-olds)	**Model 1**	**Model 2**	**Model 3**	**Model 4**	**Model 5**
Variables	AOR (95%Cl)	AOR (95%Cl)	AOR (95%Cl)	AOR (95%Cl)	AOR (95%Cl)
Sex					
Female	Ref	Ref	Ref	Ref	Ref
Male	.69 (.53, .88)	.68 (.52, .88)	.66 (.51, .86)	.67 (.52, .87)	.69 (.53, .89)
Education					
≤Primary	Ref	Ref	Ref	Ref	Ref
≥Secondary	.52 (.36, .75)	.49 (.34, .71)	.50 (.34, .72)	.51 (.35, .74)	.51 (.35, .74)
Employment					
Not employed	Ref	Ref	Ref	Ref	Ref
Employed	1.33 (.99, 1.78)	1.27 (.94, 1.72)	1.27 (.94, 1.71)	1.25 (.93, 1.69)	1.29 (.96, 1.73)
Age at the time of interview	.96 (.88, 1.05)	.95 (.87, 1.05)	.96 (.87, 1.05)	.96 (.87, 1.05)	.96 (88, 1.06)
Sexual abuse					
No		Ref			
Yes		1.17 (.85, 1.61)			

Physical abuse					
No		Ref	Ref		
Yes		.99 (.74, 1.31)	1.01 (.76, 1.34)		
Emotional Abuse					
No		Ref	Ref	Ref	
Yes		1.17 (.88, 1.55)	1.19 (.90, 1.57)	1.20 (.91, 1.57)	
Witnessing Spousal abuse					
		Ref	Ref	Ref	Ref
Never		1.26 (.87, 1.83)	1.28 (.88, 1.86)	1.27 (.87, 1.84)	1.31 (.90, 1.89)
Once		1.76 (1.14, 2.72)	1.80 (1.17, 2.77)	1.75 (1.14, 2.68)	1.79 (1.18, 2.72)
Few		1.64 (1.06, 2.56)	1.67 (1.07, 2.59)	1.66 (1.06, 2.57)	1.76 (1.14, 2.71)
Many					
AIC	1391.71	1363.40	**1364.73**	1370.66	1379.57
BIC	1416.41	1417. 54	**1413.96**	1415.00	1419.04

Note: . Data rounded to second decimal point

AOR=Adjusted Odds Ratio; CI=Confidence Interval; Ref=Reference group

Table 7: Adjusted Odds Ratios (AOR) and 95% Confidence Interval for Attitudes towards IPV Among Young Adults

Young adults (18 to 24 year-olds)	Model 1	Model 2	Model 3	Model 4	Model 5
Variables	AOR (95%Cl)	AOR (95%Cl)	AOR (95%Cl)	AOR (95%Cl)	AOR (95%Cl)
Sex					
Female	Ref	Ref	Ref	Ref	Ref
Male	.47 (.35, .62)	.46 (.32,.61)	.46 (.34,.61)	.45 (.34,.61)	.46 (.34, .62)
Education					
≤Primary	Ref	Ref	Ref	Ref	Ref
≥Secondary	.41 (.30,.55)	.39 (.29, .54)	.39 (.29, .54)	.39 (.29, .54)	.40 (.29, .55)

Region					
North	Ref	Ref	Ref	Ref	Ref
Central	1.67 (1.01, 2.77)	1.65 (.99, 2.75)	1.63 (.98, 2.70)	1.63 (.98, 2.70)	1.62 (.97, 2.68)
South	1.40 (.84, 2.32)	1.41 (.84, 2.36)	1.39 (.83, 2.35)	1.39 (.83, 2.31)	1.35 (.81, 2.26)
Age at the time of interview	.88 (.82, .94)	.88 (.82, .94)	.88 (.82, .94)	.88 (.82, .94)	88 (.82, .94)
Emotional abuse			-	-	-
No		Ref			
Yes		.93 (.69, 1.27)			
Sexual Abuse					-
No		Ref	Ref		
Yes		1.05 (.77, 1.43)	1.04 (.76 1.41)		
Physical abuse					-
No		Ref	Ref	Ref	
Yes		1.17 (.87, 1.56)	1.17 (.88, 1.57)	1.16 (.87, 1.54)	
Witnessing Spousal abuse					
Never		Ref	Ref	Ref	Ref
Once		.93 (.57, 1.51)	.93 (.57, 1.51)	.92 (.57, 1.50)	.94 (.58, 1.52)
Few		1.47 (.94, 2.30)	1.48 (.95, 2.30)	1.46 (.94, 2.27)	1.51 (.97, 2.34)
Many		1.26 (.81, 1.98)	1.27 (.81, 1.99)	1.25 (.81, 1.95)	1.31 (.84, 2.02)
AIC	1237.31	1223.49	1221.68	**1219.98**	1221.28
BIC	1267.21	1283.13	1276.35	1269.68	**1266.04**

Note. Data rounded to second decimal point
AOR=Adjusted Odds Ratio; CI=Confidence Interval; Ref=Reference group

Table 8: Bivariate Odds Ratios and 95% Confidence Interval for Attitudes towards Child Physical Abuse

Variable by Age Group	Aged 13-17			Aged 18-24		
	OR	**95%CI**	**P**	**OR**	**95%CI**	**P**
Age at the time of interview	.94	.86, 1.03	.20	.97	.91, 1.03	.31
Age at first Marriage	-	-	-	.95	.87, 1.04	.25

Sex						
Female	Ref					
Male	.81	.64, 1.05	.12	.88	.68, 1.14	.34
Region						
North	Ref			Ref		
Central	.89	.60, 1.32	.58	1.24	.79, 1.95	.34
South	.78	.52, 1.15	.21	1.30	.83, 2.04	.25
Employment						
Not employed	Ref			Ref		
Employed	1.04	.78, 1.39	.77	.92	.65, 1.31	.66
Marital status						
Not married	-	-	-	Ref		
Married				.80	.62, 1.04	.10
Education						
≤primary	Ref					
≥Secondary	.81	.58, 1.14	.23	.89	.68, 1.17	.41
Sexual abuse						
No	Ref			Ref		
Yes	1.11	.83, 1.49	.48	1.22	.92, 1.61	.17
Emotional abuse						
No	Ref			Ref		
Yes	.96	.74, 1.24	.75	1.20	.92, 1.57	.18
Physical abuse						
No	Ref			Ref		
Yes	.94	.72, 1.22	.63	1.41	1.08, 1.83	.01
Witnessed spousal abuse						
Never	Ref	-	-			
Once	1.05	.72-1.52	.81	-.82	-.51 - 1.31	-.40
Few	1.33	.88-2.01	.17	2.30	1.54 - 3.45	<.001
Many	1.07	.69-1.66	.76	.96	.62- 1.50	.84

Note. Data rounded to second decimal point
OR=Odds Ratio; CI=Confidence Interval; Ref=Reference group

Table 9: Adjusted Odds Ratios (AOR) and 95% Confidence Interval for Attitudes towards Child Physical Abuse among Adolescents

(13 to 17 year-olds)	Model 1	Model 2	Model 3	Model 4	Model 5
Variables	AOR (95%Cl)	AOR (95%Cl)	AOR (95%Cl)	AOR (95%Cl)	AOR (95%Cl)
Sex					
Female	Ref				
Male	.81 (.63, 1.05)	.83 (.64, 1.08)	.85 (.65, 1.10)	.81 (.62, 1.04)	.81 (.63, 1.04)
Education					
≤Primary	Ref				
≥Secondary	.80 (.57, 1.13)	.80 (.57, 1.12)	.80 (.57, 1.13)	.80 (.57, 1.13)	.80 (.57, 1.12)
Sexual Abuse			-	-	-
No					
Yes		Ref 1.10 (.81, 1.51)			
Witnessed Spousal abuse				-	-
Never		Ref	Ref		
Once		1.06 (.73, 1.55)	1.07 (.74, 1.56)		
Few		1.38 (.90, 2.11)	1.40 (.91, 2.14)		
Many		1.10 (.70, 1.71)	1.11 (.71, 1.73)		
Physical abuse					-
No					
Yes		Ref .93 (.70, 1.22)	Ref .94 (.72, 1.24)	Ref .97 (.74, 1.28)	
Emotional abuse					
No		Ref	Ref	Ref	Ref
Yes		.93 (.70, 1.23)	.94 (.71, 1.24)	.98 (.75, 1.28)	.98 (.76, 1.28)
AIC	1408.25	**1392.10**	1392.34	1395.26	1398.03
BIC	1423.17	1436.72	1432.02	1420.08	**1417.90**

Note. Data rounded to second decimal point
AOR=Adjusted Odds Ratio; CI=Confidence Interval; Ref=Reference group

Table 10: Adjusted Odds Ratios (AOR) and 95% Confidence Interval for Attitudes towards Child Physical Abuse among Young Adults

Young adults (18 to 24 year-olds)	**Model 1**	**Model 2**	**Model**	**Model 4**	**Model 5**
Variables	AOR (95%Cl)	AOR (95%Cl)	AOR (95%Cl)	AOR (95%Cl)	AOR (95%Cl)
Sex					
Female	Ref	Ref	Ref	Ref	Ref
Male	.76 (.57, 1.02)	.72 (.53, .98)	.72 (.53, .98)	.71 (.53, .96)	.73 (.54, .98)
Education					
≤Primary	Ref	Ref	Ref	Ref	Ref
≥Secondary	.80 (.60, 1.07)	.78 (.58, 1.05)	.78 (.58, 1.05)	.78 (.58, 1.05)	.78 (.58, 1.04)
Married					
No	Ref	Ref	Ref	Ref	Ref
Yes	.66 (.48, .90)	.72 (.52, .99)	.72 (.52, .99)	.71 (.52, .98)	.69 (.51, .95)
Emotional abuse					
No		Ref			
Yes		1.07 (.80, 1.44)			
Sexual Abuse					
No		Ref	Ref		
Yes		1.08 (.80, 1.46)	1.10 (.82, 1.47)		
Witnessed Spousal abuse					
Never		Ref	Ref	Ref	
Once		.81 (.50, 1.30)	.81 (.51, 1.31)	.82 (51, 1.32)	
Few		2.12 (1.41, 3.21)	2.15 (1.43, 3.24)	2.16 (1.44, 3.26)	
Many		.86 (.54, 1.35)	.87 (.55, 1.36)	.88 (.56, 1.38)	
Physical abuse					
No		Ref	Ref	Ref	Ref
Yes		1.39 (1.04, 1.84)	1.40 (1.06, 1.86)	1.42 (1.08, 1.88)	1.44 (1.10, 1.89)
AIC	1317.56	1287.90	1286.12	**1284.99**	1309.05
BIC	1337.53	1337.70	1330.94	**1324.83**	1334.01

Table 11: Odds Ratios (OR) and 95% Confidence Interval for Moderating Variable on Attitudes towards IPV

Attitudes towards IPV	**Aged 13-17**			**Aged 18-24**		
	OR	**95%CI**	**P**	**OR**	**95%CI**	**P**
Sexual abuse	1.62	.404, 3.66	.36	2.33	.94, 5.78	.07
Sexual abuse * Region						
Not sexually abused *North	Ref			Ref		
Not sexually abused*Central	1.36	.87, 2.10	.18	2.54	1.32, 4.91	.005
Not sexually abused *South	1.39	.89, 2.16	.15	2.73	1.42, 5.24	.003
Sexually abused*North	Ref			Ref		
Sexually abused*Central	.98	.35, 2.71	.80	1.28	.61, 2.72	.51
Sexually abused*South	1.15	.41, 3.18	.55	.94	.43, 2.04	.88
Emotional abuse	.48	.15, 1.57	.22	.99	.33, 2.96	.99
Emotional abuse * Region						
Not emotionally abused*North	Ref			Ref		
Not emotionally abused*Central	1.06	.67, 1.67	.80	1.90	1.09, 3.31	.03
Not emotionally abused*South	1.20	.76, 1.84	.43	2.00	1.14, 3.47	.01
Emotionally abused*North	Ref	Ref		Ref		
Emotionally abused*Central	2.95	.93, 9.36	.07	1.97	.71, 5.47	.19
Emotionally abused*South	2.98	.93, 9.53	.07	1.61	.58, 4.52	.36
Physical abuse	2.01	.85, 4.76	.11	1.11	.44, 2.78	.82
Physical abuse * Region						
Not physically abused*North	Ref			Ref		
Not physically abused*Central	2.14	.94, 4.89	.07	1.88	.86, 4.08	.11
Not physically abused*South	2.44	1.07, 5.54	.03	2.24	1.04, 4.82	.04
Physically abused*North	Ref			Ref		
Physically abused*Central	1.11	.70, 1.77	.65	1.99	1.07, 3.71	.03
Physically abused*South	1.16	.72, 1.86	.54	1.52	.80, 2.88	.20
Witnessing spousal abuse	1.97	.92, 4.24	.08	.51	.16, 1.62	.25
Witnessing Spousal abuse * Region						
Not witnessed spousal abuse*North	Ref			Ref		
Not witnessed spousal abuse*Central	1.33	.80, 2.20	.27	1.54	.89, 2.66	.13
Not witnessed spousal abuse*South	1.68	1.01, 2.77	.04	1.39	.80, 2.42	.25
Witnessed Spousal abuse*North	Ref			Ref		
Witnessed Spousal abuse*Central	1.27	.63, 2.53	.51	3.57	1.18, 10.75	.02
Witnessed Spousal abuse*South	1.02	.50, 2.05	.97	3.78	1.26, 11.34	.02

Note: . Data rounded to second decimal point. OR=Odds Ratio; CI=Confidence Interval; Ref=Reference group *= Moderating factor

Table 12: Odds Ratios (OR) and 95% Confidence Interval for Moderating Variable on Attitudes towards Child Physical Abuse

Attitudes towards Child Physical Abuse	Aged 13-17			Aged 18-24		
	OR	**95%CI**	**P**	**OR**	**95%CI**	**P**
Sexual abuse	2.34	.83, 6.59	.11	1.91	.83, 4.40	.13
Sexual abuse * Region						
Not sexually abused *North	Ref			Ref		
Not sexually abused*Central	.95	.62, 1.46	.82	1.47	.82, 2.64	.20
Not sexually abused *South	.90	.58, 1.39	.63	1.64	.92, 2.93	.10
Sexually abused*North	Ref			Ref		
Sexually abused*Central	.53	.19, 1.48	.22	.96	.47, 1.98	.92
Sexually abused*South	.33	.12, .93	.04	.91	.43, 1.91	.81
Emotional abuse	1.56	.57, 4.22	.39	.66	.225, 1.93	.45
Emotional abuse * Region						
Not emotionally abused*North	Ref			Ref		
Not emotionally abused*Central	.88	.56, 1.38	.57	1.02	.606, 1.70	.95
Not emotionally abused*South	.92	.59, 1.43	.71	1.14	.682, 1.90	.62
Emotionally abused*North	Ref			Ref		
Emotionally abused*Central	.66	.25, 1.72	.39	2.08	.75, 5.78	.16
Emotionally abused*South	.43	.16, 1.37	.16	1.96	.70, 5.47	.20
Physical abuse	1.71	.16, 1.14	.20	6.33	2.05, 19.5	.001
Physical abuse * Region						
Not physically abused*North	Ref			Ref		
Not physically abused*Central	1.26	.57, 2.75	.57	4.43	1.53, 12.8	.006
Not physically abused*South	1.5	.69, 3.27	.31	4.09	1.42, 11.8	.009
Physically abused*North	Ref			Ref		
Physically abused*Central	.82	.52, 1.29	.38	.77	.45, 1.32	.35
Physically abused*South	.57	.36, .92	.02	.94	.54, 1.62	.82
Witnessing spousal abuse	1.36	.648, 2.86	.42	1.61	.658, 3.96	.30
Witnessing Spousal abuse * Region						
Not witnessed spousal abuse*North	Ref			Ref		
Not witnessed spousal abuse*Central	.93	.58, 1.43	.78	1.33	.77, 2.31	.31
Not witnessed spousal abuse*South	.88	.54, 1.43	.60	1.51	.87, 2.62	.14
Witnessed Spousal abuse*North	Ref			Ref		
Witnessed Spousal abuse*Central	84	.42, 1.65	.61	1.12	.49, 2.55	.78
Witnessed Spousal abuse*South	64	.32, 1.28	.21	1.03	.45, 2.33	.95

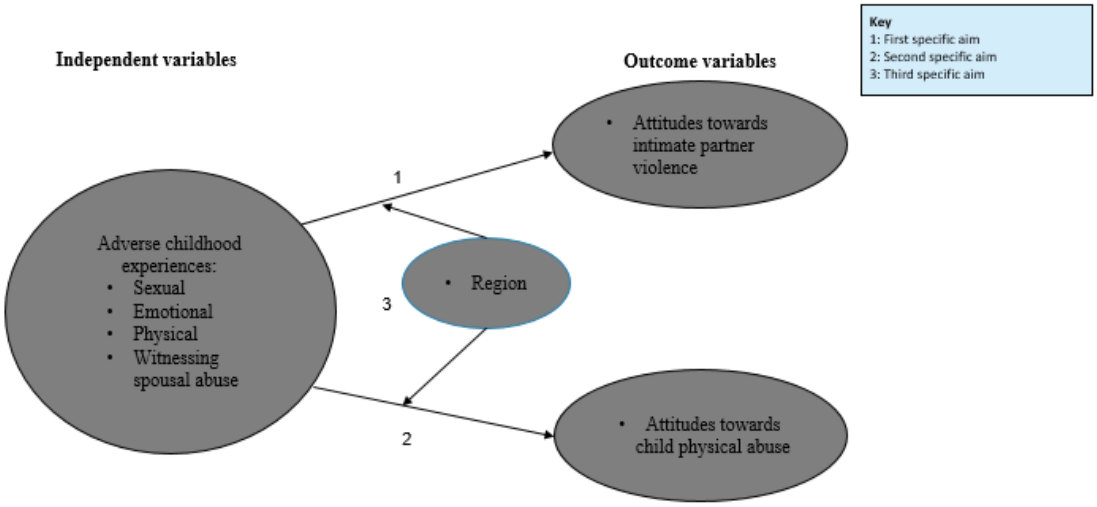
Note: . Data rounded to second decimal point

OR=Odds Ratio; CI=Confidence Interval; Ref=Reference group *= Moderating factor

APPENDIX C

FIGURES

Figure 1: Conceptual Model for the Study



Adapted from: Rani & Bonu, 2004; Smith, 1990.

Figure 2: Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) Flowchart.

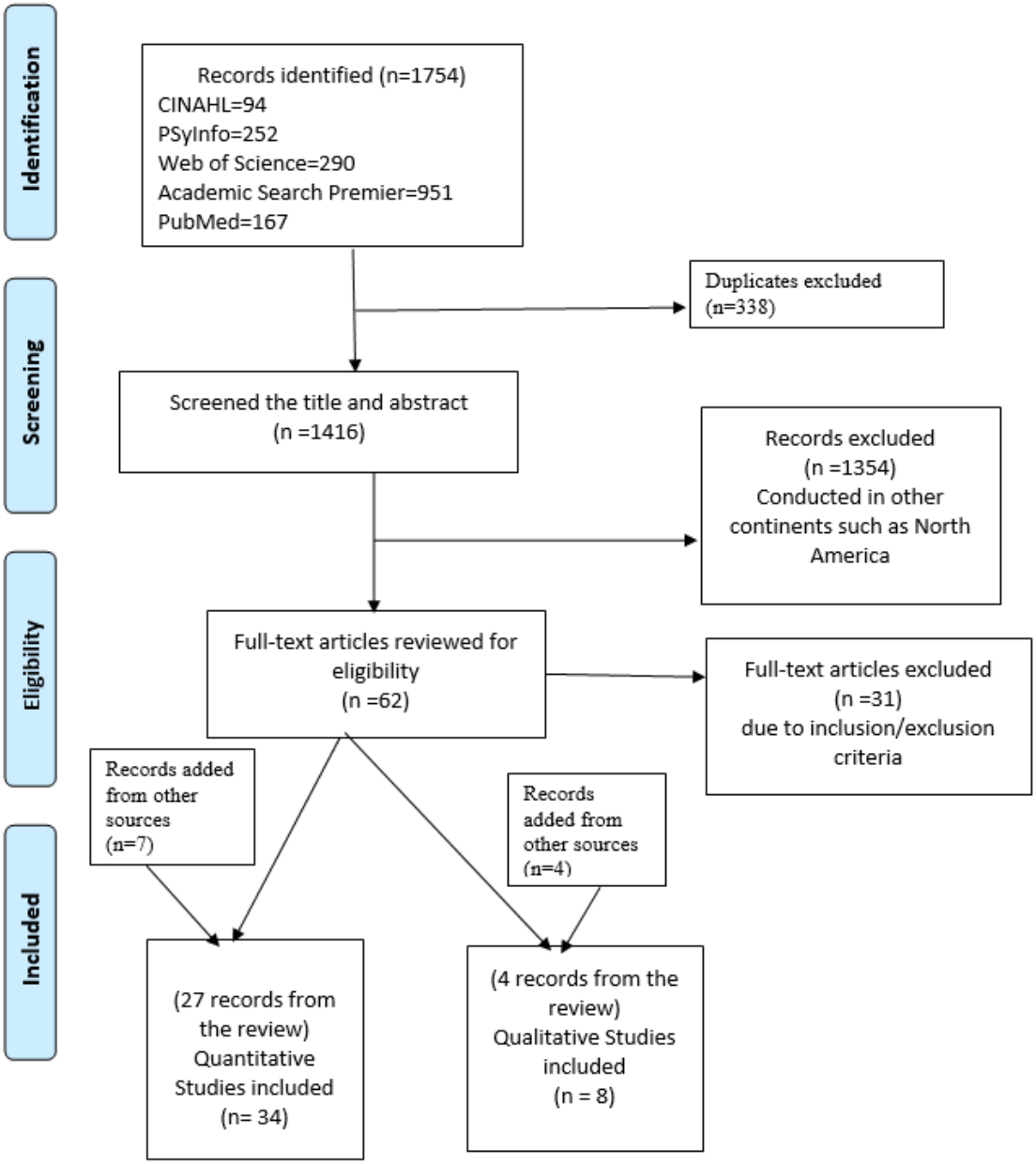


Figure 3: The Map of Malawi

Source: https:// www.theiguides.org

Figure 4: Attitudes towards IPV and Sexual Abuse
*** Region for Adolescents**

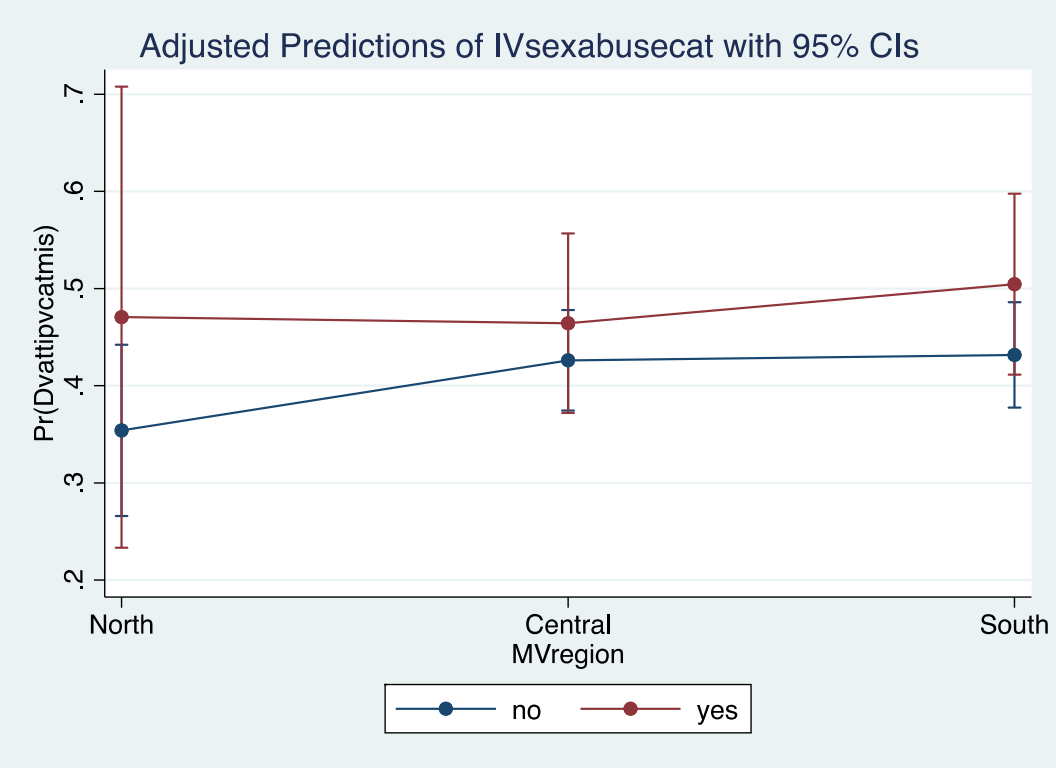


Figure 5: Attitudes towards IPV and Sexual Abuse
*** Region for Young Adults**

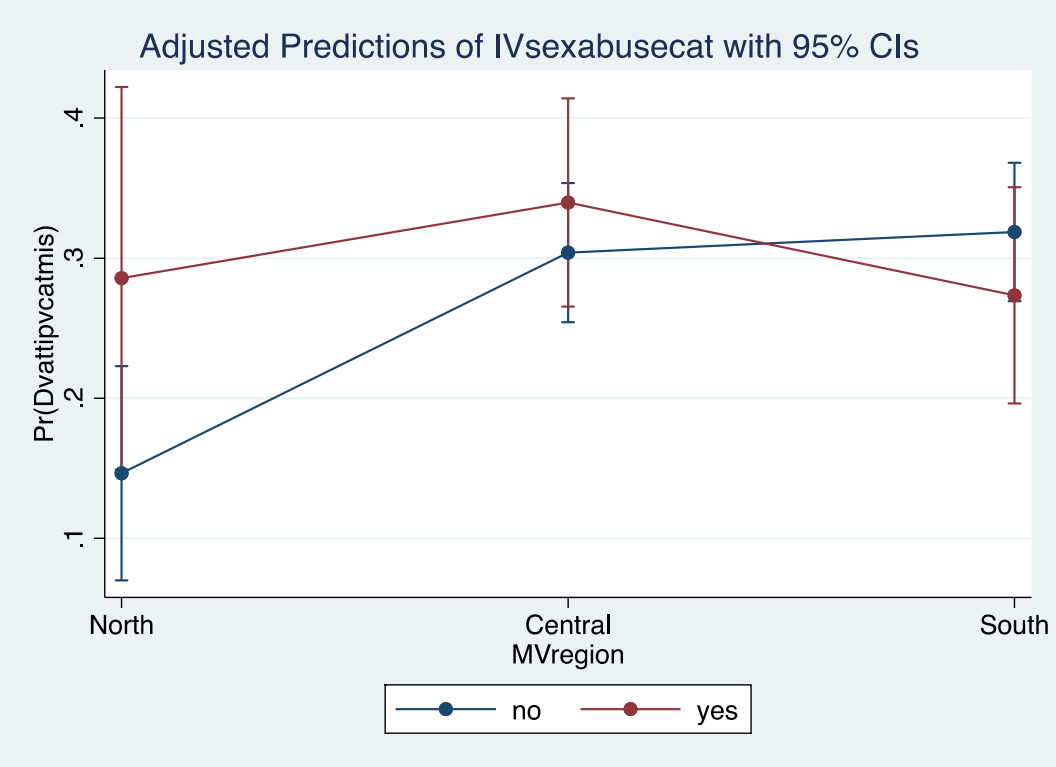


Figure 6: Attitudes towards IPV and Emotional Abuse * Region for Adolescents

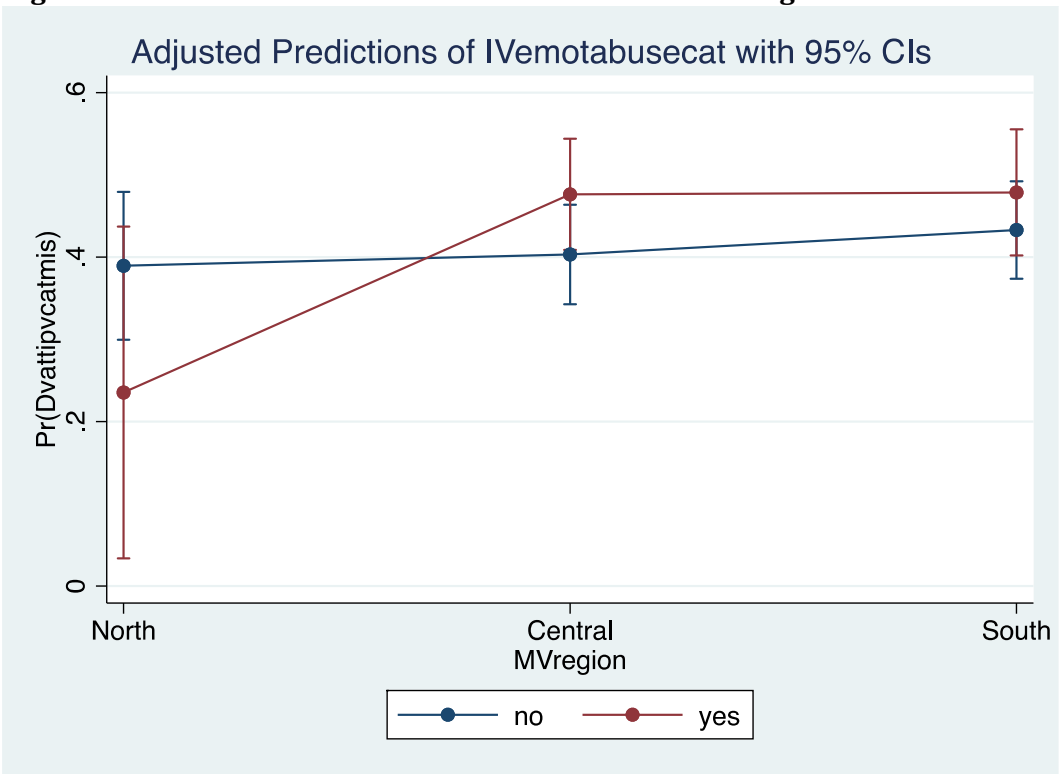


Figure 7: Attitudes towards IPV and Emotional Abuse * Region for Young Adults

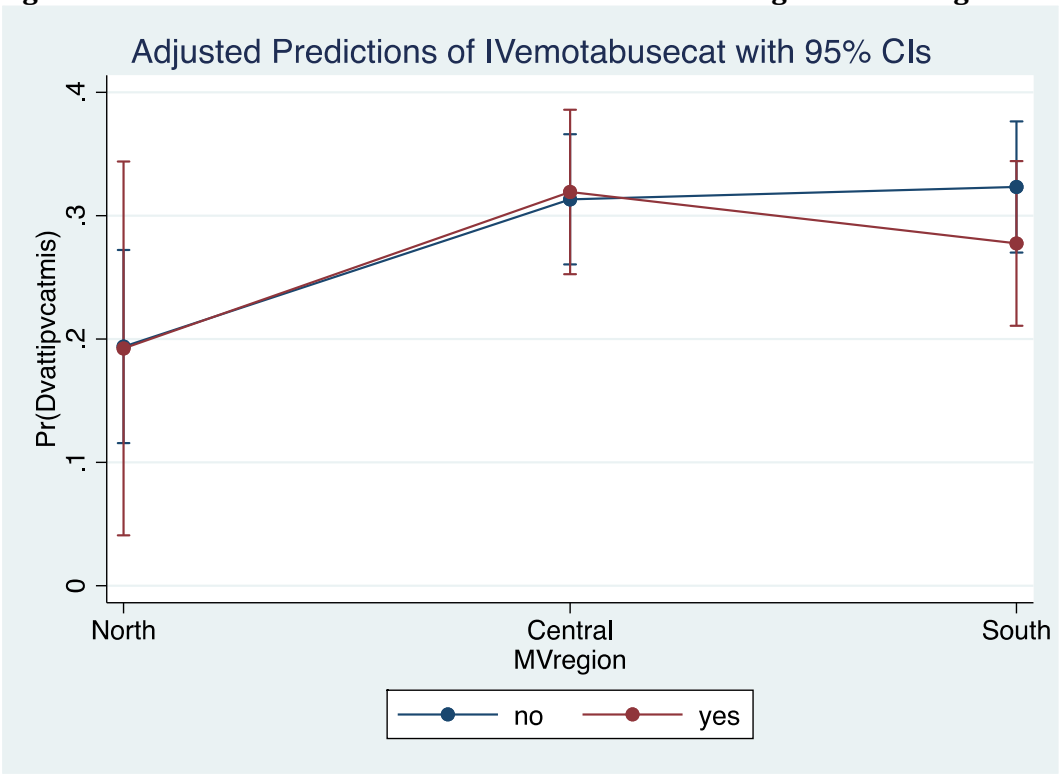


Figure 8: Attitudes towards IPV and Physical Abuse * Region for Adolescents

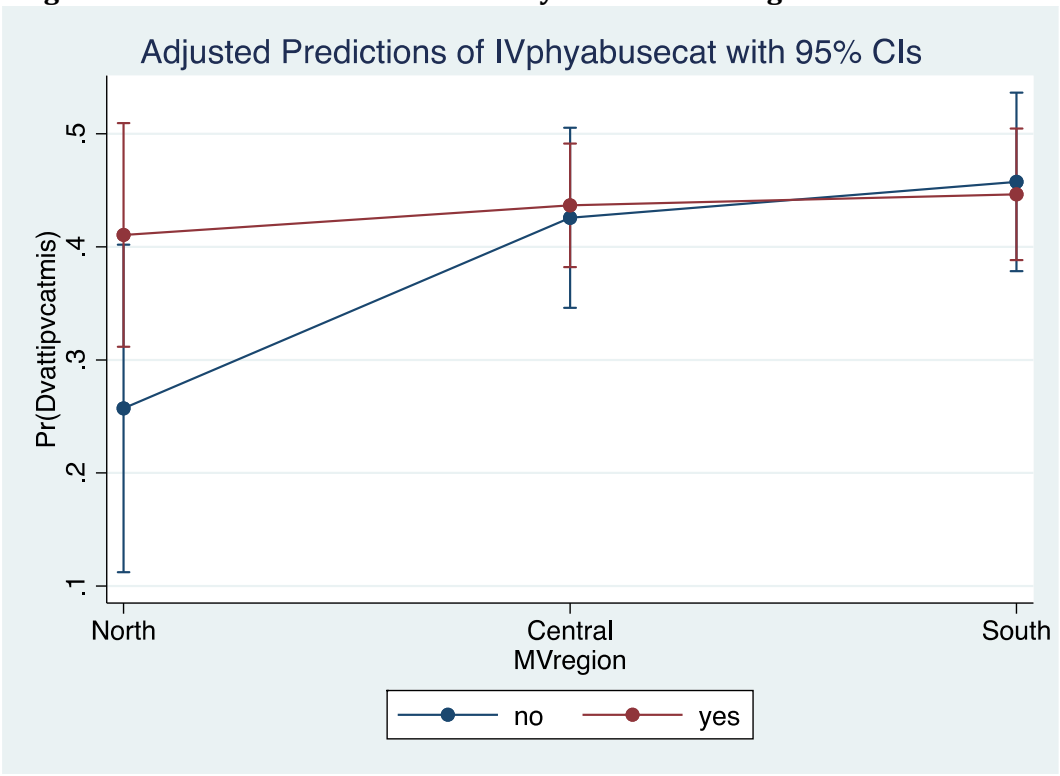


Figure 9: Attitudes towards IPV and Physical Abuse * Region for Young Adults

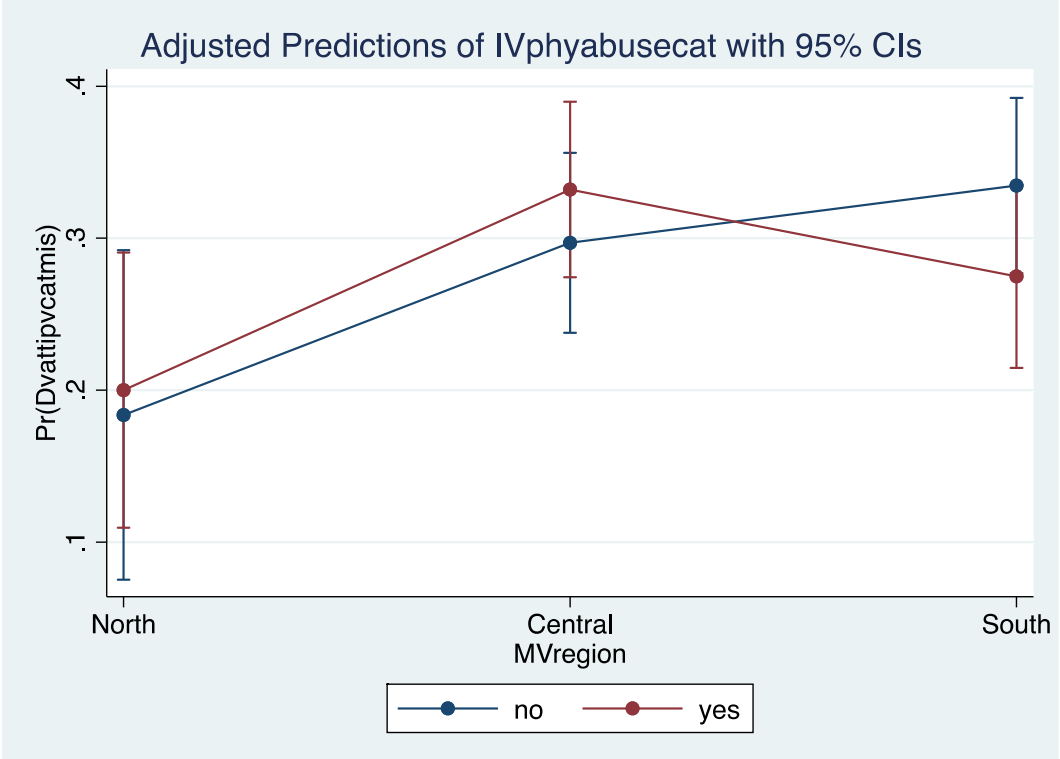


Figure 10: Attitudes towards IPV and Witnessing Spousal Abuse * Region for Adolescents

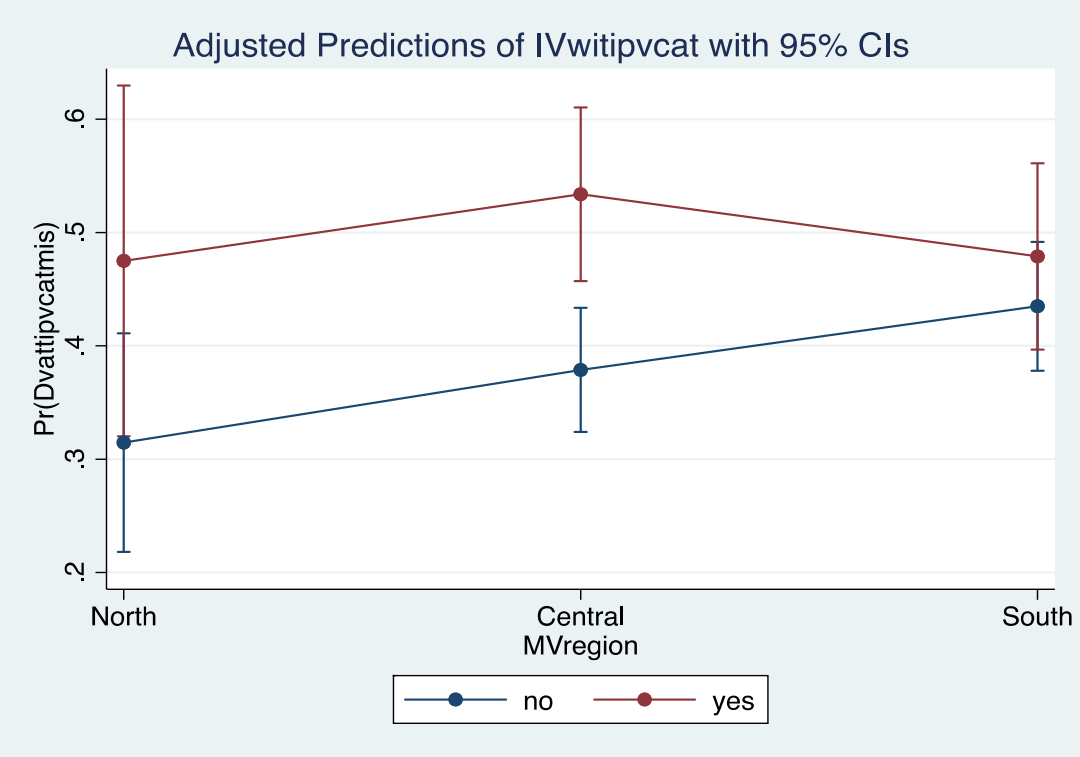


Figure 11: Attitudes towards IPV and Witnessing Spousal Abuse * Region for Young Adults

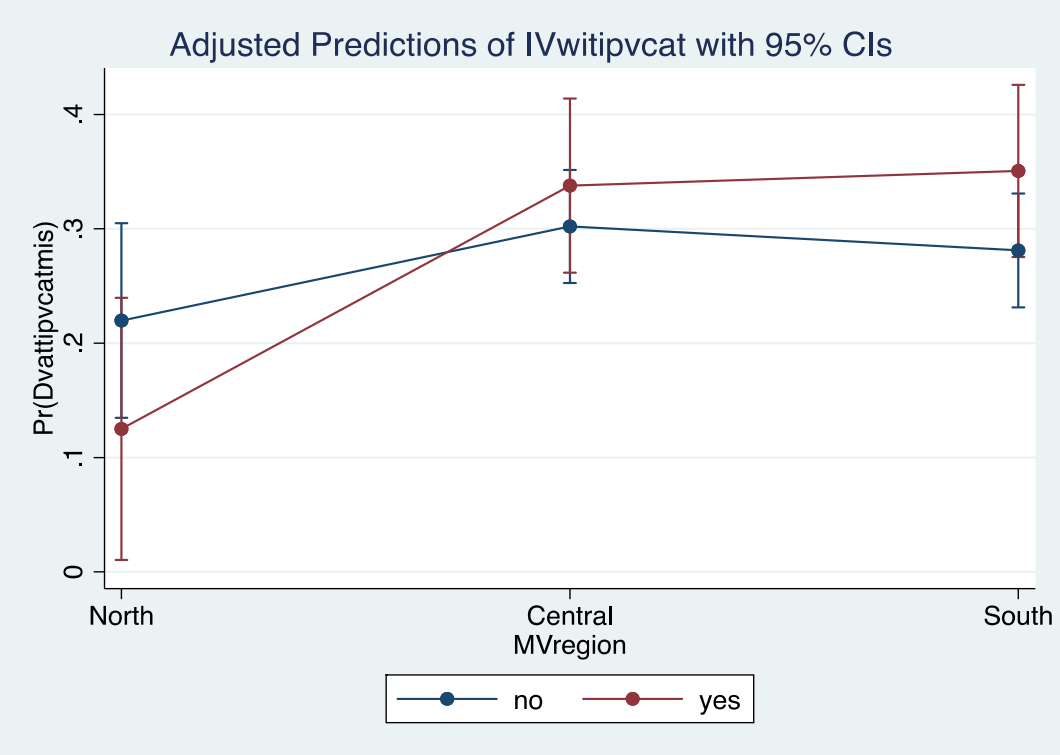


Figure 12: Attitudes towards Child Physical Abuse and Sexual Abuse * Region for Adolescents

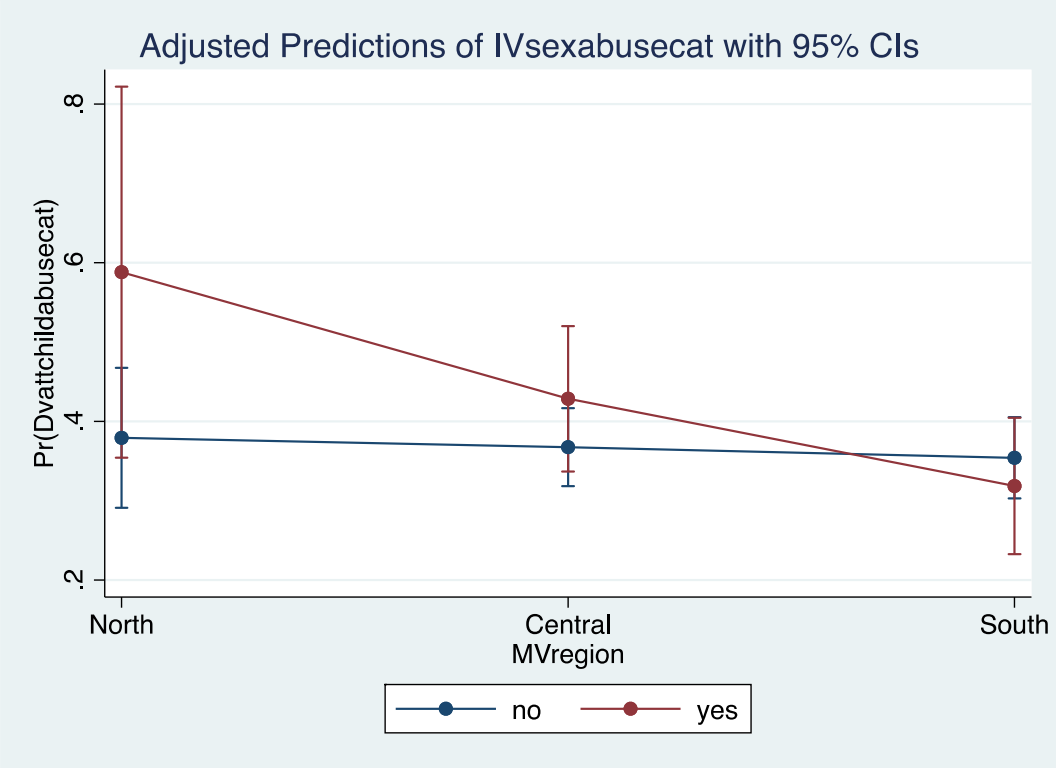


Figure 13: Attitudes towards Child Physical Abuse and Sexual Abuse * Region for Young Adults

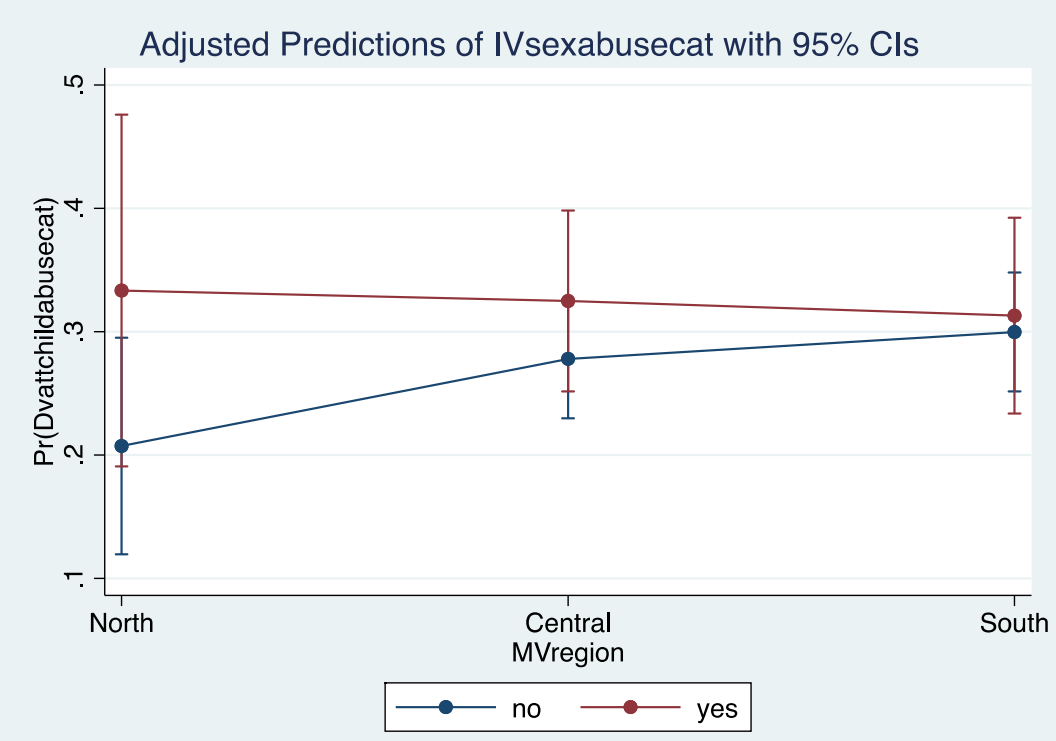


Figure 14: Attitudes towards Child Physical Abuse and Emotional Abuse * Region for Adolescents

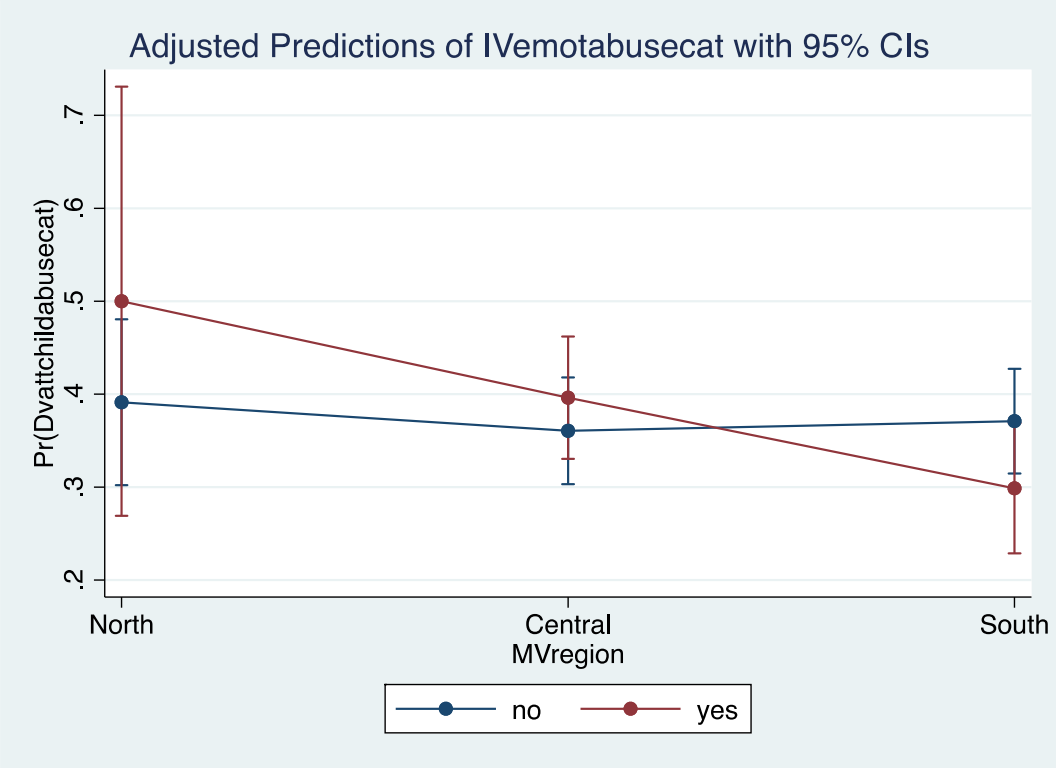


Figure 15: Attitudes towards Child Physical Abuse and Emotional Abuse * Region for Young Adults

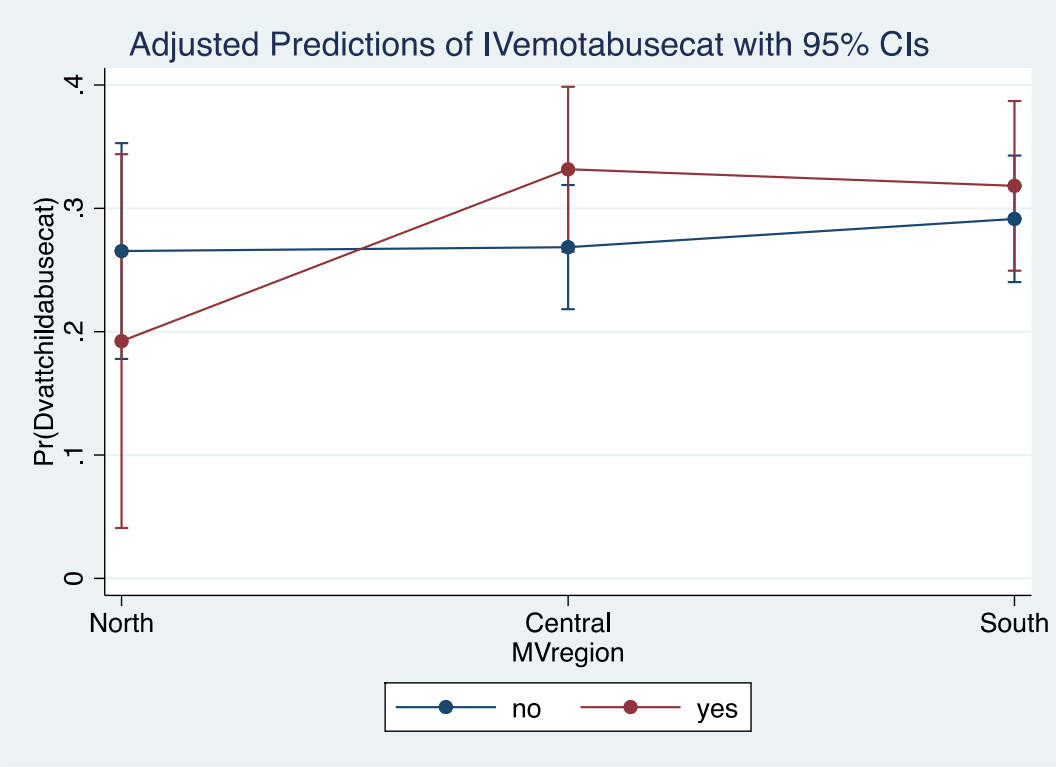


Figure 16: Attitudes towards Child Physical Abuse and Physical Abuse * Region for Adolescents

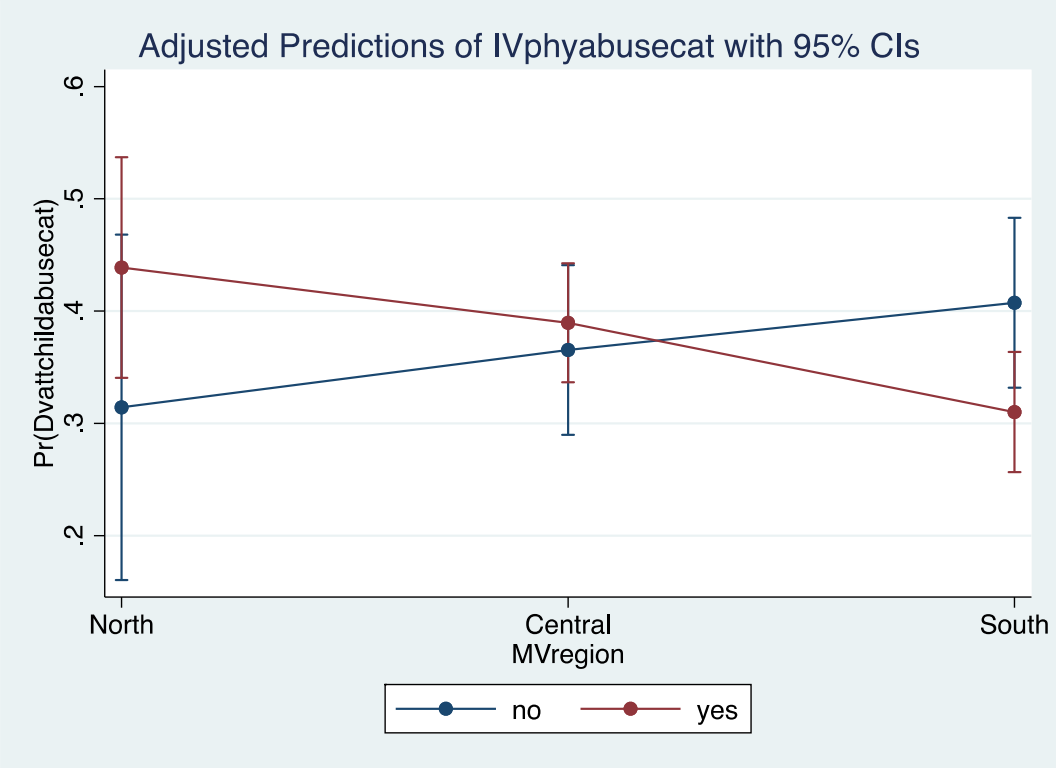


Figure 17: Attitudes towards Child Physical Abuse and Physical Abuse * Region for Young Adults

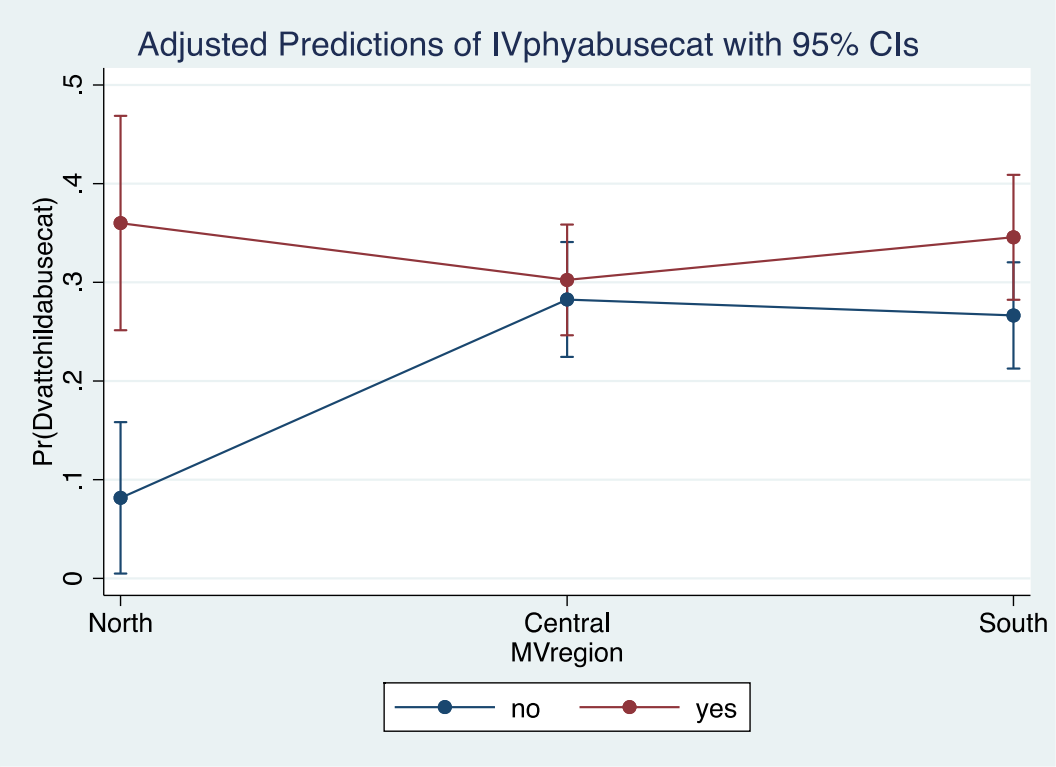


Figure 18: Attitudes towards Child Physical Abuse and Witnessing Spousal Abuse * Region for Adolescents

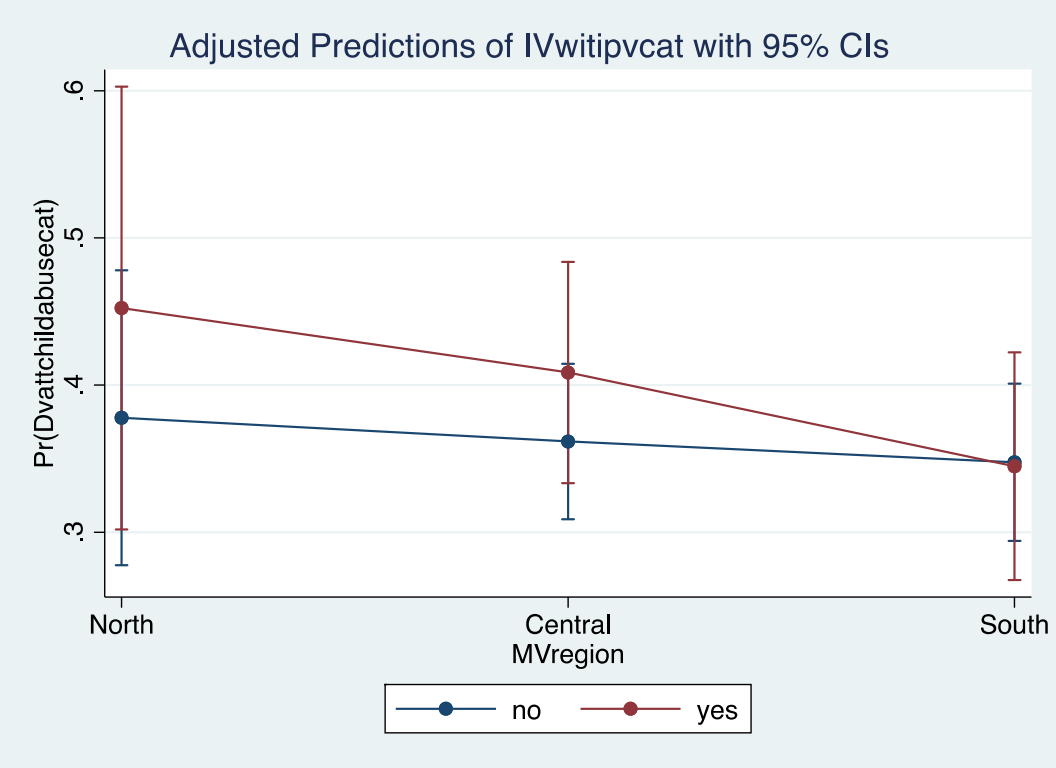
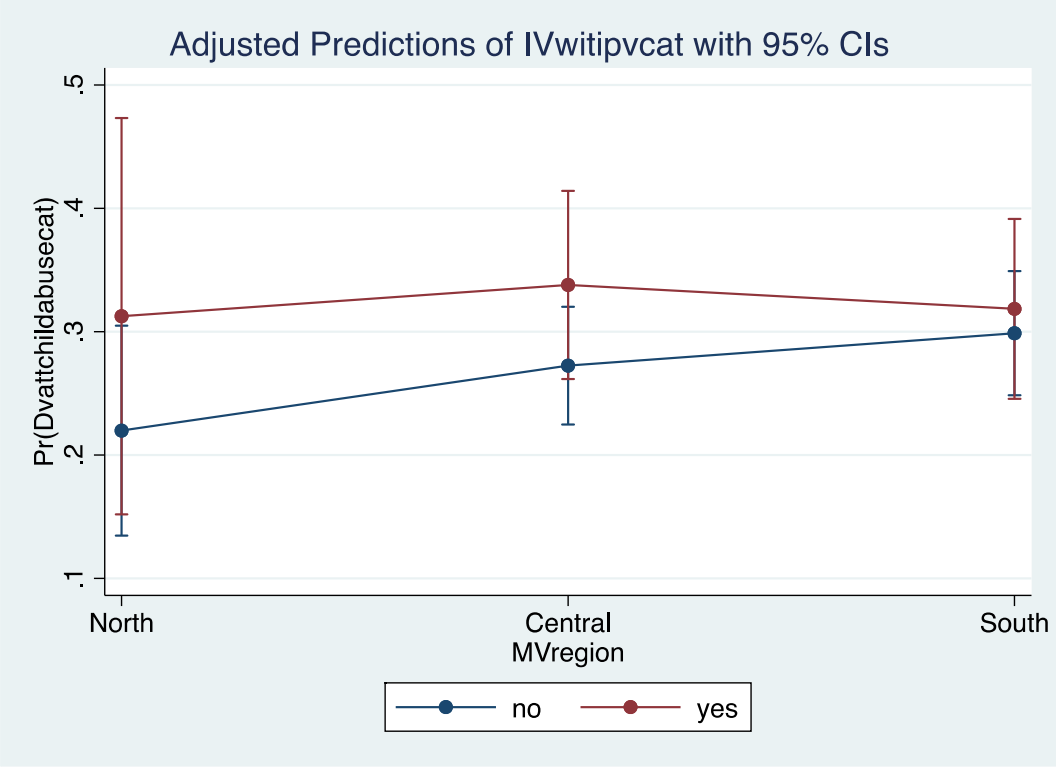


Figure 19: Attitudes towards Child Physical Abuse and Witnessing Spousal Abuse * Region for Young Adults



REFERENCES

Akmatov, M. K. (2011). Child abuse in 28 developing and transitional countries-results from the multiple indicator cluster surveys. *International Journal of Epidemiology*, 40(1), 219-227. doi:10.1093/ije/dyq168

Al-Nsour, M., Khawaja, M., & Al-Kayyali, G. (2009). Domestic violence against women in Jordan: Evidence from health clinics. *Journal of Family Violence*, *24*(8), 569-575. doi:10.1007/s10896-009-9255-2

Almuneef, M. Hollinshead, D. Saleheen, H. AlMadani, S. Derkash, B. AlBuhairan, F. Al-Eissa, M., Fluke, J. (2016). Adverse childhood experiences and association with health, mental health, and risky behavior in the kingdom of Saudi Arabia. *CHIABU Child Abuse & Neglect*, 60, 10-17

Almuneef, M., Qayad, M., Aleissa, M., & Albuhairan, F. (2014). Adverse childhood experiences, chronic diseases, and risky health behaviors in Saudi Arabian adults: A pilot study. *Child Abuse & Neglect*, *38*(11), 1787-1793.

Ameli, V., Meinck, F., Munthali, A., Ushie, B., & Langhaug, L. (2017). Associations between adolescent experiences of violence in Malawi and gender-based attitudes, internalizing, and externalizing behaviors. *Child Abuse & Neglect*, *67*, 305-314. doi:10.1016/j.chiabu.2017.02.027

Anda, R. F., Butchart, A., Felitti, V. J., & Brown, D. W. (2010). Building a framework for global surveillance of the public health implications of adverse childhood experiences. *American Journal of Preventive Medicine*, *39*(1), 93-98.

Antai, D., Braithwaite, P., & Clerk, G. (2016). Social determinants of child abuse: Evidence of factors associated with maternal abuse from the Egypt Demographic and Health Survey. *Journal of Injury and Violence Research*, 8(1), 1-10.

Atteraya, M. S., Ebrahim, N. B., & Gnawali, S. (2018). Determinants of child maltreatment in nepal: Results from the 2014 Nepal Multiple Indicator Cluster Survey (2014 NMICS). *Child Abuse & Neglect*, *76*, 400-407. doi:10.1016/j.chiabu.2017.11.018

Badoe, E. (2017). A critical review of child abuse and its management in Africa. *African Journal of Emergency Medicine: Revue Africaine De La Medecine D'urgence*, *7*(Suppl), S32–S35. https://doi.org/10.1016/j.afjem.2017.09.002

Balistreri, K. S. (2015). Adverse childhood experiences, the medical home, and child well-being. *Maternal and Child Health Journal*, *19*(11), 2492-2500.

Bandura, A. (1977). *Social learning theory*. Englewood Cliffs, NJ: Prentice Hall, c1977.

Begum, S., Donta, B., Nair, S., & Prakasam, C. P. (2015). Socio-demographic factors associated with domestic violence in urban slums, Mumbai, Maharashtra, India. *Indian Journal of Medical Research*, *141*(6), 783-788. doi:10.4103/0971-5916.160701

Bhattacharya, H. (2016). Mass media exposure and attitude towards spousal violence in India. *Social Science Journal*, *53*(4), 398-416. doi:10.1016/j.soscij.2016.02.011

Bisika, T. (2008). Do social and cultural factors perpetuate gender based violence in Malawi? *Gender & Behaviour*, *6*(2), 1884-1896. doi:10.4314/gab.v6i2.23426

Bisika, T., Ntata, P., & Konyani, S. (2009). Gender-violence and education in Malawi: A study of violence against girls as an obstruction to universal primary school education. *Journal of Gender Studies*, *3*, 287.

Boullier, M., & Blair, M. (2018). Adverse childhood experiences. *Paediatrics & Child Health*, *28*(3), 132.

Brockie, T. N., Dana-Sacco, G., Wallen, G. R., Wilcox, H. C., & Campbell, J. C. (2015). The relationship of adverse childhood experiences to PTSD, depression, poly-drug use and suicide attempt in reservation-based Native American adolescents and young adults. *American Journal of Community Psychology*, *55*(3-4), 411-421.

Burke, N. J., Hellman, J. L., Scott, B. G., Weems, C. F., & Carrion, V. G. (2011). The impact of adverse childhood experiences on an urban pediatric population. *Child Abuse & Neglect*, *35*, 408-413.

Campbell, R., & Wasco, S. M. (2000). Feminist approaches to social science: Epistemological and methodological tenets. *American Journal of Community Psychology*, *28*(6), 773-791. doi:10.1023/A:1005159716099

Cappa, C., & Dam, H. (2014). Prevalence of and risk factors for violent disciplinary practices at home in Vietnam. *Journal of Interpersonal Violence*, *29*(3), 497-516. doi:10.1177/0886260513505215

Centers for Disease Control and Prevention. (2018). *A comprehensive technical package for the prevention of youth violence*. Retrieved from https://www.cdc.gov/violenceprevention/index.html

Chen, L. P., Murad, M. H., Paras, M. L., Colbenson, K. M., Sattler, A. L., Goranson, E. N., et al. (2010). Sexual abuse and lifetime diagnosis of psychiatric disorders: Systematic review and meta-analysis. *Mayo Clinic Proceedings*, *85*, 618-629.

Chiang, L. F., Kress, H., Sumner, S. A., Gleckel, J., Kawemama, P., & Gordon, R. N. (2016). Violence against children surveys (VACS): Towards a global surveillance system. *Injury Prevention* (1353-8047), *22*, i17-i22. doi:10.1136/injuryprev-2015-041820

Chilemba, W., van Wyk, N., & Leech, R. (2014). Experiences of emotional abuse among women living with HIV and AIDS in Malawi. *Health Care For Women International*, *35*(7-9), 743-757. doi:10.1080/07399332.2014.926901

Chisale, S. S. (2016). Love, discipline, punishment or wife battering: A view from Ubuntu. *Gender & Behaviour*, *14*(2), 7275-7283.

Cluver, L., Orkin, M., Boyes, M. E., & Sherr, L. (2015). Child and adolescent suicide attempts, suicidal behavior, and adverse childhood experiences in South Africa: A prospective study. *Journal of Adolescent Health*, *57*(1), 52-59.

Dalal, K., Lee, M. S., & Gifford, M. (2012). Male adolescents' attitudes toward wife beating: A multi-country study in south Asia. *Journal of Adolescent Health*, *50*(5), 437-442. doi:10.1016/j.jadohealth.2011.09.012

Dalal, K., Reshma, P. N., Ming, S. L., Chao, K. L., Gifford, M., Ussatayeva, G., & Biswas, A. (2018). Attitudes of women in Cambodia towards child physical abuse [version 1; referees: Awaiting peer review]. *F1000research*, 1866. doi:10.12688/f1000research.16489.1

Deater-Deckard, K., Pettit, G. S., Lansford, J. E., Dodge, K. A., & Bates, J. E. (2003). The development of attitudes about physical punishment: An 8-year longitudinal study. *Journal of Family Psychology*, *3*, 351.

Demographic and Health Survey, Malawi Demographic and Health Survey 2010. (2010). Zomba, Malawi.

Demographic and Health Survey, Malawi Demographic and Health Survey 2015 (2015). Zomba, Malawi.

Devries, K. M., Mak, J. Y. T., García-Moreno, C., Petzold, M., Child, . J., Falder, C., Watts, H. (2013). The global prevalence of intimate partner violence against women. *Science*, *340*(6140), 1527. https://doi.org/10.1126/science.1240937

Dhaher, E. A., Mikolajczyk, R. T., Maxwell, A. E., & Krämer, A. (2010). Attitudes toward wife beating among Palestinian women of reproductive age from three cities in West Bank. *Journal of Interpersonal Violence*, *25*(3), 518-537. doi:10.1177/0886260509334409

Dong, M., Dube, S. R., Felitti, V. J., Giles, W. H., & Anda, R. F. (2003). Adverse childhood experiences and self-reported liver disease: new insights into the causal pathway. *Archives of Internal Medicine*, *16*. 1949.

Donta, B., Nair, S., Begum, S., & Prakasam, C. P. (2016). Association of domestic violence from husband and women empowerment in slum community, Mumbai. *Journal of Interpersonal Violence*, *31*(12), 2227-2239. doi:10.1177/0886260515573574

Dos Reis, M. J., Lopes, M. H. B. & Osis, M. J. D. (2016). 'It's much worse than dying': The experiences of female victims of sexual violence. *Journal of Clinical Nursing*, *26*(15-16), 2353-2361.

Dube, S. R., Anda, R. F., Felitti, V. J., Chapman, D. P., Williamson, D. F., Giles, W. H., . . . Giles, W. H. (2001). Childhood abuse, household dysfunction, and the risk of attempted suicide throughout the life span: Findings from the adverse childhood experiences study. *JAMA: Journal of the American Medical Association*, *286*(24), 3089-3180.

Dube, S. R., Felitti, V. J., Dong, M., Chapman, D. P., Giles, W. H., & Anda, R. F. (2003). Childhood abuse, neglect, and household dysfunction and the risk of illicit drug use: The adverse childhood experiences study. *Pediatrics*, *111*(3), 564-572.

Dube, S. R., Miller, J. W., Brown, D. W., Giles, W. H., Felitti, V. J., Dong, M., & Anda, R. F. (2006). Adverse childhood experiences and the association with ever using alcohol and initiating alcohol use during adolescence. *Journal of Adolescent Health*, *38*(4), 444.e1-10.

Duke, N. N., Pettingell, S. L., McMorris, B. J., & Borowsky, I. W. (2010). Adolescent violence perpetration: Associations with multiple types of adverse childhood experiences. *Pediatrics*, *125*(4), e778-86. doi:10.1542/peds.2009-0597

Ebrahim, N. B., & Atteraya, M. S. (2018). Women's decision-making autonomy and their attitude towards wife-beating: Findings from the 2011 Ethiopia's demographic and health survey. *Journal of Immigrant & Minority Health*, *20*(3), 603-611. doi:10.1007/s10903-017-0592-6

Eidhamar, L. G. (2018). "My husband is my key to paradise": Attitudes of Muslims in iIndonesia and Norway to spousal roles and wife-beating. *Islam & Christian-Muslim Relations*, *29*(2), 241-264. doi:10.1080/09596410.2017.1405636

Enrique, G. (2004). Unreported cases of domestic violence against women: Towards an epidemiology of social silence, tolerance, and inhibition. *Journal Of Epidemiology And Community Health* (1979-), *7*, 536. doi:10.1136/jech.2003.019604

Fazio, R. H., & Roskos-Ewoldsen, D. (2005). Acting as we feel: When and how attitudes guide behavior. In T. C. Brock, & M. C. Green (Eds.), (pp. 41-62). Thousand Oaks, CA: Sage Publications

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., . . . Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. the adverse childhood experiences (ACE) study. *American Journal of Preventive Medicine*, *14*(4), 245-258.

Flaherty, E. G., Thompson, R., Dubowitz, H., Harvey, E. M., English, D. J., Proctor, L. J., et al. (2013). Adverse childhood experiences and child health in early adolescence. *Jama Pediatrics*, *167*(7), 622-629.

Fleming, P. J., McCleary-Sills, J., Morton, M., Levtov, R., Heilman, B., & Barker, G. (2015). Risk factors for men's lifetime perpetration of physical violence against intimate partners: Results from the International Men and Gender Equality Survey (IMAGES) in Eight Countries. *PLoS ONE*, *3*. https://doi.org/10.1371/journal.pone.0118639

Fuller-Thomson, E., Brennenstuhl, S., (2009). Making a link between childhood physical abuse and cancer. *Cancer*, *14*, 3341.

Fuller-Thomson, E., Brennenstuhl, S., & Frank, J. (2010). The association between childhood physical abuse and heart disease in adulthood: Findings from a representative community sample. *Child Abuse & Neglect*, *34*, 689-698

Funk, N. (2013). Contra Fraser on feminism and neoliberalism. *Hypatia: A Journal of Feminist Philosophy*, *28*(1), 179-196.

Gagné, M., Tourigny, M., Joly, J., & Pouliot-Lapointe, J. (2007). Predictors of adult attitudes toward corporal punishment of children. *Journal of Interpersonal Violence*, *22*(10), 1285-1304.

Gilbert, L. K., Breiding, M. J., Merrick, M. T., Thompson, W. W., Ford, D. C., Dhingra, S. S., et al. (2015). Childhood adversity and adult chronic disease: An update from ten states and the District of Columbia, 2010. *American Journal of Preventive Medicine*, *48*(3), 345-34.

Giordano, G. N., Ohlsson, H., Kendler, K. S., Sundquist, K., & Sundquist, J. (2014). Unexpected adverse childhood experiences and subsequent drug use disorder: A Swedish population study (1995-2011). *Addiction*, *109*(7), 1119-1127. doi:10.1111/add.12537

Groenhout, R. E. (2002). Essentialist challenges to liberal feminism. *Social Theory and Practice*, *1*, 51.

Gurmu, E., & Endale, S. (2017). Wife beating refusal among women of reproductive age in urban and rural Ethiopia.

Haj-Yahia, M. M., & Uysal, A. (2008). Beliefs about wife beating among medical students from Turkey. *Journal of Family Violence*, *23*(2), 119-133.

Haj-Yahia, M., Wilson, R. M., & Naqvi, S. A. M. (2012). Justification, perception of severity and harm, and criminalization of wife abuse in the Palestinian society. *Journal of Interpersonal Violence*, *27*(10), 1932-1958. doi:10.1177/0886260511431433

Hamby, S., Finkelhor, D., Turner, H., & Ormrod, R. (2010). The overlap of witnessing partner violence with child maltreatment and other victimizations in a nationally representative survey of youth. *Child Abuse & Neglect*, *34*, 734–741. https://doi.org/10.1016/j.chiabu.2010.03.001

Hayes, B. E., & Boyd, K. A. (2017). Influence of individual- and national-level factors on attitudes toward intimate partner violence. *Sociological Perspectives*, *60*(4), 685-701. doi:10.1177/0731121416662028

Hecker, T., Hermenau, K., Isele, D., & Elbert, T. (2014). Corporal punishment and children's externalizing problems: A cross-sectional study of Tanzanian primary school aged children. *Child Abuse & Neglect*, *38*, 884-892. doi:10.1016/j.chiabu.2013.11.007

Heeren, G. A., Jemmott, J. B., Tyler, J. C., Tshabe, S., & Ngwane, Z. (2011). Cattle for wives and extramarital trysts for husbands? Lobola, men, and HIV/STD risk behavior in southern Africa. *Journal of Human Behavior in the Social Environment*, *21*(1), 73-81. doi:10.1080/10911359.2011.534903

Heerman, W. J., Krishnaswami, S., Barkin, S. L., & McPheeters, M. (2016). Adverse family experiences during childhood and adolescent obesity. *Obesity*, *24*(3), 696-702.

Henley, N. M., Meng, K., O'Brien, D., McCarthy, W. J., & Sockloskie, R. J. (1998). Developing a scale to measure the diversity of feminist attitudes. *Psychology of Women Quarterly*, *22*(3), 317-348. doi:10.1111/j.1471-6402.1998.tb00158.x

Hillis, S. D., Mercy, J. A., & Saul, J. R. (2017). The enduring impact of violence against children. *Psychology, Health & Medicine*, *22*(4), 393-405.

Hillis, S., Mercy, J., Amobi, A., & Kress, H. (2016). Global prevalence of past-year violence against children: A systematic review and minimum estimates. *Pediatrics*, *137*(3), null-4079.

Hindin, M. (2014). Adolescent childbearing and women's attitudes towards wife beating in 25 Sub-Saharan African countries. *Maternal & Child Health Journal*, *18*(6), 1488-1495. doi:10.1007/s10995-013-1389-4

Hines, D. A., & Saudino, K. J. (2002). Intergenerational transmission of intimate partner violence: A behavioral genetic perspective. *Trauma, Violence, & Abuse*, *3*(3), 210-225. doi:10.1177/15248380020033004

Holt, S., Buckley, H., & Whelan, S. (2008). The impact of exposure to domestic violence on children and young people: A review of the literature. *Child Abuse & Neglect: The International Journal*, *32*(8), 797-810.

Houdenhove, B. V., Luyten, P., & Egle, U. T (2009). Stress as a key concept in chronic widespread pain and fatigue disorders. *Journal of Musculoskeletal Pain*, *17*(4), 390-399.

Humphreys, K. L., & Zeanah, C. H. (2015). Deviations from the expectable environment in early childhood and emerging psychopathology. *Neuropsychopharmacology*, *40*(1), 154-170.

Islam, M. J., Rahman, M., Broidy, L., Haque, S. E., Yu, M. S., Nguyen Huu, C. D., . . . Duc, N. H. C. (2017). Assessing the link between witnessing inter-parental violence and the perpetration of intimate partner violence in Bangladesh. *BMC Public Health*, *17*(1), 1-10. doi:10.1186/s12889-017-4067-4

Islam, T. M., Tareque, M. I., Tiedt, A. D., & Hoque, N. (2014). The intergenerational transmission of intimate partner violence in Bangladesh.

Jesmin, S. S. (2015). Married women's justification of intimate partner violence in Bangladesh: Examining community norm and individual-level risk factors. *Violence and Victims*, *30*(6), 984-1003. doi:10.1891/0886-6708.VV-D-14-00066

Jesmin, S. S., (2017). Social determinants of married women's attitudinal acceptance of intimate partner violence. *Journal of Interpersonal Violence*, *32*(21), 3226-3244. doi:10.1177/0886260515597436

Johnson, K. B., & Das, M. B. (2009). Spousal violence in Bangladesh as reported by men: Prevalence and risk factors. *Journal of Interpersonal Violence*, *24*(6), 977-995. doi:10.1177/0886260508319368

Joshi, M., & Childress, S. (2017). A national survey of attitudes toward intimate partner violence among married women in Kazakhstan, Kyrgyzstan, and Tajikistan: Implications for health prevention and intervention. *Social Work in Health Care*, *56*(4), 294-319. doi:10.1080/00981389.2016.1268660

Jung, J. H., & Olson, D. V. A. (2017). Where does religion matter most? Personal religiosity and the acceptability of wife-beating in cross-national perspective. *Sociological Inquiry, 87*(4), 608-633. doi:10.1111/soin.12164

Kalmakis, K. A., Chandler, G. E. (2014). Adverse childhood experiences: Towards a clear conceptual meaning. *Journal of Advanced Nursing, 70*(7), 1489-1501.

Kelly-Irving, M., Mabile, L., Grosclaude, P., Lang, T., Delpierre, C. (2013). The embodiment of adverse childhood experiences and cancer development: Potential biological mechanisms and pathways across the life course. *International Journal of Public Health, 58*(1), 3-11

Kennedy, E. L. (2008). Socialist feminism: What difference did it make to the history of women's studies? *Feminist Studies, 3*, 497.

Kerker, Bonnie D., Zhang, Jinjin, Nadeem, Erum, Stein, Ruth E.K., Hurlburt, Michael S., Heneghan, A., Landsverk, J., McCue Horwitz, S. (2015). Adverse childhood experiences and mental health, chronic medical conditions, and development in young children. *Academic Pediatrics Academic Pediatrics*, *15*(5), 510-517.

Khawaja, M., Linos, N., & El-Roueiheb, Z. (2008). Attitudes of men and women towards wife beating: Findings from Palestinian refugee camps in Jordan. *Journal of Family Violence, 23*(3), 211-218.

Klomegah, R. Y. (2008). Intimate partner violence (IPV) in Zambia: An examination of risk factors and gender perceptions. *Journal of Comparative Family Studies*, *39*(4), 557-569.

Krause, K. H., Haardörfer, R., & Yount, K. M. (2017). Individual schooling and women's community-level media exposure: A multilevel analysis of normative influences associated with women's justification of wife beating in Bangladesh. *Journal of Epidemiology and Community Health, 71*(2), 122-128. doi:10.1136/jech-2015-206693

Kunnuji, M. O. N. (2015). Experience of domestic violence and acceptance of intimate partner violence among out-of-school adolescent girls in Iwaya Community, Lagos State. *Journal of Interpersonal Violence, 30*(4), 543-564. doi:10.1177/0886260514535261

Kyegombe, N., Abramsky, T., Devries, K. M., Michau, L., Nakuti, J., Starmann, E., … Watts, C. (2015). Research article: What is the potential for interventions designed to prevent

violence against women to reduce children's exposure to violence? Findings from the SASA! study, Kampala, Uganda. *Child Abuse & Neglect, 50*, 128–140. https://doi.org/10.1016/j.chiabu.2015.10.00

Lawoko, S. (2008). Predictors of attitudes toward intimate partner violence: A comparative study of men in Zambia and Kenya. *Journal of Interpersonal Violence, 23*(8), 1056-1074. doi:10.1177/0886260507313972

LeTendre, M. L., & Reed, M. B. (2017). The effect of adverse childhood experience on clinical diagnosis of a substance use disorder: Results of a nationally representative study. *Substance Use & Misuse, 52*(6), 689-697. doi:10.1080/10826084.2016.1253746

Linos, N., Khawaja, M., & Al-Nsour, M. (2010). Women's autonomy and support for wife beating: Findings from a population-based survey in Jordan. *Violence & Victims, 25*(3), 409-419.

Linos, N., Khawaja, M., & Kaplan, R. (2012). Women's acceptance of spousal abuse in Iraq: Prevalence rates and the role of female empowerment characteristics. *Journal of Family Violence, 27*(7), 625-633. doi:10.1007/s10896-012-9462-0

Linos, N., Khawaja, M., & Kaplan, R. (2012). Women's acceptance of spousal abuse in Iraq: Prevalence rates and the role of female empowerment characteristics. *Journal of Family Violence, 27*(7), 625-633. doi:10.1007/s10896-012-9462-0

Linos, N., Khawaja, M., & Kaplan, R. (2012). Women's acceptance of spousal abuse in iraq: Prevalence rates and the role of female empowerment characteristics. Journal of Family Violence, 27(7), 625-633. doi:10.1007/s10896-012-9462-0

Linos, N., Subramanian, S. V., Berkman, L., Kawachi, I., & Slopen, N. (2013). Influence of community social norms on spousal violence: A population-based multilevel study of Nigerian women.

London, S., Quinn, K., Scheidell, J. D., Frueh, B. C., & Khan, M. R. (2017). Adverse experiences in childhood and sexually transmitted infection risk from adolescence into adulthood. *Sexually Transmitted Diseases, 44*(9), 524-532. doi:10.1097/OLQ.0000000000000640

Lynch, B. A., Agunwamba, A., Wilson, P. M., Kumar, S., Jacobson, R. M., Phelan, S., et al. (2016). Adverse family experiences and obesity in children and adolescents in the united states. *Preventive Medicine, 90*, 148-154

MacKinnon, C. A. (1983). Feminism, Marxism, method, and the state: Toward feminist jurisprudence. *Signs, 4*, 635.

Maker, A. H., & deRoon-Cassini, T. (2007). Prevalence, perpetrators, and characteristics of witnessing parental violence and adult dating violence in Latina, East Asian, South Asian, and Middle Eastern women. *Violence and Victims, 22*(5), 632-647. doi:10.1891/088667007782312122

Malawi Youth Data Sheet. (2014). Retrieved from https://assets.prb.org/pdf14/malawi-youth-datasheet-2014.pdf

Mandal, M., & Hindin, M. (2013). Men's controlling behaviors and women's experiences of physical violence in Malawi. *Maternal & Child Health Journal, 17*(7), 1332-1338. doi:10.1007/s10995-012-1137-1

Mann, J. R., & Takyi, B. K. (2009). Autonomy, dependence or culture: Examining the impact of resources and socio-cultural processes on attitudes towards intimate partner violence in Ghana, Africa. *Journal of Family Violence, 24*(5), 323-335.

McEwen, M., & Wills, E. M. (2014). *Theoretical basis for nursing*. Philadelphia: Lippincott Williams & Wilkins.

Mellish, M., Settergren, S., & Sapuwa, H., (2015). Gender-based violence in Malawi, a literature review to inform the national response. Retrieved from https://www.healthpolicyproject.com/pubs/436_FINALHPPMalawiGBVLiteratureReview.pdf

Miller, E., Breslau, J., Chung, W. J., Green, J. G., McLaughlin, K. A., & Kessler, R. C. (2011). Adverse childhood experiences and risk of physical violence in adolescent dating relationships. *Journal of Epidemiology & Community Health, 65*(11), 1006-1013. doi:10.1136/jech.2009.105429

Ministry of Gender, Children, Disability and Social Welfare of the Republic of Malawi, United Nations Children's Fund, The Center for Social Research at the University of Malawi, and the Centers for Disease Control and Prevention (2014). *Violence against children and young people in Malawi: Findings from a National Survey, 2013.* Lilongwe, Malawi: Government of Malawi.

Morse, D. S., Egbarya, S. S., Paldi, Y., & Clark, C. J. (2012). "An effect that is deeper than beating": Family violence in Jordanian women. *Families, Systems & Health, 1*, 19. doi:10.1037/a0027137

Murshid, N. S. (2016). Men's response to their wives' participation in microfinance: Perpetration and justification of intimate partner violence in Bangladesh. *Public Health, 141*, 146-152. doi:10.1016/j.puhe.2016.09.016

Naicker, S. N., Norris, S. A., Richter, L. M., & Mabaso, M. (2017). An analysis of retrospective and repeat prospective reports of adverse childhood experiences from the South African birth to twenty plus cohort. *Plos One, 12*(7).

Naramore, R., Bright, M. A., Hardt, N. S., & Epps, N. (2017). Youth arrested for trading sex have the highest rates of childhood adversity: A statewide study of juvenile offenders.

Nasrullah, M., Muazzam, S., Khosa, F., & Khan, M. M. H. (2017). Child marriage and women's attitude towards wife beating in a nationally representative sample of currently

married adolescent and young women in Pakistan. *International Health (1876-3413), 9*(1), 20-28. doi:10.1093/inthealth/ihw047

National Statistics Office. (2018). *Population and housing census preliminary report*. Retrieved from http://www.nsomalawi.mw/images/stories/data_on_line/demography/census_2018/2018%20Population%20and%20Housing%20Census%20Preliminary%20Report.pdf

Nayak, M. A., Byrne, C. A., & Martin, M. K., Abraham, A. G. (2003). Attitudes toward violence against women: A cross-nation study. *Sex Roles, 49*(7), 333-342.

Nwabunike, C., & Tenkorang, E. Y. (2017). Domestic and marital violence among three ethnic groups in Nigeria. *Journal of Interpersonal Violence, 32*(18), 2751-2776. doi:10.1177/0886260515596147

Ozcakir, A., Bayram, N., Ergin, N., Selimoglu, K., & Bilgel, N. (2008). Attitudes of Turkish men toward wife beating: A study from Bursa, Turkey. *Journal of Family Violence, 23*(7), 631-638.

Paras, M.L., Murad, M.H., Chen, L.P., Goranson, E. N., Sattler, A.L., et al., … Zirakzadeh, A., (2009). Sexual abuse and lifetime diagnosis of somatic disorders: A systematic review and meta-analysis. *The Journal of the American Medical Association*, *5*, 550.

Parvin, K., Sultana, N., & Naved, R. T. (2016). Disclosure and help seeking behavior of women exposed to physical spousal violence in Dhaka slums. *Bmc Public Health, 16*. doi:10.1186/s12889-016-3060-7

Pournaghash-Tehrani, S., & Feizabadi, Z. (2009). Predictability of physical and psychological violence by early adverse childhood experiences. *Journal of Family Violence, 24*(6), 417-422.

Rajan, H. (2018). When wife-beating is not necessarily abuse: A feminist and cross-cultural analysis of the concept of abuse as expressed by Tibetan survivors of domestic violence. *Violence Against Women, 24*(1), 3-27. doi:10.1177/1077801216675742

Rani, M., & Bonu, S. (2009). Attitudes toward wife beating: A cross-country study in Asia. *Journal of Interpersonal Violence, 24*(8), 1371-1397. doi:10.1177/0886260508322182

Rani, M., Bonu, S., & Diop-Sidibe, N. (2004). An empirical investigation of attitudes towards wife-beating among men and women in seven Sub-Saharan African countries. *African Journal of Reproductive Health, 8*(3), 116-136.

Rashid, M., Kader, M., Perera, N. K. P., & Sharma, A. (2014). Wife beating: A population-based study in Bangladesh. *Violence and Gender, 1*(4), 170-175. doi:10.1089/vio.2014.0015

Rich-Edwards, J., Spiegelman, D., Hibert, E. N. L., Jun, H., Todd, T. J., Kawachi, I., Wright R.J., (2010). Abuse in childhood and adolescence as a predictor of type 2 diabetes in adult women. *American Journal of Preventive Medicine, 39*(6), 529-536.

Rivara, F. P., Anderson, M. L., Fishman, P., Bonomi, A. E., Reid, R. J., Carrell, D., & Thompson, R. S. (2007). Intimate partner violence and health care costs and utilization for children living in the home. *Pediatrics, 120*(6), 1270-1277. doi:10.1542/peds.2007-1148

Roberts, A. L., McLaughlin, K. A., Conron, K. J., Koenen, K. C., Roberts, A. L., McLaughlin, K. A., . . . Koenen, K. C. (2011). Adulthood stressors, history of childhood adversity, and risk of perpetration of intimate partner violence. *American Journal of Preventive Medicine, 40*(2), 128-138. doi:10.1016/j.amepre.2010.10.016

Sakamoto, Y., Ishiguro, M., & Kitagawa, G. (1986). Akaike information criterion statistics. Tokyo: KTK Scientific Publishers; Boston: D. Reidel.

Sayem, A. M., Begum, H. A., & Moneesha, S. S. (2012). Attitudes towards justifying intimate partner violence among married women in Bangladesh. *Journal of Biosocial Science, 44*(6), 641-660. doi:10.1017/S0021932012000223

Schluter, P. J., & Paterson, J. (2009). Relating intimate partner violence to heath-care utilisation and injuries among pacific children in Auckland: The Pacific Islands families study. *Journal of Paediatrics and Child Health, 45*(9), 518-524. doi:10.1111/j.1440-1754.2009.01554.x

Schuler, S. R., Yount, K. M., & Lenzi, R. (2012). Justification of wife beating in rural Bangladesh: A qualitative analysis of gender differences in responses to survey questions. *Violence Against Women, 18*(10), 1177-1191. doi:10.1177/1077801212465152

Smith S. G., Zhang X., Basile K. C., Merrick M. T., Wang J., Kresnow M., Chen J. (2015). National intimate partner and sexual violence survey: 2015 data brief. Atlanta (GA): National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

Smith, M. D. (1990). Patriarchal ideology and wife beating: A test of a feminist hypothesis. *Violence and Victims, 5*(4), 257-273.

Soares, A. G., Howe, L. D., Matijasevich, A., Wehrmeister, F. C., Menezes, A. M., & Gonçalves, H. (2016). Research article: Adverse childhood experiences: Prevalence and related factors in adolescents of a Brazilian birth cohort. *Child Abuse & Neglect*, 5121-30. doi:10.1016/j.chiabu.2015.11.017

Speizer, I. S. (2010). Intimate partner violence attitudes and experience among women and men in Uganda. *Journal of Interpersonal Violence, 25*(7), 1224-1241. doi:10.1177/0886260509340550

Stickley, A., Kislitsyna, O., Timofeeva, I., & Vågerö, D. (2008). Attitudes toward intimate partner violence against women in Moscow, Russia. *Journal of Family Violence, 23*(6), 447-456.

Su, S., Wang, X., Kapuku, G. K., Harshfield, G. A., Pollock, D. M., Pollock, J. S., (2014). Adverse childhood experiences are associated with detrimental hemodynamics and elevated circulating endothelin-1 in adolescents and young adults.

Sumner, S. A., Mercy, A. A., Saul, J., Motsa-Nzuza, N., Kwesigabo, G., Buluma, R., (2015). Prevalence of sexual violence against children and use of social services - seven countries, 2007-2013. *Morbidity & Mortality Weekly Report, 64*(21), 565-569.

Tayyab, F., Kamal, N., Akbar, T., & Zakar, R. (2017). Men and women's perceptions of justifications of wife beating: Evidence from Pakistan Demographic and Health Survey 2012–13. *Journal of Family Violence, 32*(7), 721-730. doi:10.1007/s10896-017-9910-y

Tietjen, G. E., Khubchandani, J., Herial, N. A., & Shah, K. (2012). Adverse childhood experiences are associated with migraine and vascular biomarkers. *Headache: The Journal of Head and Face Pain, 52*(6), 920-929.

Trabold, N., Swogger, M. T., Walsh, Z., & Cerulli, C. (2015). Childhood sexual abuse and the perpetration of violence: The moderating role of gender. *Journal of Aggression, Maltreatment & Trauma, 24*(4), 381-399. doi:10.1080/10926771.2015.1022288

Tran, T. D., Nguyen, H., & Fisher, J. (2016). Attitudes towards intimate partner violence against women among women and men in 39 low- and middle-income countries. *Plos One, 11*(11), 1-14. doi:10.1371/journal.pone.0167438

Uthman, O. A., Lawoko, S., & Moradi, T. (2009). Factors associated with attitudes towards intimate partner violence against women: A comparative analysis of 17 Sub-Saharan countries. *BMC International Health & Human Rights, 9*, 15. doi:10.1186/1472-698X-9-14

Uthman, O. A., Lawoko, S., & Moradi, T. (2010). Sex disparities in attitudes towards intimate partner violence against women in Sub-Saharan Africa: A socio-ecological analysis. *BMC Public Health, 10*(1), 223-230.

UNICEF Malawi. (2014). Retrieved from https://www.unicef.org/malawi/MLW_resources_violencereport.pdf

Valor-Segura, I., Expósito, F., Moya, M., & López, K. (2014). Violence against women in Spain and Cuba: The same reality, two different visions. *Revista De Psicología Social, 29*(1), 150-179. doi:10.1080/02134748.2013.878573

Wang, L. (2016). Factors influencing attitude toward intimate partner violence. *Aggression and Violent Behavior, 29*, 72–78. https://doi.org/10.1016/j.avb.2016.06.005

Warria, A. (2018). Girls' innocence and futures stolen: The cultural practice of sexual cleansing in Malawi. *Children and Youth Services Review, 91*, 298-303. doi:10.1016/j.childyouth.2018.06.011

Wathen, C. N., & MacMillan, H. L. (2013). Children's exposure to intimate partner violence: Impacts and interventions. *Pediatrics & Child Health, 18*(8), 419–422.

Watts, C. & Zimmerman, C. (2002). Violence against women: Global scope and magnitude. Lancet, 359, 1232–1237.

Whittemore, R., & Knafl, K. (2005). The integrative review: Updated methodology. *Journal of Advanced Nursing, 52*(5), 546-553. doi:10.1111/j.1365-2648.2005.03621.x

World Health Organization. (2017). Violence against women. Retrieved from https://www.who.int/en/news-room/fact-sheets/detail/violence-against-women

World Health Organization. (2014). *Survey on the prevalence of adverse childhood experiences among young people in the Russian Federation*. Denmark: WHO, Regional Office for Europe. Retrieved from http://www.euro.who.int/__data/assets/pdf_file/0010/267283/Survey-on-the-prevalence-of-adverse-childhood-experiences-among-young-people-in-the-Russian-Federation-Eng.pdf

World Health Organization. (2013). European report on preventing child maltreatment. Retrieved from http://www.euro.who.int/__data/assets/pdf_file/0019/217018/European-Report-on-Preventing-Child-Maltreatment.pdf

World Health Organization. (2002). Intimate partner violence. Retrieved from https://www.who.int/violence_injury_prevention/violence/global_campaign/en/ipvfacts.pdf

Wing, R., Gjelsvik, A., Nocera, M., & McQuaid, E. L. (2015). The association between adverse childhood experiences in the home and pediatric asthma. *Annals of Allergy, Asthma & Immunology*.

Wolff, K. T., Baglivio, M. T., & Piquero, A. R. (2017). The relationship between adverse childhood experiences and recidivism in a sample of juvenile offenders in community-based treatment. *International Journal of Offender Therapy & Comparative Criminology, 61*(11), 1210-1242.

Yllö, K., & Bograd, M. L. (1988). *Feminist perspectives on wife abuse*. Newbury Park, CA: Sage Publications

Yodanis, C. L. (2004). Gender inequality, violence against women, and fear: A cross-national test of the feminist theory of violence against women. *Journal of Interpersonal Violence, 19*(6), 655-675.

Yount, K. M., Pham, H. T., Minh, T. H., Krause, K. H., Schuler, S. R., Anh, H. T., . . . Kramer, M. R. (2014). Violence in childhood, attitudes about partner violence, and partner violence perpetration among men in Vietnam. *Annals of Epidemiology, 24*(5), 333-339. doi:10.1016/j.annepidem.2014.02.004

Yount, K. M., & Li, L. (2009). Women's "justification" of domestic violence in Egypt. *Journal of Marriage and Family, 5*, 1125.

Yoshikawa, K., Shakya, T. M., Poudel, K. C., & Jimba, M. (2014). Acceptance of wife beating and its association with physical violence towards women in Nepal: A cross-sectional study using Couple's data. *Plos One, 9*(4), 1-10. doi:10.1371/journal.pone.0095829

Zakar, R., Zakar, M. Z., & Kraemer, A. (2013). Men's beliefs and attitudes toward intimate partner violence against women in Pakistan. *Violence Against Women, 19*(2), 246-268. doi:10.1177/1077801213478028

Zakar, R., Zakar, M. Z., & Krämer, A. (2011). Spousal violence against women in the context of marital inequality: Perspectives of pakistani religious leaders. International Journal of Conflict & Violence, 5(2), 371.

Zhu, Y., & Dalal, K. (2010). Childhood exposure to domestic violence and attitude towards wife beating in adult life: A study of men in India. *Journal of Biosocial Science, 42*(2), 255-269. doi:10.1017/S0021932009990423