



Published in final edited form as:

J Nurs Scholarsh. 2008 ; 40(1): 12–19. doi:10.1111/j.1547-5069.2007.00200.x.

Couple Decision Making and Use of Cultural Scripts in Malawi

Ellen Mbweza, MNRN, PhD[Lecturer],

Maternal and Child Health Department, University of Malawi, Kamuzu College of Nursing, Blantyre, Malawi

Kathleen F. Norr, PhD[Professor], and

Maternal Child Nursing Department, University of Illinois at Chicago, College of Nursing, Chicago, IL

Beverly McElmurry, EdD, FAAN[Associate Dean]

Global Health Leadership Office, University of Illinois at Chicago, College of Nursing, Chicago, IL

Abstract

Purpose—To examine the decision-making processes of husband and wife dyads in matrilineal and patrilineal marriage traditions of Malawi in the areas of money, food, pregnancy, contraception, and sexual relations.

Methods—Qualitative grounded theory using simultaneous interviews of 60 husbands and wives (30 couples). Data were analyzed according to the guidelines of simultaneous data collection and analysis. The analysis resulted in development of core categories and categories of decision-making process. Data matrixes were used to identify similarities and differences within couples and across cases.

Findings—Most couples reported using a mix of final decision-making approaches: husband-dominated, wife-dominated, and shared. Gender based and nongender based cultural scripts provided rationales for their approaches to decision making. Gender based cultural scripts (husband-dominant and wife-dominant) were used to justify decision-making approaches. Non-gender based cultural scripts (communicating openly, maintaining harmony, and children's welfare) supported shared decision making. Gender based cultural scripts were used in decision making more often among couples from the district with a patrilineal marriage tradition and where the husband had less than secondary school education and was not formally employed.

Conclusions—Nongender based cultural scripts to encourage shared decision making can be used in designing culturally tailored reproductive health interventions for couples.

Clinical Relevance—Nurses who work with women and families should be aware of the variations that occur in actual couple decision-making approaches. Shared decision making can be used to encourage the involvement of men in reproductive health programs.

Keywords

cultural scripts; decision making; Malawi; married couples; gender; power; reproductive health services

Nurses and midwives are encouraged to counsel couples to use decision-making approaches that result in positive outcomes for their health and wellbeing. Couple decision making

involves an interactive process for solving problems that are embedded in everyday life (Kirchler, 1999). In this study, a couple decision-making process is conceptualized as having four steps: (a) husband or wife initiating communication about a problem or issue; (b) husband and wife exploring ways of solving the problem or issue; (c) husband and wife finding a solution for the problem or issue; and (d) husband and wife making a final decision on the solution to the problem or issue. An important aspect of decision making is the husband or wife's ability to influence each other's actions. The partner with more influence power is likely to dominate decision making (Carli, 1999; Pulerwitz, Gortmaker, & DeJong, 2000).

Gender is a culturally defined construct for differential power in most heterosexual interactions (Jenkins, 2000) and gender norms are used to legitimate men's power over women (Amaro 1995; Gupta, 2000). Who dominates actual couple decision making has rarely been examined and no such studies could be identified in Malawi. Understanding this interaction has importance for fostering couple decision-making approaches that have positive outcomes for their health and wellbeing.

The ways in which marriages are socially constructed have implications for how couples make decisions as well as the outcomes of these decisions (Zvonkovic, Greaves, Schmiege, & Leslie, 1996). For example, most marriages in Malawi are arranged according to either matrilineal or patrilineal traditions (The Malawi National Commission on Women in Development, 1993). In a matrilineal marriage tradition, the men will physically move to the wives' villages or symbolically do so. The children belong to the wives' families. In a patrilineal marriage tradition, wives leave their families to join the husbands at their homes. In a patrilineal marriage tradition, husbands are expected to have more power, while wives should have comparatively more influence in a matrilineal marriage tradition. These traditions might provide legitimate power to the husbands and wives. The husbands and wives' readiness to apply gender norms in their relationships also depend on their belief systems and situational contexts. If they are gender schematic, they are likely to interpret most situations in terms of gender (Deaux & Major, 1987). However, little research has been conducted on the sociocultural factors that influence gender power during decision making.

Background

Studies have been conducted to explore sources of husbands' and wives' power or ability to exercise control in a given situation. Olson and Cromwell (1975) described the sources as power bases that include money, occupational status, and education. Blood and Wolfe (1960) used the resource theory to conduct the first major exploration of husband and wife power during decision making. With a sample of 731 urban and 178 farm wives in the Detroit area (USA), their study found the husbands' power increased with his education, income, and occupational status, and these attributes were used for gaining greater decision-making power. The wives' power was enhanced when she supplied valued resources for the family.

Proxy measures have also been used to measure husband and wife power during decision making. These proxies included age and educational differences between husband and wife. A study on reproductive decision making in Indonesia revealed that women who were better educated than were their husbands were more likely to decide on the use of prenatal services in the first trimester (Beegle, Frankenberg, & Thomas, 2001).

Most gender inequality research in African countries has been focused on general cultural norms and values that show a picture of men as completely dominant and women as powerless (Susser & Stein, 2000). This bias reflects a lack of studies to indicate variations on how husbands and wives influence each other during actual decision making situations.

Studies of actual couple decision making in matrilineal and patrilineal marriage traditions in Malawi could not be found.

The purpose of this study was to examine the decision-making processes of husband and wife dyads in matrilineal and patrilineal marriage traditions of Malawi in the areas of money, food, pregnancy, contraception, and sexual relations. These areas were selected to include issues that are significant in most marriages and indicated a mix of issues traditionally viewed as male-dominated, female-dominated, or not clearly defined as male- or female-dominated.

Methods

A qualitative design was used for the study, and grounded theory strategy was applied to data collection and analysis. The goal of grounded theory is to discover patterns of behavior in a particular people in a certain context (Strauss & Corbin, 1998). The study was conducted in the Chiradzulo and Chikwawa districts of Malawi. Both districts are in the southern region of the country. Chiradzulo mainly follows matrilineal marriage traditions and Chikwawa mainly follows patrilineal traditions. Two communities from each district, one close to town and one more distant, were chosen in consultation with the district health and nursing officers.

Sample

The 30 participants met the following selection criteria: (a) traditionally or legally married for 3 years or more; (b) living with the spouse; (c) not in a polygamous relationship; (d) the study setting was the home district for either husband or wife; (e) both husband and wife were 18 years old or older; (f) the wife was of childbearing age—less than 45 years; (g) had one child or more; (h) both husband and wife were able to speak Chichewa; and (i) both husband and wife were willing to participate in the study. Chichewa is a national local language in Malawi. Being married for 3 years or more was a selection criterion because the couples were expected to have established patterns of decision making after being in the marriage for at least 2 years.

Fifteen couples from each district participated in the study. They ranged in age from 20 to 53. Thirteen participants (10 husbands and 3 wives) had secondary school education; 40 participants (18 husbands and 22 wives) had primary school education; 1 participant had attended adult literacy education, and 6 participants (2 husbands and 4 wives) never attended school. Only 11 participants—all husbands—had formal employment and all were in jobs with low income. The rest of the participants depended on subsistence farming and small businesses for sources of income. The number of children ranged from 1 to 10, and almost all couples had children still living at home. Marriage duration ranged from 3 to 23 years.

Nonprobability sampling, consistent with grounded theory, was used. The researcher set no limits on the number of the participants at the beginning and continued selecting participants until the saturation point was reached. At that point no new information was identified for the concepts being explored as recommended by Strauss & Corbin (1998). Morse (1994) recommended that grounded theory requires a minimum of 30–50 interviews for the researcher to discern the essence of experiences that are being explored. The researcher achieved this goal after interviewing the 30 husbands and 30 wives. Purposeful sampling was used to select participants. With this sampling technique, the investigator was able to select participants with diversity in education, length of marriage, and employment.

Data Collection Materials

A demographic questionnaire was developed and contained closed-end questions on: age, length of marriage, tribe or ethnic group, educational level, socioeconomic status, marriage lineage system, and number of children. The husband/wife interview guide was developed and consisted of open-ended questions. The first section had general questions on husband and wife decision making. The second section had questions on decision-making processes in the areas of money, food, pregnancy, contraception, and sexual relations. The questions were focused on who initiated discussion on an issue, how the husband and wife went about dealing with the issue, how a final decision was made, and how the husband and wife went about consulting members outside the family.

Probes were used to explore steps the couples went through as they made the decisions. For example, the following question was on money decision making: “Can you describe to me how you and your wife (or husband) plan on how you spend money on various things (like buying food, clothes, and keeping money for emergencies) in your marriage?” Examples of the probes were: Who starts the talking? How do wife and husband go about talking about the plans on spending money? How do wife and husband finally resolve how to spend the money? Whose ideas are mostly taken into consideration when final decision is made and reasons? In each area, the couples were also asked to describe decision-making situations where they were agreeing and disagreeing with one another. The instruments were translated into Chichewa, the Malawian local language. They were pilot tested in both districts to assess the clarity of the questions and feasibility of the data-collection method. After pilot testing, all questions were clear, and no other problems were identified.

Procedures

Confirmation that the study protocol protected human subjects’ privacy and rights was obtained from the University of Illinois at Chicago and University of Malawi College of Medicine institutional review boards in the USA and Malawi, respectively. Next, the principal investigator sought permission from the district commissioners to access the Chiradzulo and Chikwawa communities. Health officers from both districts were informed of the study and permission was sought to use community health workers from each district hospital to help the investigator find potential participants from the communities.

Because chiefs are highly respected community leaders in Malawi, the chiefs were asked for permission to access the homes of potential participants in their communities and recruit them into the study. Then community workers invited individual couples to participate and arranged for the couple to meet with the research team to learn about the study. One inclusion criterion was that both the husband and wife had to be willing to participate in the study; however, we wanted each partner to decide privately without perceived pressure from his or her spouse. Thus a female researcher met the wife in a private place to describe the research, assess inclusion criteria, and determine willingness to participate. A male researcher followed the same procedure with the husband. Then the researchers met to confirm eligibility; if one partner was not willing to participate the couple would be told they were not eligible without specifying that one had refused to participate. In fact, none of the potential participants declined to participate.

Data were collected through face-to-face, in-depth interviews to obtain the perspectives of the respondents. The interviews lasted approximately 60–90 minutes. The husbands and wives were interviewed separately. The interviews were audiotaped using a digital recorder. Field notes were written during data collection and later reviewed to provide insights into the data-collection process.

Participants in the study were Malawians who considered open discussion of marital sexual matters a cultural taboo. To facilitate comfort in discussion of sensitive topics, the female principal investigator interviewed the wives and the male research assistant interviewed the husbands. The interviews were conducted at an agreed upon public place where a privacy could be obtained. The public places included a district hospital, health center, primary school, and church. These were chosen because the clustered homes in Malawian villages make it difficult to find a quiet and private environment where the potential participants could be interviewed in their homes. Researchers ensured that the husband and wife were not able to see and hear each other during individual interviews.

Data Analysis

Data analysis was conducted in six steps: simultaneous data collection and analysis; open coding; axial coding; selective coding; refining emerging theoretical ideas; and integration of theoretical model (Charmaz, 2000; Strauss & Corbin, 1998). At each step of the coding process, the initial codes that were developed were operationally defined so they could be applied consistently as recommended by Miles & Huberman (1994). The following is a detailed explanation of steps of data analysis:

Simultaneous data collection and analysis—Constant comparative analysis was done by listening to the interviews after each field visit and making summaries. Notes were made on information that participants frequently provided. New information that was obtained was also documented. This process enabled the principal investigator to compare new information with previously identified information. The incoming information from participants determined the subsequent information that was sought from the participants, especially the areas that required focus. Preliminary codes were developed within six areas of decision making: general, money, food, pregnancy, contraception, and sexual relations. Codes are labels for assigning units of meaning to the information compiled during the study (Miles & Huberman, 1994).

Open coding—After data collection, transcription, and translation were completed, all the transcribed and translated interviews were transferred into Atlas.ti 5.0. This qualitative data analysis computer software was used for data analysis, as well as data retrieval and management. The interviews were examined line-by-line or by set of lines, and the actions or events found within the narrative were named. Two standard questions were used to examine the transcribed interview data: “What is happening in the data?” and “What action does each particular happening, incident, event, or idea represent?” (Strauss & Corbin, 1998). In this process, descriptive codes were developed. The codes were revised as analysis progressed. Some of the preliminary codes were maintained and others were revised. After the descriptive codes were developed, categories and subcategories were developed. Categories are “concepts that stand for a phenomenon” and subcategories are “concepts that pertain to a category, giving it further clarification and specification” (Strauss & Corbin, p. 101).

Axial coding—The third stage of analysis was axial coding, which was the “the process of relating categories to their subcategories along the lines of their properties and dimensions” (Strauss & Corbin, 1998, p. 124). The categories and subcategories were further refined to make them more interpretive of the events and actions described in the interviews. Some codes and subcategories were combined with others according to how they were conceptually related to the events and actions.

Selective coding—The fourth step was selective coding, which was “the process of integrating and refining categories” (Strauss & Corbin, 1998, p. 143). Integration involved

organizing the categories around a core category. The core categories were developed after careful examination of main actions and events that were described and noting the main idea that was indicated. The first two decision-making process core categories developed were steps of the decision-making process and decision making rationales. The categories and subcategories were organized according to how they related to the actions and events described in the core category.

Refining emerging theoretical ideas—Data were further analyzed at the level of individual husband and wife interviews and later compared across husband and wife dyads to identify categories of similarities and differences in the findings on relationship power in the areas of money, food, pregnancy, contraception, and sexual relations. This process also assisted in refining the categories and subcategories of the steps in decision-making processes and rationales. Matrixes were used to display the data, perform case analysis, and make summaries. Therefore, general patterns of actions and events were noted in the summaries of husband and wife descriptions of decision making processes in these areas. In addition, patterns of how the decision making rationales were applied in the decision making process were analyzed. These patterns were refined as analysis progressed. The goal was to explain the decision-making approaches that were applied in the four areas. A third core category of decision-making process developed was the Decision-Making Approaches. The decision-making approaches were the overall patterns that were used when making final decisions in various areas of decision making. Three decision-making approaches emerged: husband-dominated, wife-dominated, or shared—where the final decision integrated input both from the husband and wife.

Integration of theoretical model—In the set for final analysis of the individual husband and wife interviews and cross case analysis, the findings were integrated into a final model of the decision-making process. The main areas were: decision-making rationales, decision-making approaches, and sociocultural and demographic factors influencing decision-making processes.

Enhancing Rigor

Lincoln and Guba (1985) proposed four criteria for enhancing rigor: credibility, transferability, dependability, and confirmability. Credibility is internal validity and relates to “how vivid and faithful the description of the phenomenon is” (Beck, 1993, p. 264). In this study, credibility was enhanced by using participants’ actual words in the theory (Strauss & Corbin, 1998). There was a potential for distorting or inaccurately representing a participant’s intended meaning of a word because interviews were conducted in Chichewa and translated into English. Therefore, the words were supported with excerpts from the interview. The investigator had frequent debriefing sessions with the research advisor and other experts. Such discussions provided the investigator a sounding board for developing ideas and interpretations, as well as recognizing investigator biases and preferences.

Transferability relates to external validity or generalizability, and the probability that the research findings have meaning for others in similar situations (Beck, 1993). The detailed background data for this study established the context of the study, allowing others to determine its relevance for other concepts. Dependability relates to reliability and is the ability of another researcher to follow the methods and conclusion of the original researcher (Beck). Dependability was achieved by specifying how the participants were selected. A coded transcript was given to a research professor who was familiar with qualitative research in the USA and Malawi to assess intercoder reliability. The intercoder agreement was 94%. An agreement of 90% and above is good indication of internal consistency in the coding (Miles & Huberman, 1994). Field notes provided detail about the data gathering

process. Confirmability is objectivity and was achieved by constructing an audit trail of the research process, especially through memos and field notes. The notes could allow people to trace the course of the research step by step via the decisions made and procedures described.

Findings

Decision-Making Approaches and Rationales

We identified a consistent decision-making process across diverse types of problems: one member initiated communication about an issue; the couple explored solutions; and a final decision was made. Two core categories of decision-making process were identified: final decision-making approaches and decision-making rationales. Three categories of final decision-making approaches emerged: husband-dominated, wife-dominated, and shared. The husbands and wives conceptualized and defined cultural scripts as decision-making rationales. Cultural scripts are described as population-specific codes of conduct used to guide decisions and behaviors (LeVine et al., 1994). Two categories of decision-making rationales were used: gender-based cultural scripts (husband-dominant and wife authority) and nongender-based cultural scripts (communicating openly, maintaining harmony, and children's welfare).

Husband-dominated—Either the husband or wife initiated communication about an issue but the ideas of the husband prevailed when the final decision was made. All couples used this style at least some of the time as they made decisions in various areas of their marriage. Fifty-two participants (26 husbands and 26 wives) mentioned the husband-dominant and wife-submissive cultural scripts to justify their approaches in this decision-making pattern. Table 1 shows examples of husband-dominant and wife-submissive cultural scripts. These cultural scripts described the leadership conduct of the husband in comparison to the wife. Some cultural scripts described general conduct and others described specific conduct mostly related to sexual relations and money. The most frequently mentioned general cultural script was: “husbands are heads of the family.” In relation to this, the cultural script for the women was, “Women should respect husbands because God created them first,” and “A woman is a woman.” These cultural scripts emphasized the wife's expected conduct in response to the husband's dominance.

Specific cultural scripts were mentioned in the different areas of decision making, with some frequently mentioned in relation to sexual relations and money decisions. Specific to sexual relations, the following scripts were mentioned: “Men naturally have greater sexual desire than the women,” “Men propose to women,” and “The husband has the power.” The women mentioned the following: “The wife has to obey when a man wants sex,” “A wife who initiates sex is looked upon as a prostitute.” In relation to money, the following were mentioned: “Husbands bring money into the home,” “The husband is the owner of the money.” Wife-related rationales were described as: “Women misuse money” and “A wife does not bring money into the home.” A husband told how his ideas were used to make final decisions about money:

What she is supposed to do is to be submissive to my ideas as I am the husband. If I tell her about the plans for spending the money that we have in the home, she understands. If she does not understand I ask her if she has another suggestion on how to spend the money. Usually she responds by saying that the plans I have are important.

Wife-dominated—Either the husband or wife initiated communication about an issue but the ideas of the wife prevailed when the final decision was made. Twenty-five couples (11

from Chiradzulo with matrilineal tradition and 14 from Chikwawa with patrilineal tradition) used this style at least some of the time in their decision-making processes. Among these, 36 participants (20 husbands and 16 wives) mentioned the wife-dominant cultural scripts to justify this approach. These were cultural scripts that described the wife's ability to command some areas of decision making because of her position concerning taking care of domestic chores and child bearing. In relation to money and food, the frequently mentioned scripts were: "Women know the needs of the home," and "The woman is the mother of the home." A husband shared why his wife's ideas were used when making a final decision about money:

It is my wife's idea because she is the one who knows what needs to be used in the home. When she feels I have made a mistake she is able to correct me and she makes appropriate suggestions.

In relation to pregnancy, the cultural script mentioned was "Women experience the pain of childbirth."

Shared—Either the husband or wife initiated communication about an issue and the ideas of both were used when the final decision was made. Twenty-six couples (15 from Chiradzulo and 11 from Chikwawa) used this style in their various decision-making situations. Nongender-based cultural scripts indicated why they explored the solutions together and why each other's input had to be considered when a final decision was made.

Forty-eight participants (26 husbands and 22 wives) mentioned communicating openly as an important cultural script they observed in their marriage relationship. The participants described three aspects of communicating openly: sitting down together to discuss; listening to one another; and not hiding information from one another. The frequently mentioned expected conduct of communicating openly was "A husband and wife need to talk and agree on issues if they are living as married people." Communicating openly was frequently mentioned in relation to general decision making, and more specifically to issues related to money and sexual relations. A participant shared an example in relation to money:

I realize that family involves two people; as such when there are problems or issues to discuss, I discuss with my wife in order to resolve the issue. I am the head of the family but I give my wife a chance to give her views even if it means disagreeing with my views. When I find money, I discuss with my wife on how it should be used. She gives her input and sometimes she has good suggestions and I appreciate that.

Thirty-three participants (22 husbands and 11 wives) mentioned maintaining harmony as a cultural script in their decision-making processes. Maintaining harmony cultural scripts were described as sustaining the marriage through love and respect between the husband and wife and avoiding conflicts. The most frequently mentioned script was "The husband and wife are one body." For example, the husbands frequently explained that the rationales for giving in and apologizing when there was a difference were to show love, maintain a stable marriage, and avoid further conflicts. Table 2 shows examples of maintaining harmony cultural scripts.

Nineteen participants (9 husbands and 10 wives) mentioned the child welfare cultural script in their decision making. No differences in reporting were noted in relation to gender and marital tradition. This cultural script was expressed as "Children should not suffer." The script was frequently mentioned in relation to money, pregnancy, contraception, and food.

Patterns of Using Decision-Making Approaches and Cultural Scripts

Twenty-two couples (11 from each district) reported using all three approaches in their decision-making processes depending on the situation and the goals that were to be achieved. Five couples (four from Chiradzulo with a matrilineal tradition and one from Chikwawa with a patrilineal tradition) reported using two decision-making approaches: husband-dominated and shared. Three couples from Chikwawa reported two decision-making approaches: husband-dominated and wife-dominated, with no situation where shared decision making was used. One couple from Chikwawa consistently reported situations where the husband's ideas only were used in all areas of decision making.

Fourteen couples (five from Chiradzulo with matrilineal tradition and nine from Chikwawa with patrilineal tradition) used the gender-based cultural scripts in almost all areas of decision making. Among these couples, all the husbands had primary education or lower and none was formally employed. In both districts, the couples using gender-based cultural scripts were from communities both near and far away from the district townships. Therefore, the patrilineal marriage system and not distance from district townships seemed related to how often the gender-based scripts were used.

Sixteen couples (10 from Chiradzulo and 6 from Chikwawa) used gender-based cultural scripts minimally meaning that they used the scripts in one or two areas of decision making or did not use them at all. In this group, 10 husbands of the 16 couples had secondary-school education equivalent to grades 8–10 in the USA. All except one worked as primary-school teachers or office assistants. The other six husbands had primary school education; one was working as a watchman and the others were farmers. Therefore, attaining secondary school education and the husband having formal employment were related to less use of gender-based cultural scripts in the decision-making processes.

Strengths and Limitations of the Study

The strength of the study is the rich husband and wife data it provided on a topic with little previous research. The investigators examined a variety of decision making areas, including those traditionally regarded as dominant domains for the husband and wife. Our interviews were conducted separately but concurrently. This prevented the husbands and wives from conferring with each other. Gender matching of the interviewers enabled the husbands and wives to share their information freely, especially on sexual relations issues.

The study was conducted with low-income husbands and wives living in the rural area of Malawi. Therefore, the study should be conducted in other parts of Malawi, especially in urban settings where socioeconomic and educational diversity might result in different decision-making processes. This same approach also could be used in other countries to better understand husband-wife decision making.

Discussion

The interviews identified a consistent decision-making process across diverse types of problems: one member initiated communication about an issue; the couple explored solutions; and a final decision was made. The couples used gender-based and nongender-based cultural scripts to justify their approaches to decision making. These scripts provided legitimate power to the husbands and wives. In many previous family studies, attention was focused on financial resources that men bring into the relationship as the source of power (Kranichfeld, 1987). In our study, all the couples were of low socioeconomic status, and neither partner had access to substantially greater financial resources than the other.

The use of cultural scripts as a power source during decision making was not found in reviews of the literature. The husband-dominant cultural scripts emphasized husbands' overall leadership role in all areas of decision making, especially in the areas of sexual relations and money. This traditional socialization shows support for the opinion that husbands often dominated decision making related to money and sexual relations. Wife-dominant cultural scripts described wives' role in domestic care and childbearing. These wife-dominant scripts were used most often in decision making about pregnancy, contraception, and food. The findings also showed some situations in the area of money when the wife-dominated cultural scripts were used to initiate communication and the ideas of wives were used when making a final decision. This shows support concerning the findings of Carli (1999) that women derive power from the unique position that they hold in caring for family members.

The husbands and wives also used nongender-based cultural scripts that emphasize more equal power between husbands and wives. These scripts were maintaining harmony, communicating openly, and child welfare. It was important to note variations that occurred within the decision-making processes, especially the role of nongender-based cultural scripts in encouraging shared decision making. This gives another perspective to the traditional emphasis on gender inequality than what is emphasized in the literature. The literature tends to indicate husbands as dominating all the time and wives as always being submissive or only covertly acting in opposition to the husband (Susser & Stein, 2000).

The majority of husbands and wives used a mix of decision-making approaches in the various areas of decision making. The husbands and wives chose whether to apply gender- or nongender-based cultural scripts to support the decision-making approaches used in the situations. Deaux and Major (1987) observed that the husbands and wives' readiness to apply gender norms in their relationships depended on situational contexts. This is consistent with the variations among these Malawian couples in their decision making and this different perspective on decision making shows the inclusion of a broader range of types of decisions than has been examined and reported in past studies.

It is important to note that the wives had a final say in some of the decision making despite their low educational level and unemployment outside the home. This finding is not consistent with a study conducted in Turkey, where women's input in decision making was affected by their educational level and employment (Erci, 2003). In terms of matrilineal and patrilineal marriage traditions, the only difference was that the couples in the patrilineal marriage tradition mentioned the gender-based cultural scripts in their decision making more frequently than did couples in matrilineal marriage traditions. Participants following patrilineal marriage traditions emphasized male dominance and the majority of gender-based cultural scripts support male dominance.

The educational level of the husband and having a paid job made a difference in terms of the couple's use of gender-based cultural scripts. In this study, where the husbands had secondary-school education and were formally employed, the couples did not frequently mention gender-based cultural scripts in their decision making. This finding does not support the view that with greater resources such as salary or education, an individual will have greater say in decision making. Instead, where the husband had more resources there was more shared decision making. Studies have shown that education affects many aspects of life, including attitudes and behavior related to traditional beliefs about gender norms. For example, in most African cultures, men are not expected to be involved in obstetric care issues because of cultural scripts that give women authority in this domain. A study about the role of men in obstetric care in Nigeria showed that men with formal education were aware of emergency obstetric conditions and played useful roles in assisting their wives to

seek emergency obstetric care (Odimegwu et al., 2005). Education might expose people to other views of husband and wife roles in a marriage relationship in addition to traditional beliefs and gender norms.

Conclusions

Nurses who work with women and families should be aware of the variations that occur in couples' decision-making approaches. Although cultural norms emphasize husband dominance in couple decision making, individual interviews with husbands and wives identified a mix of husband dominated; wife dominated, and shared decision-making approaches in various areas of decision making. The couples used both gender- and nongender-based cultural scripts to justify decision-making approaches.

The study has implications for involvement of men in reproductive health programs like family planning, maternal and child care, and sexually transmitted infections. Reproductive health programs have traditionally neglected the role of husbands (Blanc, 2001; Clift, 1997; Rizwan & Ushijima, 2004), in part because of a concern that if men were involved women would lose their right to make decisions. Review of studies of couples and reproductive outcomes revealed that reproductive health interventions targeting the couples as a unit were more effective than were those same interventions aimed at one sex only (Becker, 1996). Therefore, shared decision making can be used to encourage involvement of men in reproductive health programs. This can be achieved through clinic- and community-based approaches.

The role of nongender-based cultural scripts (communicating openly, maintaining harmony, and children's welfare) in encouraging shared decision making can be used in designing culturally tailored interventions for couples that promote sexual and reproductive health, including family planning, and HIV prevention.

Acknowledgments

This study was supported by the NIH John E. Fogarty International Center through funding to the AIDS International Training and Research Program at UIC (D43 TW001419) with supplemental funding to the UIC-AITRIP from the National Institute of Nursing Research and the National Institute on Drug Abuse. I extend my gratitude to members of my dissertation committee: Drs. Barbara Dancy, Constance Dallas, and Stephanie Riger.

References

- Amaro H. Love, sex, and power: Considering women's realities in HIV prevention. *American Psychologist*. 1995; 50(6):437–447. [PubMed: 7598292]
- Beck CT. Qualitative research: The evaluation of its credibility, fittingness, and auditability. *Western Journal of Nursing Research*. 1993; 15(2):263–266. [PubMed: 8470379]
- Becker S. Couples and reproductive health: A review of couple studies. *Studies in Family Planning*. 1996; 27(6):291–306. [PubMed: 8986028]
- Beegle K, Frankenberg E, Thomas D. Bargaining power within couples and use of prenatal and delivery care in Indonesia. *Studies in Family Planning*. 2001; 32(2):130–146. [PubMed: 11449862]
- Blanc AK. The effect of power in sexual relationships on sexual and reproductive health: An examination of the evidence. *Studies in Family Planning*. 2001; 32(3):189–213. [PubMed: 11677692]
- Blood, RO.; Wolfe, DM. *Husbands and wives: The dynamics of married living*. Glencoe, IL: The Free Press; 1960.
- Carli LL. Gender, interpersonal power, and social influence. *Journal of Social Issues*. 1999; 55(1):81–99.

- Charmaz, K. Grounded theory: Objectivist and constructivist methods. In: Denzin, NK.; Lincoln, YS., editors. Handbook of qualitative research. Thousand Oaks, CA: Sage; 2000. p. 509-535.
- Clift E. Redefining macho: Men as partners in reproductive health. *Perspective Health*. 1997; 2(2):20–25.
- Deaux K, Major B. Putting gender into context: An interactive model of gender-related behavior. *Psychological Review*. 1987; 94(3):369–389.
- Erci B. Women's efficiency in decision making and their perception of their status in the family. *Public Health Nursing*. 2003; 20(1):65–70. [PubMed: 12492827]
- Gupta, GR. Gender, sexuality, and HIV/AIDS: The what, the why, and the how. XIIIth International AIDS Conference; Durban, South Africa. 2000 July 9–14.
- Jenkins SR. Introduction to the special issue: Gender, relationships, and power. *Sex Roles*. 2000; 42(7/8):467–493.
- Kranichfeld ML. Rethinking family power. *Journal of Family Issues*. 1987; 8(1):42–56. [PubMed: 12281044]
- Kirchler E. Unbelievable similarity: Accuracy in spouses' reports on their partners' tactics to influence joint economic decisions. *Applied Psychology: An International Review*. 1999; 48(3):329–348.
- LeVine, RA.; Dixon, S.; LeVine, S.; Richman, A.; Leiderman, PH.; Keefer, C., et al. Child care and culture: Lessons from Africa. New York: Cambridge University Press; 1994.
- Miles, BM.; Huberman, AM. Qualitative data analysis. 2nd ed.. Thousand Oaks, CA: Sage; 1994.
- Morse, JM. Designing funded qualitative research. In: Denzin, NK.; Lincoln, YS., editors. Handbook of qualitative research. Thousand Oaks, CA: Sage; 1994. p. 220-235.
- Odimegwu C, Adewuyi A, Odebiyi T, Aina B, Adesina Y, Olatubara O, et al. Men's role in emergency obstetric care in Osun State of Nigeria. *African Journal of Reproductive Health*. 2005; 9(3):59–71. [PubMed: 16623190]
- Olson, DH.; Cromwell, RE. Methodological issues in family power. In: Cromwell, RE.; Olson, DH., editors. Power in families. New York: Sage; 1975. p. 131-150.
- Pulerwitz J, Gortmaker SL, DeJong W. Measuring sexual relationship power in HIV/STD research. *Sex Roles*. 2000; 42(7/8):637–660.
- Rizwan AM, Ushijima H. Men and reproductive health in rural Pakistan: The case for increased male participation. *The European Journal of Contraception and Reproductive Health Care*. 2004; 9:260–266.
- Strauss, A.; Corbin, J. Basis of qualitative research: Techniques and procedures for developing grounded theory. Thousand Oaks, CA: Sage; 1998.
- Susser I, Stein Z. Culture, sexuality, and women's agency in the prevention of HIV/AIDS in Southern Africa. *American Journal of Public Health*. 2000; 90:1042–1048. [PubMed: 10897180]
- The Malawi National Commission on Women in Development. Lilongwe, Malawi: Author; 1993. Women and the law in Malawi.
- Zvonkovic AM, Greaves KM, Schmiede CJ, Leslie DH. The marital construction of gender through work and family decisions: A qualitative analysis. *Journal of Marriage and the Family*. 1996; 58(1):91–100.

Table 1

Husband-Dominant and Wife-Submissive Cultural Scripts

Type of Cultural Script	Husband-Dominant	Wife-Submissive
General	A husband is the leader/head of the family.	Women should respect husbands because God created them first.
	Men do not do things wrongly.	A wife should accept defeat when there is a disagreement.
	A man resolves conflicts.	A wife should apologize because she is the one proposed to.
Sexual relations	Men are expected to initiate sex.	A woman who initiates sex is looked upon as a prostitute/bitch.
	The man has more power.	The wife has to obey when the husband wants sex.
Money	The husband brings money into the home.	A wife does not bring money into the home.
	The husband is the owner of the money.	Women misuse money.

Table 2

Maintaining Harmony Cultural Scripts

Topic	Husband/Wife Excerpts
Love	If you really love each other and want to stay together, then you need to understand each other.
Respect	If one has something to discuss, the other one must listen and agree on the issue ... and that is respecting one another. It is because we are one body hence I cannot underrate her decisions; if I do so then I am despising myself.
Avoiding conflicts	You need to play it down so that you maintain good family relationship. If both of you become very angry then the situation becomes worse, you will limit the number of days in your marriage. If one is angry you just leave the situation as it is, it does not matter. We must know that marriage is not a husband only but both husband and wife; therefore, for the smooth running of the family, there is need for cooperation between a husband and wife. If there is a conflict, things will not be fine. Therefore there is need to do things together as a family.