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Abstract

Intimate partner violence (IPV) in migrant and refugee communities is often poorly understood, with blame often placed on culture as the primary causes of violence and abuse. This problematization of culture obscures the positive role that culture can play in health promotion, blames, shames and 'others' the community, and obscures the role that social structures play. This chapter uses research with African immigrant communities in Chicago to illustrate how social structures interact with culture to produce situations unique to the affected community members. Considering how social structures might provide barriers and promote inequities in immigrant communities and how these structural barriers intersect with cultural aspects, such as gender constructs, provides a more nuanced understanding of the experiences of immigrant communities. By drawing on concepts from

both anthropology and sociology to consider how cultural and structural factors intersect, this chapter uses examples to demonstrate how researchers can draw on multiple disciplines from social science to be able to better negotiate that intersecting space and understand the complexities that influence IPV in African immigrant communities.

Keywords:

Cultural determinants of health, social determinants of health, anthropology, sociology, intersectionality, intimate partner violence

1. Introduction

Social sciences such as anthropology and sociology are disciplines that lend themselves well to dealing with some of the complexities in working towards better public health in a cross-cultural context. Anthropology and sociology both study diverse aspects of societies, and although they overlap in many ways, each has a different emphasis. Culture is a fundamental concept in social anthropology that refers to learned behavior, beliefs and values that are socially shared (Foley, 2006; Liu et al., 2022), whereas sociology has tended to focus more on social structures and power (Bottomore, 2006). Each of these concepts needs to be considered in a full analysis of the determinants of health.

IPV in non-Western populations is often blamed on aspects of culture such as cultural forms of masculinity or lack of value for female education. However, the strong or sole focus on culture as a cause of any public health issue potentially results in several outcomes. First, it often problematizes culture and obscures the positive role that culture can play in addressing such issues (Montoya & Agustin, 2013; Viruell-Fuentes et al., 2012). Second, it tends to blame the community, which can be marginalizing and disempowering rather than inclusive and enabling (Shaburdin, et al., 2020). Third, a focus on culture as the cause of public health issues, such as violence, also draws attention away from social structures that might be contributing to the issue (Berger & Miller, 2021; Montoya & Agustin, 2013; Viruell-Fuentes et al., 2012). As a consequence, structural issues are not addressed and the way that these social structures interact with culture to produce situations that may be unique to the affected communities are ignored. Fourth, it 'others' these communities and assumes a cultural homogeneity within them that does not exist (Montoya & Agustin, 2013; Viruell-Fuentes et al., 2012). Fifth, it denies the diversity of the experience of culture within and between groups, and how different experiences of culture can shape people's experience of other determinants of health.

Conversely, a focus on structural issues denies that social structures are experienced differently according to one's cultural expression and the differential access to power people have to meet the challenges that social structures can provide (American Psychological Association, 2017; Lekas, et al., 2020). It fails to advise how to address how social structures of the dominant culture can fail to accommodate cultural values of non-White 'others', causing friction and misunderstanding.

The contested nature of primarily focusing on cultural or structural determinants of health are not limited to IPV. It is evident in many aspects of public health. This chapter will use research conducted with African immigrants in Chicago throughout 2013, to illustrate how examining the intersection between cultural and structural determinants can be useful to develop a broader understanding of a multifaceted public health issue and how various determinants interact to shape that issue. It is sometimes only by understanding the intersection between different determinants that researchers and policy makers can effectively address complex public health topics. Specifically, the research examined how cultural constructions of gender interact with social structures (e.g., family, community, workplaces) to better understand the influences on IPV in this community.

This chapter will use examples from research into intimate partner violence (IPV) in African immigrant communities in Chicago to illustrate how key concepts from the two disciplines of anthropology and sociology and the intersection between them can be used to understand and address a complex public health issue more fully. This chapter will first outline IPV in migrant communities and how an ecological framework is often used to organize the varied determinants that influence the perpetration of IPV (Heise, 1998). The problem of the frequent foregrounding of culture that occurs when analyzing determinants of health in migrant populations will then be discussed in further detail. Then the limitations of considering social structures exclusively will be investigated using the lens of intersectionality. Following this, the benefits and challenges of analysing the intersections of these two disciplinary approaches will be considered, and recommendations made for future action.

2. Intimate Partner Violence

Intimate partner violence (IPV) is a global issue that disproportionately affects women as the victims of violence. While some gains had been made, IPV has recently been exacerbated by the COVID-19 pandemic and is expected to intensify in the case of future pandemics and the natural disasters predicted as a result of climate change (Thurston & Stöckl, 2021). Intimate partner violence (IPV) in migrant and refugee communities is often poorly understood, with blame often placed on cultural values and behaviors as primary causes of violence and abuse. This is particularly true for African immigrant communities, which are diverse and rapidly growing communities in many Western nations (Capps, McCabe, & Fix, 2012; Flahaux & De Haas, 2016). Prevalence of IPV in migrant and refugee communities is difficult to measure. There is no sampling frame to enable random sampling, therefore, estimates often rely on victims presenting for help, police records, or community surveys, none of which result in accurate data. While some researchers found IPV to be lower in African migrant people compared to American-born people in the United States (Vaughn et al., 2015), there is evidence to suggest that migrant and refugee women are more vulnerable because of precarious migration status, lack of understanding of the host culture, language barriers, financial dependence, no close family support, low awareness of IPV and where to seek help, and a lack of culturally appropriate services (Erez et al., 2009; Menjivar & Salcido, 2002). While culture is often highlighted as a contributing factor to IPV within immigrant and refugee groups, this is only part of an intricate web of determinants.

Mixed method research regarding health, well-being, and IPV was conducted with sub-Saharan African immigrant communities in the greater Chicago metropolitan area throughout 2013 in partnership with the United African Organization (Wenham, 2018). A quantitative survey was conducted with 342 participants. This was followed by semi-structured in-depth interviews with 18 community leaders and community members to gain further insight into some of the results from the survey. The research also included an observational component as the researcher was immersed within many of the communities and research assistants were drawn from those communities. The aim of the research was to better understand factors that influence health, well-being, and IPV in this population. There is significant cultural diversity within and between the different national and ethnic groups; however, sub-Saharan African communities were included following consultation with African community leaders because of their reported shared experiences of racial discrimination, cultural similarities in many (but not all) areas, and real and potential partnerships with each other to address some of the challenges their communities faced. Some participants were also consulted regarding the findings to ensure accuracy.

3. Use of an Ecological Framework and Intersectionality to Understand IPV

Research into IPV often uses an ecological framework to make sense of the multiplicity of factors that contribute to violence against one's spouse or significant other (Heise, 1998). The ecological framework assigns contributing factors or risk factors to various levels that are represented by concentric circles that have increasingly distant bi-directional influences as the circles expand (Bronfenbrenner, 1979). The outermost circle represents the macrosystem. The macrosystem refers to the blueprints, norms, assumptions, shared beliefs and values on which society is based (Bronfenbrenner, 1979). Many of these are reflections of the words used in the definition of culture provided earlier. In the context of violence against women, Heise (1998) identified male entitlement and ownership of women, masculinity linked to aggression and dominance, rigid gender roles, and acceptance of interpersonal violence and physical chastisement. Most of the concepts at this level are abstract, invisible and taken for granted. They are given greater form or expression in the circle contained within the macrosystem: the exosystem. The exosystem is where the concepts of the macrosystem are expressed more visibly in social structures and in social institutions such as the media, workplaces, educational and community institutions, and community groups (Bronfenbrenner, 1979). For example, if social norms portray men as dominant, then men will tend to hold positions of power in social institutions such as government, workplaces, and community groups. At this level, Heise (1998) identified unemployment among men and low socioeconomic status, isolation of the woman and family and men's delinquent peer associations. The exosystem also feeds back to the macrosystem as social institutions change and grow in response to human and environmental factors and social norms are adjusted to fit. The next circle inside the exosystem is the microsystem. This is the immediate context in which the violence occurs, usually the family or the relationship. According to Heise (1998), this includes factors such as marital conflict, and male dominance or control of finances or resources in the family. It could also include changes in gender roles within the family or relationship and disparity in income or employment between partners (Wenham, 2018). The innermost circle is that of the individual. This is where someone's experience or witnessing violence as a child, having an absent or rejecting father and other personal level factors are assigned (Heise, 1998).

The ecological framework, while providing a useful structure to organize and examine the multitude of risk factors for IPV, does not explain the links between factors at the different levels of the framework. This is where intersectionality has the potential to play an explanatory role. It is especially relevant regarding links between the macrosytem and exosystem; however, it is also applicable for links with both the microsystem and individual levels. Intersectionality is a critical theory used to explain how identities such as race, ethnicity, class, gender, sexuality, ability or age shape social inequalities both individually and as identities that mutually reconstruct each other (Collins, 2015; Crenshaw, 1991).

Intersectionality positions various identities on intersecting axes of privilege and oppression (Collins, 2015; Crenshaw, 1991). For example, in terms of gender, in most, if not all, societies men are towards the privileged end and women towards the oppressed end. In terms of race, White is usually privileged over non-White. These are not purely dichotomous placings, although many people erroneously use them in that manner. In reality, identities can be located along the axes, not just at the ends. This is particularly evident for people of mixed race or age or type or level of dis/ability. Intersectionality acknowledges that identities are socially constructed and ranked according to cultural context. An example of the contextual nature of rankings is age. In some cultures, the elderly are revered and respected and accorded privileges; in others youth is privileged and those in their later years find their status and access to resources is diminished. Intersectionality argues that oppressions of marginalized groups can be eclipsed if only one axis of discrimination is considered (Collins, 2015; Crenshaw, 1991). For example, when people only consider racial discrimination, the gender oppression that Black women experience can be obscured. If people only focus on gender discrimination, the unique challenges that Black women face are similarly obscured.

Black women face particular challenges that neither Black men nor White women experience.

In practice, intersectionality helps to clarify the links between factors at the macrosystem level and other levels, particularly the exosystem level (Wenham, 2018). The privileges and oppressions associated with various identities are allocated via unspoken social norms and values at the macrosystem level of the dominant culture and enacted within social institutions at both the societal (exosystem) level and family (microsystem) level. Privileges and oppressions afforded to different identities shape an individual's interaction with social institutions and are key to providing or limiting access to resources. In this way, the analysis of power and social structures can be linked to norms that emerge from cultural values and beliefs. This is especially evident in access to employment opportunities, which will be covered later in more detail.

4. Culture

It is acknowledged that there is a lot of diversity within African communities. This includes cultural, religious, language diversity, as well as reasons for migration, educational attainment and socio-economic status. Despite this diversity, there are some commonalities between the various communities. There tends to be a shared worldview of communalism within this population. This means that people live in a system where the community is supreme over the individual, the elderly are held in high respect, people derive their identity from their relationship to the greater group, and the welfare of the entire group is protected as a priority for the benefit of all members (Moemeka, 1998). While not all African cultures are fully communalistic, they are often situated towards this end of the individualism-collectivism-communalism spectrum, with elements of collectivism evident in many groups. Other cultural elements are shared to some degree or another among many of the communities.

While acknowledging the diversity within and between many African immigrant communities, the decision to study sub-Saharan African immigrant communities as a whole was in part a reflection of the United African Organization (UAO), Chicago's peak body for African communities, decision to work as a united group. This is in part a sign of the many commonalities they share and also the political power they gain from working as a group with a singular voice. Although the UAO includes all African nations, this research focused on sub-Saharan African immigrants because community consultation indicated that racial discrimination was a prominent issue affecting these communities, their access to resources, and potentially IPV. Since racial discrimination featured prominently in consultations, sub-Saharan Africans were chosen as the population of interest, because it was apparent that their experience of discrimination was not only significant, but also fundamentally different to north Africans, who are predominantly of Arab origin, and to those Africans of White or Indian origin. Consequently, the racial discrimination that Black African-born people experience in the United States was another shared experience reported by many people within the community. This reported discrimination was from all aspects of the broader society, but was described to be most hurtful when it came from Black Americans, which was reported to be common. Similarly, discrimination was observed from North African-born people as well. Despite their evident diversities, this shared experience of racism was another factor that prompted sub-Saharan Africans to group themselves together to some degree, and this research reflected that.

As mentioned earlier, research into IPV in people of non-White or ethnic backgrounds tends to foreground culture as a primary determinant, and minimizes the effect of social structures (Montoya & Agustin, 2013). Conversely, research on IPV in While Anglo populations tends to concentrate on individual or psychological factors and social structures and ignore cultural factors. Such a focus on culture in migrant communities is problematic for a variety of reasons. However, first it is important to understand how the term culture is used in this chapter.

Culture itself is a complex and contested term. There are many definitions of culture, which reflects the multifaceted nature of the concept. For the purposes of this chapter, the definition by Spencer-Oatey (2012, p. 3) is used: '[Culture] is a fuzzy set of basic assumptions and values, orientations to life, beliefs, policies, procedures and behavioural conventions that are shared by a group of people, and that influence (but do not determine) each member's behaviour and his/her interpretations of the "meaning" of other people's behaviour". This definition is relevant in this context because it identifies shared assumptions, values, and beliefs as guiding rather than determining the behavior of oneself and the meaning of the behavior of others.

The relevance of this definition in this context lies in its emphasis on people's membership in social groups and the shared cultural expressions (e.g., assumptions, values and behaviors) within those groups. For example, attitudes that tolerate violence, and violent behaviors themselves, are both shaped by culturally endorsed norms that support the perpetration of IPV (WHO & London School of Hygiene and Tropical Medicine, 2010). Although the expression of culture might vary between group members in terms of strength and frequency, they can still influence behavior or interpretation of behavior. Expressions of culture can show considerable variance within migrant communities, because migrants have shifted from one cultural context to another and have shed, maintained or adopted cultural expressions within that migration process. The degree to which this occurs differs between group members and across time and is not a linear process (Bhatia & Ram, 2001; Bhatia & Ram, 2009). Although some people identify acculturation or integration as an ideal end process to be achieved by migrants, Bhatia and Ram (2001; 2009) identify that migrants contest and negotiate their migration experience as a long-term process in response predominantly to their social environment. This view of migration fits better with the recent calls for decolonization, allowing space for migrants to contest expectations that are placed on them and negotiate their interactions and their place within the host society.

Culture in migrant communities is often portrayed as static, with cultural elements remaining unchanged through the migration experience (Bhatia & Ram, 2009). In reality, culture is fluid and dynamic and constantly changing in response to the social context (Bhatia & Ram, 2009). This is especially true for migrant communities, in which people are constantly negotiating their acculturation process in response to changed and changing circumstances (Bhatia & Ram, 2009). Neither is acculturation a state to be arrived at. Research suggests that acculturation is a life-long process rather than an end point (Bhatia and Ram, 2009).

Much of the research into IPV in migrant communities attempts to explain culture as the primary cause of IPV or at the very least as a significant contributing factor. This singling out of culture as a major contributor in terms of IPV has a number of consequences. First, it problematizes culture and focuses on the negative impacts of culture, while obscuring the positive impacts that a particular culture can have on the lives of those who are a part of that culture. This effectively removes culture from the range of solutions to the problem (Montoya & Agustin, 2013; Viruell-Fuentes et al., 2012). In this way, culture is viewed as a deficit rather than a strength, and cultural groups are blamed and disempowered rather than enabled to provide their own solutions. This is not to deny that some cultural practices are harmful. Most, if not all, cultures have aspects that have the capacity to cause harm, particularly to women and other minorities. Yet, most cultures also have elements of strength that contribute to health and well-being and can be tapped into to develop culturally appropriate responses.

Second, the focus on culture as contributing to health issues, such as IPV, tends to result in blaming and shaming the community. In this manner, people are seen as the cause of problems rather than as solutions or as enablers to create health and well-being (Shaburdin, et al., 2020). This deters

health promotion that is community initiated and driven.

Third, it shifts the focus onto culture at the expense of other contributing factors. If the focus is purely on culture, it obscures the effects that social constructions such as race and gender have on IPV. In terms of migrants and refugees, it neglects the historical events that impact their experience and the structural elements of society that shape and constrain their choices and their access to resources (Berger and Miller, 2021; Montoya & Agustin, 2013; Viruell-Fuentes et al., 2012). As a result, structural issues are not addressed and the way that social structures interact with culture to create conditions unique to particular communities are unrecognized and misunderstood.

Fourth, it 'others' those who are not from the dominant culture and presupposes a cultural homogeneity that is non-existent (Montoya & Agustin, 2013; Viruell-Fuentes et al., 2012). Assumptions of cultural homogeneity not only obscure the variety of cultures within a group, but also neglect to see the various degrees to which migrants engage with their own culture versus that of their host nation and the multitude of identities that can influence one's place in the world, their social standing and access to resources that can impact on other determinants of their health and well-being. 'Othering' contributes to a false dichotomy between the West and non-West 'others', forcing us to neglect other options.

Fifth, it ignores the tremendous diversity that is evident within and between groups and how people, even those with the same culture, can experience culture differently depending on their identities and status within the social system and affect other determinants of health (Liu et al., 2016). For example, men and women experience the same culture differently. The young and the old experience the same culture differently. And those migrants who have lived in the host nation for one year will have a very different experience or expression of culture than someone who has lived in the host nation for twenty years.

There are many factors that influence violence against one's partner or ex-partner. Culture has some influence on IPV, but it is never the sole influence and is not a proximal factor. Neither are cultural determinants purely the domain of non-Western populations. Although, there is a lack of attention on culture when researchers examine IPV in Western communities, culture also exists in Western nations and is a determinant of IPV. However, the dominant culture is too often rendered invisible through normalization (Volpp, 2000). For example, in studies of IPV in African or Latino societies, jealousy might be identified as a cultural trait, whereas in studies of IPV in the dominant society in the US, it is usually identified as an individual psychological trait. This approach renders invisible the American societal norms that promote jealousy. Culture is only attributed to the "other" in America, not to white middle- and upper-class Americans. This enables researchers and others to problematize "other" cultures without examining the dominant White American culture itself (Montoya & Agustin, 2013; Sokoloff & Dupont, 2005; Volpp, 2000).

Aside from the hidden nature of culture in dominant groups, broader social structures, political processes and historical contexts all shape people's experiences. Therefore, it is important to consider culture in context, socially, historically, and politically. For example, historical factors, such as colonization, have had significant effects on both culture and the social structures within many societies (Meredith, 2006). Colonization fundamentally shifted the power relationships within many African societies, such as creating nations where none previously existed, splitting ethnic groups between nations, pitting groups against one another, and dismantling functioning social systems in order to impose those of the colonizing nation (Meredith, 2006). Culture alone is insufficient to understand the complexity of factors related to IPV. Structure also needs to be considered.

5. Social Structure

Social structure carries a variety of meanings within sociology and other social sciences. Hays (1994) identified three characteristics of social structures. First, social structures are socially created by people. They are not inherent to the natural order, but are constructed by people who have the power to make these constructions. Second, social structures both enable and constrain human action. The same social structure might advantage one person, while simultaneously disadvantaging another. Whether a person is enabled or constrained by a particular social structure depends on where that person sits in terms of power and access to resources in terms of that social structure. For example, someone with a higher socioeconomic status will often have better access to quality educational opportunities than those with a lower socioeconomic status, based on things like location and cost of good schools and higher education institutions. A better education in turn can lead to better employment opportunities and higher socioeconomic status, which provides more access to power and resources within the social institutions (e.g., job market, housing market, and so on). Third, social structures exist at different levels, from internalized social structures to hierarchies of power and privilege, that are often formalized in policies, social institutions. Race, gender and socioeconomic status are three identities that are important in the hierarchy of power and privilege and can enable (or constrain) a person's access to power and resources and their agency over important life decisions.

Social structures impact people differently according to their cultural values and expressions and whether they have power and resources to respond to the challenges that social structures exert on their lives (American Psychological Association, 2017; Lekas, et al., 2020). Intersectionality, as described earlier, can be a useful framework in this respect.

Upon migration, people experience new identities. Immigrant or refugee are the more obvious ones but in the example of the African immigrant community, African and Black are two identities that African-born people acquire on migration that did not feature in their lives before. In an intersectional analysis, these new identities that they receive upon migration often place them in a less privileged position and constrain access to both power and resources. For example, many of the research participants expressed pride and belonging in their national and ethnic identities. However, upon migration, they were often identified by the broader society only as "African". This fits with the experience expressed by Mapedzahama and Kwansah-Aidoo (2013), African Australian academics who described losing their national and ethnic identities and becoming viewed merely as African. As a result, for African immigrants, their national and ethnic identities only existed in the African immigrant community in their host nation. They lost their more meaningful identities, such as Ashanti from Ghana or Shona from Zimbabwe and were instead assigned the racial identity of being Black, which previously meant nothing to them and now meant everything to those around them. As Flore (pseudonym) described it "… being Black is like a problem in America. Something we never experienced where we come from. So you have to fight hard to maybe prove to people … to overcome the fact that you are looked at differently or negatively too." (Wenham, 2018 p. 162). This is a prime example of the contextual and transient nature of identities and how they can be acquired or lost or made prominent or invisible through the migration experience (Mapedzahama & Kwansah-Aidoo, 2013). Not only do sub-Saharan African migrants to the United States become "Black" in a racially divided nation, they also acquire immigrant or Black African identities, often situating them on the lowest rung of the social ladder, even below Black Americans.

Justice (pseudonym) described the social hierarchy as he experienced it:

> So when you go into any job interview and you are competing with the 25-year-old who has the same qualification you have and, plus, he is white, you are African. So now you have to fight your way up the ladder like an American white male, American white woman. Then you

> will come into the Hispanics. Then you will come into an Asian. Then you come to African-American woman, African-American men. You are last on the ladder. (Wenham, 2018 p. 163).

In terms of intersectional analysis, this was not just about changes in identity being imposed on people but what these imposed identities meant in terms of access to resources and social status (Collins, 2015). For men, this meant lack of access to well-paid jobs commensurate with their skills, experience, and qualifications, which in turn prevented them from achieving culturally constructed ideals of masculinity of being the breadwinner in their family. This loss of masculinity, combined with shifting gender roles, are surmised to contribute to IPV.

Not only racial identities, but gender identities were also challenged through the migration process. The literature asserts that many African cultures construct masculinity as being a breadwinner, who is also the dominant decision-maker within the family, with the latter role often based on his ability to fulfil the former role (Adjei, 2015; Barker and Ricardo, 2005; Muchoki, 2013; Mungai & Pease, 2009). However, as mentioned above, many African men are unable to find work commensurate with their level of education, skill and experience, consequently experiencing occupational downgrading, forcing them to work in low-paid work for long hours (Muchoki, 2013; Wenham 2018). While women are able to find work in the abundance of caring jobs, most African men believe caring work to be unmasculine and shun it as Flore (pseudonym) describes, “How many men would you find babysitting, especially African men. Even their own children, it's like excuse me. [laughs]” (Wenham, 2018, p. 165).

Men’s occupational downgrading evens out the difference in income between partners, or sometimes tips the balance in favor of women. The men’s resulting loss of main or sole breadwinner status shifts the power balance and the decision-making rights within the relationship, effectively stripping them of their ability to achieve their ideal masculinity (Wenham, 2018). Such losses can lead to resentment, which is often misdirected when African-born men fail to recognize that their loss of power and privilege is primarily in relation to White men rather than to African-born women (Mungai & Pease, 2009).

As Sulayman (pseudonym) notes, occupational downgrading can be perceived as humiliating or undignified:

> I always wondered at the time why they were driving cabs because some of them had PhDs and masters. … Another was the Director of [department] at the Central Bank of [African country] and now I'm looking for a cashier job in a bank and they are not even calling for an interview. [small laugh] So you end up saying, maybe I should just drive a cab. At least I don't have to worry with this indignities around it. (Wenham, 2018, p. 161).

The inability to attain masculinity can lead to a real or perceived loss of power or status within the community or broader society, which can lead some men to assert power in the form of control or violence within their homes (Jewkes, 2002; Pan et al., 2006).

6. Intersections of Culture and Structure

Cultural context can be an important consideration in IPV prevention. Sometimes, addressing one determinant of health can have unintended or unforeseen consequences on other determinants and on IPV itself. One example is work done by Koenig et al. (2003) in rural Bangladesh where they showed that female autonomy could be either a protective or risk factor depending on the cultural context. Where female autonomy was high in the community, autonomy was protective for individual females. Where female autonomy was low in the community, autonomy placed individual

women at higher risk for IPV.

Similarly, the cultural context of men being breadwinners in most African societies had an influence on how male under-employment was perceived and experienced. In African immigrant communities, employment is an area where issues are particularly prominent and a cause of frustration for many people. In employment, social structures and culture intersect to create challenges for many people in this community, but particularly men. Many African-born people in the United States struggle to gain employment that is in line with their qualifications or experience. Some attribute their inability to achieve suitable work to discrimination by employers. Indeed, there is evidence that supports these accusations of discrimination (Saasa, 2019). Such discrimination originated with historical events such as colonization and slavery, when those doing the colonizing and enslaving developed a set of beliefs that dehumanized the colonized and enslaved 'other' to enable the former to carry out cruel and degrading treatment of the latter. Many would argue that colonization has continued in other less obvious forms, in the form of unconscious biases (Bonsu, 2009). Such biases are based on cultural assumptions of the west in terms of what is 'superior' and 'right' and 'normal' pertaining to those values, beliefs and behaviors associated with White western culture, compared with the 'inferior', 'errant' and 'abnormal' attributed to the non-White 'other'. This translates into discrimination in hiring practices, with under-employment high within African migrant communities.

Underemployment is especially detrimental to men's mental health and well-being. Many African cultures construct masculinity in terms of men being the breadwinner within the family and this is related to their power and status not just within the family but also the broader community (Barker & Ricardo, 2005). This can cause a lot of pressure for men. If viewed through the lens of intersectionality, the intersecting identities of Black, African migrant and male create power imbalances and barriers to resources via discrimination against racial and migrant status. This is linked to cultural constructions of masculinity described earlier in the following way.

The influences in operation in this scenario are neither purely cultural nor structural. Instead, this is the space in which the cultural construction of masculinity portrays men as breadwinners and dominant decision-makers within the family unit meets the structural barriers of the United States. This is where discrimination and exclusion make it difficult for African-born men to engage with the economic, educational and employment systems that they require both for basic living resources and to maintain their cultural ideal of masculinity.

The role that norms, such as 'men as breadwinners', have to play in this are also important to consider. Norms are broadly defined as the recurring social actions or expectations that direct behaviour (Morris et al., 2015, p. 2). Norms are an interdisciplinary concept that can refer to an observable behavior or pattern of behavior or perceived expectation (Morris et al., p. 3). In terms of the objective patterns of behaviors, people adopt behaviors because they fit with the behaviors or those around them and make it easier to live and interact in society (Morris et al., 2-15). Norms also play a part in guiding the sanctioning of behaviors through reward and punishment (Morris et al., 2015). Norms can also become institutionalized, so that they are written into policies and laws that guide behavior (Morris et al., 2015). Norms as regularities and informal sanctions are usually part of the cultural context, whereas institutionalized norms become part of the social structure. Norms can also be subjective (Morris et al., 2015 p. 3). Perceived descriptive norms are those where people think or act according to what they believe most people think or do. This can be inaccurate, as indicated by the perception among African migrants that relationships in the United States tend to be gender equitable. This is because they see the institutionalized norms of the workplace that speak to gender equity, but do not observe what happens behind the closed doors in American families, where gender equity is not as widespread as they believe. Another subjective social norm includes perceived injunctive norms (Morris et al., 2015). This is when people conform to behavioral

patterns based on their perception of social approval or disapproval. In contrast to these social subjective norms, there are also personal norms, which people use to express their values. Understanding norms is important to understand the link between cultural and structural determinants of IPV. Norms are frequently part of macrosystem as they are often unspoken and assumed beliefs and expectations that people share within a culture. They can become part of the social structure when they are operationalized, either consciously or unconsciously in institutions. For example, the Western cultural norm or shared belief of white supremacy that is frequently invisible and yet pervasive in much of society, becomes enacted in social structures when discrimination prevents Black immigrants from gaining employment for which they are qualified, skilled and experienced.

Both anthropology and sociology have strong historical foundations in western imperialism. As such, they have been built on colonialist assumptions of white or European cultural supremacy (Sian, 2022). In this sense, they must be used with caution. The theories, concepts, and reasoning need to be interrogated to ensure that they do not contain hidden assumptions of White supremacy. The voices of non-White participants need to be foregrounded in all aspects of the research process. Knowledges that are created and valued by non-White participants, and which give them meaning, need to be given equal or greater respect and consideration.

An anthropological gaze can point out the cultural aspects, such as the communalistic worldview that is common within many African cultures, as well as the common masculine ideals of being the breadwinner and dominant decision maker in the family, which contribute to IPV. However, this would be an incomplete story. Culture is not the only force at play here. A sociological perspective can highlight some of the issues of power that disadvantage migrants within the social structures in which they find themselves. Sometimes, the cultural beliefs or values do not fit well within the society to which they have migrated. This is not necessarily a sign that the culture itself is aberrant, although this is often implied in many analyses and through the media. It is likely a symptom inherited from colonization, where the presumptions of white European supremacy problematize anything that is “other”.

The expectation via culturally informed social norms is the man is the breadwinner. Intersecting systems of oppression create a barrier to African-born men fulfilling that role. Access to resources such as appropriate employment can affect community and family relationships. This is particularly relevant in communalist or collectivist societies such as are common in Africa. Communalism is based on the collective. In communalist societies people gain identity through relationships and roles within family and community (Adjei, 2016; Moemeka, 1998). Insufficient access to resources, such as employment and an income requisite with a person’s skills and qualifications, can create stress for people who are unable to fulfil their roles. This can result in tension and conflict both internally and within their intimate or family relationships, which can sometime lead to IPV. This demonstrates that contributory factors cannot be purely attributed to cultural determinants (constructions of masculinity) or structural determinants (racial and ethnic discrimination leading to a lack of access to jobs and changes in gender roles). It is the complex intertwining of these factors that shapes the pattern of IPV and how it is expressed within the community.

Exploring the concept of race in more detail, the authors noted the example that many participants in the research declared that prior to migration to the United States they were unaware of race and could not identify any experience of racial discrimination in their country of origin. This would vary by nation of origin, but the majority of participants had no prior experience of racism. Upon migration to the Unites States, they found their bodies to be racialized and identified by others as inferior, which limited their access to resources such as employment. The experience of discrimination also caused stress, which compounded the effects of underemployment and was a

potential source of conflict within the home and potential contributor to IPV.

Decolonizing research helps to recognize the agency that people have in their lives. People are not passive recipients and unconscious adopters of cultural values and behaviors. People evaluate and adapt according to the physical and social environments in which they find themselves. Those who migrate, tend to do this at a faster and more visible rate because they have moved quickly from one physical and social context to another. An example of this agency was African community leaders in Chicago who were interviewed for the study often demonstrated a power in their leadership expressed in their self-confidence and their confidence in their culture. They were often able to identify which aspects of their culture they wished to keep and those that were limiting them and needed to be abandoned. As Victor (pseudonym) eloquently expressed, 'You have to get the beauty of your African culture, carry over, grab American beauty culture, carry over. Put that together, you can have more quality in the society …'. (Wenham, 2018, p. 201).

This agency of adaptation was particularly evident in the way some African immigrant men identified a need to adapt their concept of masculinity upon migration to the United States. The following example came from Joseph (pseudonym):

> We need to adapt because, I'm looking at my wife; she's in school and I'm sure by the time she's done with school she will be earning more money than I do [much laughter] … And I have to find a way to redefine myself [much laughter]. (Joseph) (Wenham, 2018, p. 202).

Being excluded from the workforce often prevented the men from achieving their ideal masculinity. Such an erosion of masculinity can prompt men to find other ways to enact their masculinity (Easteal, 1996; Pasura & Christou, 2018). Sometimes, they choose violence and control over women. Sometimes, they construct alternative masculinities. In the face of limited employment opportunities, which prevented them from fulfilling the breadwinner role as they wished, some turned to the masculine ideal of men being responsible community members and leaders (Mungai & Pease, 2009).

Although this was a cultural construct of masculinity that they brought with them from Africa, it was not as readily recognized or adopted as the ideals of breadwinner and dominant decision-maker in the family. Some leaders (in the broader sense of the word) realized that the ideals of breadwinner and dominant decision maker were constrained by the social structures in the United States, which prevented men from being the breadwinner and as a result limited their decision-making role if they were not the main provider in the family. This emerging masculinity of men as responsible community members underlined the need for men to reinvent themselves to better fit the new context in which they found themselves. This enabled them to exhibit leadership through "showing the way" in terms of adapting to the unique characteristics of their host nation while still maintaining the strengths of their cultural identity and values. These strengths included the mutual support and community spirit they enjoyed through the value of communalism, the health they gained through retaining their original diets, their strong work ethic.

Both culture and structure are dynamic and fluid aspects of people's lives and, therefore, there is a constant need for people to adapt. There is also a constant need for researchers to analyze this changing landscape and the relationship between the two if there is to be a clear understanding of how culture and structure influence IPV.

7. Conclusion and Future Direction

The research findings discussed in this chapter have broader implications than the community in

which the research was conducted. The findings highlight how factors at different levels of an ecological framework are interwoven in complex ways to influence the perpetration of IPV. This paints a more complete picture of the mechanisms that contribute to IPV. In particular, this chapter focuses on how structural (sociological) and cultural (anthropological) factors interact. Understanding this interaction helps readers to look beyond simple explanations of IPV in terms of culture or structure. This is particularly important if they are to undertake the vital task of decolonizing research. To strip back culture and structure enables readers to better view how Eurocentric knowledge, claims of cultural superiority and structural supremacy often remain invisible and unquestioned in terms of the part they play in the issue of IPV. When space is not made to recognize the strengths of other cultures, readers fail to see the shortcomings of Western cultures and how structures of Western societies can limit the agency and ability of migrants to engage with positive and health-affirming aspects of their cultures.

This analysis demonstrates that there is a need for clearer models to integrate culture and structure in analysis of social determinants of health in various groups. This is especially true for migrant and refugee communities, where culture and structure are in a greater state of flux, with flow-on effects on their health and well-being. It is also true for dominant groups, in which culture is often invisible or ignored. Failure to recognize the impact of culture and its intersections with structure not only fails to understand some of the complexities, intersections and nuances in the many factors that impact health, but it also fails to understand how determinants of health influence each other and intersect in unique ways. This can lead to unintended consequences when one determinant is addressed without consideration of those with which it intersects. When culture and structure intersect, it can constrain or expand choices that a person can make. When the intersections of culture and structure are better understood, it becomes clearer where strengths and opportunities can be harnessed to work towards greater health and well-being. Such a strength-based approach enables a more empowering and sustainable approach to health promotion.

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