# Gender inequality and intimate partner violence among women in Moshi, Tanzania

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## **Human Participant Protection**

This research project has IRB approval from the Harvard School of Public Health (HSC Protocol # 0108ACOM), from the Kilimanjaro Christian Medical Centre Research and Ethical Clearance Committee and from the National Institute for Medical Research, the United Republic of Tanzania. Informed consent was obtained from each woman interviewed.

*Context.* To report the 12-month and lifetime prevalence rate of intimate partner violence in a population-based urban sample of women with partners in Tanzania and to identify associated gender-based relationship characteristics.

*Methods.* A representative household survey in Moshi, Tanzania with face-to-face interviews of 1,444 women who reported having a current partner. Women were classified as abused if they responded affirmatively to one out of three possible questions about partner violence for either the past 12 months or lifetime exposure. Data were analyzed using multivariate logistic regression.

*Results*. The 12-month prevalence was 21.2% (95% CI, 18.5-23.9) and lifetime prevalence was 26.1% (95% CI, 23.0-29.1). Violence was more typical of couples with indicators of gender or relationship inequality in the following domains: (1) fertility (problems conceiving or 5+ children); (2) relationship status (polygamy or men having multiple partners and not contributing for children's welfare); and (3) lower educational attainment among women.

*Conclusions*. Indicators of gender inequality within sexual unions predict intimate partner violence. Defusing the blame on women for infertility, encouraging monogamous unions, and expanding access to education for women are all policies which may reduce intimate partner violence in northern urban Tanzania.

Violence against women is a global problem, and rates in sub-Saharan Africa rank high even relative to other developing regions of the world. For instance, more than twice as many wives in Zambia experience recent (12-month) intimate partner violence (26%) as married women from other impoverished areas including Latin America (Nicaragua, Dominican Republic), Southeast Asia (Cambodia), or India,<sup>1</sup> and as many as 48% of Zambian married women report lifetime exposure. In Sierra Leone a staggering proportion of women out of a convenience sample disclosed partner violence occurring at some point in their lives (67%).<sup>2</sup> Household population-based surveys confirm high rates of intimate partner violence in rural Uganda (Rakai District), with 20% disclosing 12-month prevalence and 30% of women reporting lifetime exposure. <sup>3</sup> Nearly one in ten South African women report 12-month prevalence, with lifetime exposure at 25%.<sup>4</sup> Partner violence is so commonplace in some countries in sub-Saharan Africa that it is accepted as justifiable by more than half (53%) of the women themselves, as in Zimbabwe.<sup>5</sup>

To date no studies have established the population-based rate of intimate partner violence in Tanzania. It is crucial to establish the prevalence and the associated patterns of risk for intimate partner violence (IPV) in order to address women's health and development. Violence places a serious health burden on women and their children, amplified through its putative connection to the rising tide of HIV.<sup>6</sup> Few countries hover on as dangerous a health precipice as Tanzania, ranking among the poorest of African nations with a life expectancy nearly the lowest worldwide (44.6 years).<sup>8</sup> Almost one in ten Tanzanians is HIV-positive and more women than men appear to be infected in young age cohorts.<sup>9</sup> Partner violence among women in voluntary testing

clinics in Tanzania is associated with an increased odds of HIV by a factor of 10 among women under the age of  $30.^{7}$ 

In addition, the number of people living in urban as opposed to rural areas has been growing rapidly over a short period of time. About one in five (21%) of Tanzanians live in urban areas. It is essential to trace patterns of gender inequality and disease in these growing towns and cities. Moshi, where our study was performed, is one example of a fast-growing and densely populated area.

## **Characteristics Associated with Intimate Partner Violence (IPV)**

Some of the characteristics associated with intimate partner violence for women in sub-Saharan Africa include incomplete education (under 8<sup>th</sup> grade),<sup>10</sup> having many children,<sup>11</sup> and child sexual abuse.<sup>12</sup> South African men who admit to sexually assaulting their intimate partners are also more likely to be physically aggressive outside of marriage, to drink heavily, express intolerance of their wives' autonomy, and to practice polygamy more than non-abusive men.<sup>13</sup> One aim of our study is to measure in Tanzanian couples characteristics associated with intimate partner violence, providing a conceptual rubric which reflects the changing dynamics of marriage and fertility in sub-Saharan Africa.<sup>14</sup>

# Patriarchy and the changing dynamics of marriage in sub-Saharan Africa

Throughout sub-Saharan Africa marriage and sexual unions have long been managed through strong patriarchal traditions and institutions. Tanzania is no exception as can be observed in various practices of brideprice, polygamy, paternal control of the choice of marriage partners, emphasis on women's role in fertility, and a powerful marriage mandate for women. Yet many of these overt emblems of patriarchy are receding.<sup>15</sup> Bridewealth has been supplanted by prospective husbands' payment for women's education fees and health care;<sup>16</sup> polygamy is less widely practiced (with informal extra-marital relationships preferred);<sup>17</sup> and women are usually free to choose their husband.<sup>18</sup> Although women are still expected to marry and to have children, women now exercise somewhat more control over birth spacing and birth control options.<sup>19</sup>

## A gender-based framework for analyzing correlates of intimate partner violence

One approach to understanding the origins of partner violence focuses on the dynamics of men's and women's behavior, and the resources they bring to the conjugal union. Such a model draws on theories of social exchange in marriage advanced by sociologists.<sup>20</sup> Proponents of social exchange theory contend that implicit or explicit contracts in conjugal relationships is universal, although what is exchanged and how such exchanges transpire are culturally governed.

Gender disparities and patriarchal institutions circumscribe the extent of men's license to use violence against their partners. Patriarchy also limits women's agency to abandon an abusive husband. It is important to acknowledge in our study, therefore, that an exchange model to explain domestic violence must be interpreted in light of assumptions about the status of women and the changing dynamics of marriage unions in Tanzania. Marriage is increasingly a matter of choice for both women and men in Tanzania, and expectations have changed, with an increasing emphasis on romantic love and mutual gain.<sup>21</sup> We believe that many of the characteristics associated with intimate partner violence can be re-conceptualized for what they signify in terms of gender inequality in sexual unions in Tanzania set in relief against the rapid changes occurring in

marital unions throughout the region. In the present study we investigate characteristics of the sexual union and interpret such characteristics within a gender-based framework.

# **Conceptual model and hypotheses**

We identify three general domains which reflect underlying power disparities or restrictions of women's options within unions. The three domains are: Education, Features of the Marriage Union or (unmarried) Relationship, and Fertility (see Figure 1). Such characteristics of the women or their relationship create a prism through which underlying gender inequality is magnified. For instance, women's fertility *per se* tells us little about gender inequality, but how her partner responds to her apparent inability to bear children, or to the number of children she bears, in a sexist society, can become a lens on some of the worst features of a patriarchal marriage.

In our survey the three broad domains are measured in terms of: (1) women's educational level completed; (2) features of marriage including marital status, type of union (i.e., monogamous vs. polygamous), and whether the partner contributes to the mother and her children; (3) fertility which indexes having difficulty conceiving, or having 5 or more children. These three domains span the lifespan from girls' educational access to their choices of marriage partners and their role as mothers. We predict that these putative markers of gender inequality in Tanzanian marriages or relationships create the terms for a the kind of "sexual contract" which places women at a distinct disadvantage, <sup>22</sup> setting the stage for intimate partner violence. Policies oriented towards closing the gender gap in marital power could eventually lead to a reduction in intimate partner violence. We expand on the three influences ordered across

women's lifespan (from education to childbearing), and their potential link to intimate partner violence below.

<u>Women's education</u> More women receive some education in Tanzania than in many other regions of sub-Saharan Africa as a result of socialist policies, but educational attainment remains low and few women reach secondary school. When women are educated they exercise more occupational alternatives to "housewife," and possess more choice in their partner or in whether they remain with him. Educated women will also expect to be treated in more egalitarian ways than women without education.<sup>23</sup> We therefore predict that intimate partner violence will be lowest among women with the most education. "

<u>Monogamy, marital choice and men's contributions to the family</u> Although polygamy in some regions of sub-Saharan Africa can sometimes provide advantages to wives, including an expanded kin network and shared responsibilities, monogamy establishes the foundation for more potential equality in marriage. Both monogamy and free marital choice (i.e., fewer arranged marriages) have been on the rise in Tanzania, and contribute to closing the gender gap in power within marriage.<sup>24</sup> Men who practice polygamy are more inclined to view their wives as acquisitions, leaving women with no voice in how his resources might be allocated across marriages or households. Women in polygamous unions are likely to have less relationship equality than women in monogamous unions overall. Also, whether men contribute to the family unit is revealing about the nature of their commitment and the likely satisfaction of both marriage partners. Men who contribute more should be more invested and less likely to rely on violence as a tactic of control.

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<u>Fertility</u> Having many children establishes barriers to economic autonomy and creates the context for pronounced dependency and, ultimately, tolerance of violence when other alternatives are barred. Women who do not bear children early in a marriage are stigmatized in Tanzania, and their appeal as a wife declines. Their central object of "exchange" in marriage is a child. We therefore predict that women who describe problems conceiving will report higher rates of spouse abuse. Despite the pressure to reproduce, there is a paradoxical current against large family size in urban areas, including Moshi. Couples who have five or more children are outside of the family size norms. In that case, men will be more abusive. Women are blamed for either circumstance (no children or "too many") and may bear the brunt of resulting abuse. Such circumstances index a gender gap in status and power within sexual unions.

#### **METHODS**

**Study sample** Moshi Urban District contains 15 wards. Within each ward clusters were selected with probability proportional to the number of women age 20-44 years. One hundred and fifty clusters were selected for interviewing, and 18 households were selected randomly within each cluster. In selected households, all women aged 20 – 44 years, who were de facto or de jure residents of the household, were invited to participate in the survey interview. All interviews were in-person conducted in Swahili by local nurses. To protect confidentiality interviewers ensured privacy. The interview took between one and two hours. There was no monetary compensation. In the period

from mid-November 2002 to mid-March 2003, 2,019 women completed the interview. For analyses, only women with a current partner were included.

#### Measurement

#### Intimate partner violence

One item was used from the Conflict Tactics Scale<sup>25</sup> and two items were used from the Abuse Assessment Screen<sup>26</sup> to ascertain 12-month and lifetime partner abuse. It should be noted that the time span in the Conflict Tactics Scale is six months. Unfortunately the many other "tactics" included in the Conflict Tactics Scale could not be included in the present survey due to time limitations. Questions administered to Moshi residents were: "In the last 12 months [or ever in your life] how often has your husband or partner: "(1) Insulted or sworn at you? (2) Threatened to hurt you physically? (3) Hit, slapped, kicked or otherwise physically hurt you?" In addition, women were asked one question from the Sexual Experiences Survey<sup>27</sup> also covering the past 12months or lifetime: "Within your present relationship have you ever had sexual intercourse when you didn't want to because your husband or partner threatened or used some degree of physical force to make you? (Twisting your arm, holding you down, etc.)"

Verbal insults were commonly reported, but we excluded them from the measurement of intimate partner violence. Any positive response on the three remaining items (threats to physical abuse, physical abuse and forced sexual intercourse) was then counted to indicate the presence of intimate partner violence. The decision to include threats was made because such physical threats cast a somewhat wider net for abuse tactics than relying exclusively on physical contact per se, and they are usually violent in

nature (i.e., towering over someone with a fist). Indeed, threats and physical attacks were highly concordant with 74% of the threatened women also reporting attacks. Concordance was equally high for sexual assault and physical abuse.

#### Demographic characteristics

Survey questions covered a range of socio-demographic control variables including women's age, religion, and tribal group membership.

## Indicators of relationship inequality

*Educational attainment* was collapsed into two levels: completing primary school or less (0-8 years) and some secondary school and above (9<sup>+</sup> years). *Marital status* and *type of union* were assessed. Interviewers asked all women whether their partner had other wives or girlfriends, regardless of their current marital status. All women who reported that their partner had no other wives or girlfriends were classified as monogamous. The extent of men's *contributions* to the family unit was approximately measured through his explicit contributions to the health, education, and household resources of both the women and her children. Specifically, women were also asked about partner contributions in three categories: children's health care, children's school fees, and women's health care. Partner contributed, and those men who contributed on more than half were considered to have high contributions. Finally, fertility problems were indexed by women acknowledging "problems conceiving over a one-year period"

## **Statistical Analysis**

The cluster sampling design was taken into account using STATA version 8.<sup>28</sup> The prevalence of violence was estimated, and two time frames were represented: during the last 12 months preceding the interview and at any time during their life including reports provided for the last 12 months. The multivariate analysis was restricted to violence in the last 12 months because some characteristics measured at survey date had changed during the woman's life course, e.g., marital status and type of union. Missing indicator variables were used to maintain the full sample in the multivariate model. First, the association between the prevalence of intimate partner violence and each background characteristic was measured using the Pearson  $X^2$  test. Second, relative odds ratios (OR) and 95% confidence intervals (CI) of violence and one independent variable were estimated using logistic regression analysis. Third, a multivariate logistic regression model including fertility, type of union, education, and control variables was estimated. A correlation matrix including all the independent variables analyzed was also calculated to determine the extent of multi-collinearity.

## RESULTS

Analyses focused on the rates of violence and the risk factors identifying violence in the 1,444 women for whom complete data on violence histories were collected. From the total sample of 2,019 women who completed the interview, 28% (N=566) reported no current partner and therefore were not asked the partner violence questions. Only 9 women with a current partner did not answer questions about partner violence, resulting in missing violence history data of for less than 1% of the sample that reported having a current partner.

#### **Prevalence Rates of Victimization**

Table 1 displays the prevalence rates of women reporting intimate partner violence. During the past 12 months 21.2% (95% CI, 18.5-23.9) were physically or

sexually attacked or threatened with violence. Only slightly more women (26.1%; 95% CI, 23.0-29.1) reported *ever* being physically or sexually abused, including the past 12 month period. Many of the women received verbal insults from their partners during the past year (16.9%; 95% CI, 14.9-19.0).

#### **Demographic Characteristics of all Women**

A majority of the sample was either married (74.6%) or living with a partner (9.2%) (see Table 2). Most women (76.2%) had between 1-4 children; 10.8% had no children while 13.0% had five or more children. One in ten reported that they had experienced problems getting pregnant (11.1%). Two-thirds of the women (64.6%) were Christian (Catholic or Protestant) and the remaining self-identified as Muslim. Nearly half of the women were from the Chagga tribe (48.1%), 14.5% were Pare and the remaining 37.4% belonged to numerous different tribes.

## **Characteristics of Women Disclosing Intimate Partner Violence**

Table 2 further displays the percentage of women reporting intimate partner violence according to the variables used to test the indicators of gender and relationship inequality together with the demographic control variables (i.e., age, religion and ethnic group membership). In addition, unadjusted and adjusted logistic regression models are presented in this table.

The results of the unadjusted and adjusted analyses yielded parallel results (unadjusted results available from authors), so we focus here on the adjusted analyses. Our findings were generally consistent with the conceptual model of relationship inequality and violence, spanning education, marriage and fertility. Education made a difference, such that women with primary complete or lower education were more likely to be abused (OR: 1.70; 95% CI, 1.13-2.58). There were no associations between partner violence and any of the control variables (age, religion, and tribe).

Marital status and freedom to choose her marriage partner were unrelated to intimate partner violence, while polygamous unions yielded higher rates of violence than monogamous ones (OR: 2.04; 95% CI, 1.45-2.87). Partners who made a low contribution to the household were also more likely to abuse the women than partners who made some financial contribution (OR: 3.26; 95% CI, 1.99-5.35).

Fertility variables were associated with violence against women. Specifically, women who reported problems conceiving were more likely to experience increased rates of violence (OR: 1.87; 95% CI, 1.16-3.01). Violence also increased with the number of children: women with 5 or more were at the highest risk of experiencing partner violence (OR: 2.42; 95% CI, 1.60-3.66).

#### DISCUSSION AND CONCLUSIONS

The prevalence of women facing intimate partner violence is high (21.1% 12month), and is similar to estimates obtained from studies in rural Uganda.<sup>2</sup> The finding that lifetime experience with intimate partner violence was only slightly higher than the 12-month rate suggests that the majority of women with an abuse history were still with their violent partner. Our results support the conceptual model of gender inequality in relationships that we propose. We have identified several domains in which women are at a disadvantage, especially in the areas of type of marital union (polygamous versus monogamous) and fertility (problems conceiving or more than 5 children). Women with only primary school education or less face a greater risk of abuse. Women with more education and hence more career and employment options may be perceived as more valuable by their husbands, perhaps by the extended family, and may have more power to "walk" should the husband become abusive. During the last 20 years there has been an increase in women's participation in the domestic economy in East Africa and the timing of this research therefore is set against a backdrop of increasing expectations and opportunities, albeit in an impoverished community by any world standard. The type of union has major significance for violence. Unions which are either explicitly polygamous, or implicitly via extramarital relationships on the part of the men, spawn more violence against wives. In addition, men's increased contributions to the household were associated with decreased violence against their wives. However, whether women are actually married versus co-residing, or whether the marriage was freely chosen or arranged, have little bearing on whether the men are violent. These latter findings might be due to the fact that at this time in Tanzania most women are married rather than coresiding with a partner, and relatively fewer marriages are coerced or arranged than in the past (fully 80% were freely entered by the women).

This cultural shift in marriage patterns can be accounted for through increased westernization,<sup>30</sup> but it also reflects personal adaptation to scarce economic opportunities. As men leave the community to earn wages, their dominant role in the household wanes,<sup>31</sup> and during the past two decades women have been garnering more domestic power in both agriculture and the household economy.<sup>32</sup> In much of East Africa women are responsible for maintaining crops and providing family sustenance in the absence of substantial support from their partners. In addition, many Tanzanian women have

developed economic ventures of their own and have formed women's economic unions. Under such conditions women are likely to chafe at men's expression of traditional privileges that use up valuable resources (i.e., taking multiple wives or sexual partners). <sup>36</sup> Men, whose natural hegemony appears challenged, might escalate expressions of power, including the use of violence to quell their wives' complaints or requests for support. It is important to examine the subtle dynamics at play between men and women with separate agendas cast against the backdrop of economic strain, political instability and disease. Despite the power of cultural traditions to explain social behavior, what we perceive as culture undergoes dramatic and rapid changes as people confront transnational forces and large changes in the local political economy.

There have also been notable gains in women's educational access.<sup>33</sup> The gender gap in literacy and educational attainment is gradually closing providing women with alternatives to marriage,<sup>34</sup> as expressed in the words of one young upwardly mobile woman in northern Tanzania "why shouldn't education be our husband?" <sup>35</sup> Nevertheless, during the 90's there was a decrease in educational attainment in Tanzania, across the country. Girls were disproportionately affected by the reversals in school completion; such trends would affect a significant proportion of women in our sample. Such trends should be kept in mind when interpreting the role of education in marriage inequality and violence.

Demographic indicators such as age, religion and ethnic group membership failed to distinguish abused from non-abused women. The null finding for age is somewhat surprising, since intimate partner violence worldwide tends to surface when women are under 30. In fact, middle-aged women tended to report somewhat more recent abuse compared to the youngest age group in the unadjusted tests. One possible reason the anticipated age pattern fails to emerge is that the women who are younger benefited from better educational and, ultimately, marriage opportunities than women over 40; hence the absence of an age trend, with younger women more at risk, might be due to a cohort shift.. The information is nevertheless useful for abuse assessment in Tanzania and is contrary to expectations: older women may be at enhanced risk and should be asked.

# Limitations

One strength of this study is that this was a population-based survey and the findings are generalizable to urban women in Tanzania. However, there are some limitations to the present study. First, the data were cross-sectional, so the temporal relationship between these characteristics and partner violence cannot be established. Also, because all of the women included in the analyses had current partners, abused women who had left the relationship would not be included, which may affect the results. Another limitation of the study is that it was conducted in an urban population, so the results may not be generalizable to the rural populations in Tanzania. While having many children may be seen as a burden in an urban area, it may prove more necessary in a rural area.

In summary, a gender disparity in relationships model illuminates some of the reasons for intimate partner violence in Tanzania. Women are subject to violence when men show low rates of investment, or when women have few avenues for escape. Violence threatens the health of women in Tanzania and deserves further research and policy focus. It is especially important to determine whether intimate partner violence

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specifically heightens the risk for HIV infection, and to design prevention programs that can stem this potential source of suffering and disease propagation.

There remains a dire need for research into the epidemiology of intimate partner violence throughout many neglected parts of the continent. We still know too little about the cultural underpinnings of violence against women in sub-Saharan Africa. Such determinants are likely to vary across regions, but a better understanding could inform the development of interventions.

# Conclusions and implications for future research

The lifespan characteristics and experiences of women influenced their likelihood of reporting abuse. Women who failed to reach secondary school were much more likely to have a violent husband or partner. Barriers to girls' education, therefore, creates the conditions for later exposure to intimate partner violence. Such findings indicate that early investments in daughters' education and development could potentially interrupt the cycle of violence in Tanzania. There is to date little awareness of intimate partner violence as an important health or social issue in Tanzania. Indeed, corporal punishment is legitimated in elementary education and there is wide tolerance of violence as a form of social control. Violence against women is culturally regarded on a continuum with the use of physical abuse to control children, and is broadly accepted. Raising awareness of the damage such violence imposes is important in order to foster community-based concern and ultimately, interventions. Few counselors or social workers are even available in the country, much less social workers trained specifically in domestic violence. Further training is desperately needed in such fields. The concentration of HIV in young Tanzanian women further emphasizes the central importance of addressing

gender-based violence when proposing policies for public health and economic development.

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Type of Violence	Item	In the la	st 12 months	At any time (includes last 12 months)	
		Number of events	% (95% CI)	Number of events	% (95% CI)
Verbal	Insulted or sworn at you	234	16.9 (14.9, 19.0)		
	insured of sworn at you	234	10.9 (14.9, 19.0)		
Physical	Threatened to hurt you physically	209	15.1 (12.9, 17.3)	243	17.4 (15.1, 19.8)
	Hit, slapped, kicked, or otherwise physically hurt you	234	16.2 (13.9, 18.5)	279	19.7 (16.9, 22.4)
Sexual					
	Ever had sexual intercourse when you didn't want to because your husband threatened or used some degree of physical force to make you	17	1.4 (0.7-2.1)	44	3.4 (2.3-4.5)
	Any physical or sexual violence	297	21.2 (18.5, 23.9)	361	26.1 (23.0-29.1)

Table 1. Percentage of women reporting verbal, physical and/or sexual violence (N=1,444)

	Sample Size <sup>1</sup>	Overall <sup>2</sup>	Physical Violence	p-value <sup>3</sup>	Adjusted OR <sup>4</sup> (95% Cl (N=1264)
		%	%		
Total	1,444		21.2		
Education Variables					
Women's Education					
Primary complete and lower	1068	76.0	24.2	< 0.0001	1.70 (1.13-2.58)
Secondary incomplete and above	376	24.0	11.6		1.0
Marriage Status Variables					
Marital status					
Currently married	1082	74.6	20.3	0.1585	1.0
Currently living with a man	128	9.2	28.5		1.09 (0.64-1.85)
Not married or living with a man	234	16.2	21.3		0.87 (0.47-1.60)
Type of union					
Monogamous	1057	72.8	17.1	< 0.0001	1.0
Partner has one or more wives or girlfriends	384	27.2	32.1		2.04 (1.45-2.87)
Decision to be Married	501	27.2	52.1		2.01 (1.10 2.07)
Woman and partner both decided	1051	80.1	21.7	0.1946	1.0
Partner or someone else decided	246	19.9	25.7	0.1710	0.98 (0.65-1.46)
Partner contributions	240	19.9	23.1		0.90 (0.05-1.40)
Low	166	12.7	40.5	< 0.0001	3.26 (1.99-5.35)
High	1232	87.3	18.5	-0.0001	1.0
Fertility Variables					
Problems conceiving					
No	1287	88.9	20.3	0.0178	1.0
Yes	1287	88.9 11.1	20.3	0.0178	1.87 (1.16-3.01)
	132	11.1	29.2		1.87 (1.10-3.01)
Parity	167	10.8	12.5	< 0.0001	0.27(0.19, 0.74)
0				<0.0001	0.37 (0.18-0.74)
1-4	1097	76.2	20.1		1.0
5+	179	13.0	34.1		2.42 (1.60-3.66)
Control Variables					
Age	2/0	247	10.4	0.0101	1.0
20-24	360	24.7	18.4	0.2181	1.0
25-29	373	25.7	21.4		1.06 (0.69-1.65)
30-34	316	22.0	19.4		0.78 (0.50-1.22)
35-39	219	15.3	23.0		0.71 (0.42-1.19)
40-44	175	12.4	27.5		0.70 (0.42-1.18)
Religion					
Muslim	503	35.4	20.4	0.6483	1.0
Catholic, Protestant, Other	941	64.6	21.6		1.44 (0.95-2.19)
Ethnic group					
Chagga	686	48.1	21.0	0.9846	1.0
Pare	199	14.5	21.0		1.03 (0.60-1.77)
Other	558	37.4	21.4		1.25 (0.90-1.73)

<sup>1</sup>Unweighted sample size. <sup>2</sup> Proportion of the population in each strata. <sup>3</sup> Pearson's  $\chi^2$  test <sup>4</sup>Odds Ratio, OR; Confidence Interval, CI.

FIGURE 1. Indicators of low and high gender disparity in relationships

