

Chapter 2

First Intimate Physical Violence and Fertility in Cameroon

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Abstract Despite the social importance attached to childbearing in Africa, fertility in relation to intimate partner violence has not received considerable attention in research and policy. This chapter examines the association between the number of children and the occurrence of the first intimate physical violence, net of the effect of other socio-demographic variables. The analysis is based on the 2011 Cameroon Demographic and Health Survey. The results show that 59.1 % of women in marital unions have been victims of physical marital violence. Results from the proportional hazards model (Cox regression) indicate that while fertility remains an important social factor in the Cameroonian society, it has a detrimental impact on marital relations: women who have children are significantly more likely to experience the first intimate physical violence in the hands of their husbands or male partners than their counterparts who have no children. Such results suggest that reducing fertility can help lower the occurrence of intimate physical violence against women in Cameroon. Other key contributing factors that are positively associated with intimate physical violence are: woman's education (when higher than that of her husband/partner), witnessed parental spousal violence, and having a husband or male partner who drinks alcohol.

Keywords Fertility • Intimate physical violence • Women • Cameroon

Introduction

Male domination is often seen through the ways men use physical violence against their female partners or wives. This kind of intimate partner violence (IPV) is observed around the world, including Africa. Worldwide, at least one-third of

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women have ever been physically abused by their intimate male partners (UNFPA 2000). According to the 2011 Cameroon Demographic and Health Survey [Enquête Démographique et de Santé (EDSC-VI)], 59.1 % of women in marital unions have been victims of intimate partner abuse (see also the report by Institut National de la Statistique (INS) et ICF International 2012:328). Such violence may have serious consequences on physical, sexual, and mental health of women. Therefore, efforts should be made to reduce its prevalence. Following the recommendations of various international organizations, such as the International Conference on Population and Development (ICPD) Programme of Action (UNFPA 1995) and the Beijing Declaration and Platform for Action (UNWOMEN 2014), the Government of Cameroon has made the elimination of violence against women one of its priorities. Despite this effort, the prevalence of gender-based violence remains high.

The causes of violence against women have been the subject of several studies, most of which looked at socio-demographic factors such as female education, age difference between spouses, and household wealth (Rani et al. 2004; Djamba and Kimuna 2008). However, only few studies have examined the potential impact of fertility on IPV, with the majority of them resulting in contradictory findings. These studies are discussed below.

Some researchers have found a positive relation between the number of children a woman has and her risk of being a victim of IPV. Martin and colleagues, for example, found that women who had multiple children were more likely to be physically abused by their male partners than their counterparts who had one or no children (Martin et al. 1999). In contrast, a more recent study in Uganda revealed that women who had six or more children had significantly lower risks of violence than those with 0–1 child (Koenig et al. 2003). Such contradictory findings indicate a need for further investigation, especially in Africa, where childbearing is highly revered and women are still socially valued primarily as mothers and wives, whereas men are generally considered the heads and decision makers of the household.

Another factor to consider is the current changes in women's conditions in many African countries. The most significant change has been female education. For example, despite persistent gender inequality, female school enrollment rate has significantly increased in Cameroon (UNICEF 2003). As women gain more education, they also improve their overall status in society because education opens a range of opportunities; from paid jobs to a better understanding of how society works. In addition, female education has been evidently linked to lower fertility (Population Reference Bureau 2011) and female empowerment. In male-dominated countries, such as Cameroon, changes in fertility can affect gender relations, particularly in marriage. Therefore, the key research question is the following: Does the presence of children increase or otherwise decrease the probability of physical violence in marriage in Cameroon?

Before answering this question, we should recognize the possibility that the relationship between fertility and female physical abuse can go both ways. That is, physical abuse in marriage can affect women's childbearing. Previous studies conducted in the USA have shown that domestic violence has serious health consequences, including trauma and other psychological problems that can affect

childbearing capability and outcomes (Mezey et al. 2005; Sharps et al. 2007). In such cases, physical abuse can lead to lower fertility. On the other hand, women can be subjected to more violence as a result of their childbearing outcomes in two ways. First, if higher fertility is valued in a society, women who do not have many children can be subjected to domestic violence as their husbands/partners expect to have larger families. Second, larger families can bring more challenges to women, especially in poor households.

This study aims to advance our understanding of the association between child-bearing and physical violence against women. More specifically, we examine the timing of the first occurrence of intimate physical violence in relation to the number of children a woman has at the time of the initial event. From a policy perspective, understanding the interplay between physical abuse and fertility can provide insights on practical ways to reduce domestic violence in Cameroon as well as in other countries with similar demographic characteristics and cultural norms.

Theoretical Framework

Several theoretical perspectives have been used to explain physical violence against women. In general, such explanations are based on the premise that domestic violence against women results from the type of interactions that happen between male and female partners, within a specific sociocultural environment (Bouchon 2009: 20). A closer review of those interactions suggests that much of the domestic violence against women can be explained by individual, gender, economic and institutional, and cultural conceptual frameworks.

Individual and Gender Explanations

One of the individual explanations of domestic violence comes from the European Psychoanalyst Sigmund Freud. According to Freud, men are biologically wired to be more aggressive than women (Freud 1933). Broadly put, the Freudian explanation posits that men are physically and morally stronger than women. As such, men who abuse women must be mentally ill (Laughrea et al. 1996). In their review of theory-driven explanations of male violence against women, Cunningham and colleagues state that “woman abuse is seen as a ‘mate retention tactic’ [...] used [...] when a man senses his wife could attract and keep a better partner” (Cunningham et al. 1998: 5). However, the authors recognize the challenge associated with that biological explanation of male jealousy.

Others have argued that relationships between men and women, or most specifically, between sex partners vary from one society to the next and are the products of socioeconomic and cultural systems. Under that framework, gender theory offers a way to analyze the relationships between men and women taking into account their differences and similarities, and how such connections affect and are affected by

social and cultural factors (Hamza 2006: 18). In recent decades, the gender explanation has also included the feminist theory, which argues that women abuse is rooted in the patriarchal system of male dominance (Tracy 2007).

Economic and Institutional Explanations

According to some scholars, domestic violence is due to stress resulting from unemployment, bad work conditions, alcohol abuse, and poverty (Steinmetz 1977). In general, there is some evidence that economic conditions are also causes and effects of violence. A study in India found strong associations between domestic violence and low household income, low educational level of husband, consumption of alcohol and drugs, and witnessing domestic violence during childhood, and also an inverse relationship between a woman's educational attainment and domestic violence (Chandrasekaran et al. 2007; Kimuna et al. 2013). Several decades ago, Goode (1971) argued that violence occurs when economic resources are lacking, or when individuals feel that they have low prestige, are not respected in the society, or perceive to not being loved. However, for most women, access to resources happens generally within marital unions, especially when wives are devoted to their husbands and their children's well-being.

Domestic violence can also be associated with social organizations, namely institutional circumstances, such as written laws and unwritten rules and regulations that give men more power over women. From the beginning of time, patriarchal norms and other social practices have subjected women to lower status in many societies. As such, women tend to have limited resources of their own. This lack of resources leads to limited decision making because the value of the resources one brings into the family is positively associated with power and greater autonomy (Kabeer 1997). In short, proponents of the economic and institutional theories of gender see the economic inequality between men and women as rooted in the patriarchal structure of society, which gives males advantages over females. But, if that argument were true, then we would expect women who earn income to be less likely to experience domestic violence than unemployed women; yet, empirical data show a very complex picture (Renzetti 2011).

Cultural Explanations

According to the cultural theories of gender, the use of violence is the result of normative values individuals learn through socialization. Therefore, both the perpetrators and the victims find abusive behaviors as acceptable practices. Moreover, the victims may feel shame to talk about the abusive acts they have experienced, especially in societies where wife beating is common and socially accepted. A multi-country study by the World Health Organization reveals that "it is particularly difficult to respond effectively to [this] violence because many women accept such violence as 'normal'" (WHO 2005: vii).

Many women may also refrain from reporting domestic abuse in fear of repercussions for more abuse, if their male partners find out that their wives (or female partners) accused them. In some circumstances, speaking about husband's abusive behavior can lead to divorce, something many women avoid at all cost because they do not want to leave their children through divorce or separation (Wolfgang and Ferracuti 1967); in most African countries husbands have custody of children in case of divorce.

Other research has indicated that a woman's childbearing experience can affect her relationship with her husband (Kamdem 2006; Andro 2001). Nonetheless, that relationship is complex. For example, some studies found a positive association between the number of children a woman has and her risk of IPV (Kishor and Kiersten 2006; Brown and Jaspard 2004). In Peru, only 22 % of women without children reported being victims of partner violence, compared to 38 % among those with 1–2 children; 45 % for women with 3–4 children; and 53 % among those with 5 or more children (Kishor and Kiersten 2006). The argument is that larger families tend to have lower per capita income, which may increase the stress for the head of the household (usually the man) who then uses violence as a corrective weapon.

In contrast, in Mozambique, the risk of IPV against women is higher among childless women and women with five children and more (Mc Closkey et al. 2005). Similar results were found in Cameroon, where women with more than five children were at higher risk of physical violence as compared to their counterparts who had no children (Azebaze Kagou 2012). In all those studies, both the fertility and IPV were reported without determining the timeline of the events. As a result, it is difficult to determine the direction of the association between the two variables. In other words, lower and/or higher fertility can trigger stress and other problems that may lead to IPV. Likewise, violence against women can negatively affect childbearing by increasing the risk of sexually transmitted diseases, preterm labor, and low birth weight (Sharps et al. 2007).

This study contributes to the literature on the association between fertility and intimate partner abuse by determining the sequence of events in order to assess the causal effects between the two phenomena. More specifically, we use an event history approach to measure the timing of the first act of intimate physical violence against women, in relation to the number of children, controlling for other socio-demographic variables in the West African country of Cameroon.

Methodology

Data

This study is based on the 2011 Cameroon Demographic and Health Survey [Enquête Démographique et de Santé (EDSC-VI)]. EDSC-VI was carried out by the Cameroon National Institute of Statistics (*Institut National de la Statistique*) in collaboration with the Ministry of Public Health. EDSC-IV used a nationally representative sample of household members. A total of 15,050 households were selected

using a multistage stratified sampling design. All women of 15–49 years who were present in the selected households the night before the survey were eligible for interview. In addition, a subsample of households (half of all selected households) was used to select all men aged 15–59 as survey participants.

Out of the 15,852 women selected, 15,426 were successfully interviewed, representing a response rate of 97.3 %. Among men, 7,525 were selected but only 7,191 were successfully interviewed, producing a response rate of 95.6 %. The data collection was carried out from January to August 2011 (Institut National de la Statistique (INS) et ICF International 2012). Since the focus of this study is on the association between fertility and IPV, we only used data from the women sample.

Variables

EDSC-VI included detailed questions on intimate physical violence experienced by women, as well as that of their own mothers. The dependent variable of interest is the occurrence of the first physical violence against the woman in marital union. We call that variable “first intimate physical violence,” (FIPV in short). A woman is said to have experienced FIPV if she answered yes to at least one of the following statements about her current (or last) husband/partner. The questions were framed as follows. Did your (last) husband/partner ever:

1. Push you, shake you, or throw something at you?
2. Slap you?
3. Twist your arm or pull your hair?
4. Punch you with his fist or with something that could hurt you?
5. Kick you or drag you?
6. Try to choke you or burn you on purpose?
7. Threaten or attack you with a knife, gun, or any other weapon?
8. Physically force you to have sexual intercourse with him when you did not want to?
9. Physically force you to perform any other sexual acts you did not want to?

Answers to these questions were compared to the woman’s number of children in order to determine the temporal association between FIPV and fertility. Since we do not have the exact dates of the events, we divided women in terms of their number of children. Hence, using the total fertility rate of Cameroon, which is 5.1 children per woman (Institut National de la Statistique (INS) et ICF International 2012: 73), respondents were divided into three categories based on their current number of children:

1. Low—women who have no children.
2. Moderate—women who have 1–4 children.
3. High—women who have five or more children.

To measure the net effect of fertility on physical violence against women, several control variables were included in the analyses. They are (1) religion, (2) couple's education—measured as the difference between husband and wife educational attainment, (3) healthcare decision making—determining whether one spouse or the couple decides on healthcare matters, (4) household wealth index, (5) mother's spousal violence experience, (6) husband's alcohol drinking, and (7) year or cohort of marriage.

Analytical Approaches and Research Hypotheses

This study follows an event history approach in which the dependent variable is measured in terms of the actual time before the woman experiences intimate physical violence in marital union, commonly called time to event (TTE) in statistical analysis (Fike 2014). The time frame is between 0 and 40 years. Hence, the dependent variable will take a value of 1 if the woman experienced physical violence in the hands of her husband/partner, or 0 if she did not have such experience. This event history approach leads to censoring of certain respondents based on the occurrence or nonoccurrence of the event (right censoring) within the time frame of reference.

Data were then prepared in the form of person-year observations. In that file, the first year of observation is the first year of marital union for women who were in their first marital unions and who were interviewed about domestic violence. The analysis is based on the Kaplan-Meier method (Kaplan and Meier 1958), a nonparametric technique used to estimate the probability of survival within a given time frame. Therefore, we calculated the probability of experiencing the first physical violence in marital union within the time interval considered in this study (0–40 years), and then obtained a curve of survival rate for women who have not yet experienced such violence (Bocquier 1996).

The method for calculating these probabilities is as follows:

- $d(t_i)$ is the number of events—intimate physical violence—that occurred in time t_i .
- $N(t_i)$ is the number of women who have not experienced intimate physical violence.
- $t_i = t_1, t_2, t_3, \dots$ years in which women experienced intimate physical violence.

Therefore, the probability of occurrence of intimate physical violence in years (t_i), also known as the instantaneous hazard rate $h(t_i)$, is

$$h(t_i) = \frac{d(t_i)}{N(t_i)}$$

And the proportion of women who have not experienced intimate physical violence (survival distribution $S(t_i)$) will be

$$S_{(t_i)} = \prod_{j \leq t} (1 - h_{(t_j)})$$

The probability curves obtained via the Kaplan-Meier method were compared using log-rank test results (Bland and Aluman 2004) in order to verify the validity of the following main research hypothesis: fertility is positively associated with intimate physical violence against women. That is, the more children a woman has, the higher her risk of being physically abused by her husband or male partner. In addition, we expect other independent variables to influence the likelihood of intimate physical violence directly or indirectly as hypothesized below.

As found in other countries (Djamba and Kimuna 2008; O'Farrell et al. 1999), we expect that man's alcohol drinking will increase the likelihood of IPV against women in Cameroon. Further, women who have been married in recent years are expected to have been exposed to individualistic values and knowledge of human rights more than women who were married 20 years or more before the survey. As such, recently married women may resist some gender norms of male dominance. By doing so, they might infuriate their husbands and therefore increase their risk of physical abuse.

These hypotheses are tested in Cox regression models. Whereas the Kaplan-Meier method with log-rank test is useful for comparing survival curves in two or more groups, Cox regression (or proportional hazards regression) is more appropriate in multivariate analysis where the effect of several independent variables is examined. In our case, the Cox regression equation is used to show that the risk of IPV against women is proportionally associated with a woman's socio-demographic factors, mainly her number of children. The results of both descriptive and multivariate analyses are presented in the next section.

Results

Findings from Descriptive Analysis

The descriptive analysis focused on determining the association between the occurrence of the first physical violence against women in marital union and number of children controlling for each of the following variables: (1) duration of marriage, (2) religion, and (3) timing (cohort) of marriage. The results are presented in graphic forms.

The results in Fig. 2.1 show that the occurrence of the first physical violence against women is significantly associated with the number of children (log-rank test). When the duration of marriage is taken into account, the data in Fig. 2.1 show that during the first 10 years of marriage, women who had 1–4 children were more likely to experience physical violence in the hands of their husbands/partners than other women. More specifically, 50 % of women with 1–4 children experienced physical violence within the first 5 years of marriage and 75 % within the first 10 years of marriage. In contrast, physical violence was rare among women who had no children; only less than 25 % of them experienced physical violence during all their exposure time (0–40 years of marriage).

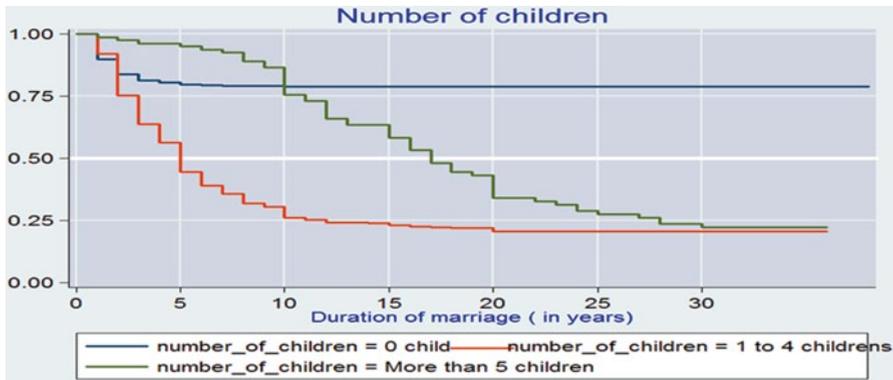


Fig. 2.1 Probability of not experiencing first intimate physical violence by duration of marriage and number of children, Cameroon, 2011 CDHS-VI

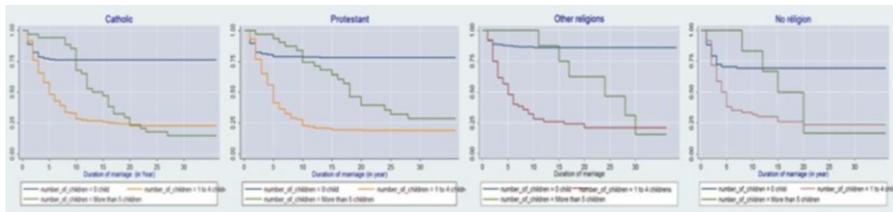


Fig. 2.2 Probability of not experiencing first intimate physical violence by duration of marriage and number of children and religion, Cameroon, 2011 CDHS-VI

Regardless of a woman’s religious affiliation, the relation between number of children and first marital physical violence was statistically significant ($P \leq 0.01$; log-rank test). For all four religious categories considered here, data in Fig. 2.2 show that women who have 1–4 children were significantly more likely to experience physical violence sooner than other women. More than 75 % of women with 1–4 children experienced physical violence within the 10 years of marriage among Catholics and Protestants, and within 12 years of marriage for Muslims. Here again, physical violence was significantly lower among women who had no children.

Figure 2.3 shows the results of bivariate analyses between first physical marital violence and number of children, controlling for the cohort of marriage. The results show that the association between the first intimate physical violence and number of children was statistically significant among women who were married between 1990 and 2011 ($P \leq 0.01$; log-rank test). Among those recently married women (the 1990–2011 cohort), those who had an average number of children (1–4 children) experienced physical violence earlier in marriage than their counterparts with no children. No significant differences were found between the number of children and first physical violence among women who were married during the period of 1961–1989.

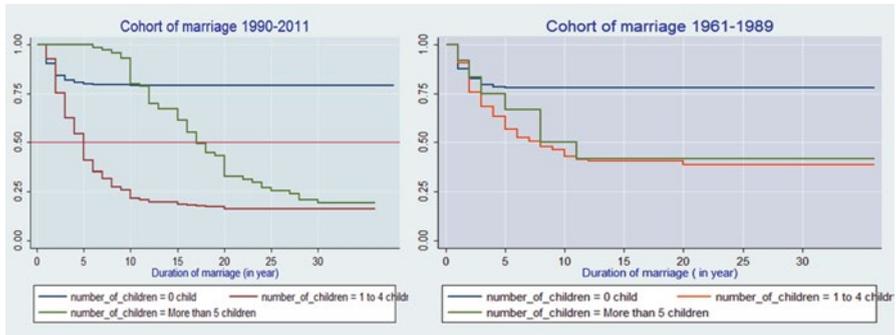


Fig. 2.3 Probability of not experiencing first intimate physical violence by duration of marriage and number of children, by Cohort of Marriage, Cameroon, 2011 CDHS-VI

We also analyzed the association between number of children and first physical violence, controlling for household wealth, couple's education, parent's experience of IPV, couple's decision-making style, and husband's alcohol drinking. The results are similar to those presented above. In brief, the findings from the descriptive analysis show that women who have 1–4 children are more likely to experience intimate physical violence sooner in their marital unions than their counterparts with fewer or more children (Table 2.1).

Findings from Multivariate Analysis

The results of multivariate analysis are presented in Table 2.2. We discuss only variables that were significantly associated with the occurrence of first intimate physical violence against women at the level of significance of 0.05 or lower. Those variables are number of children, religion (woman's), spouse's relative educational level, couple's decision-making style on health matters, parent's experience of intimate partner violence, husband's alcohol drinking, and timing (cohort) of marriage.

Data in Table 2.2 show that the number of children is a significant factor of first intimate physical violence in Cameroon. The risk of physical violence was higher among women with 1–4 children (hazard ratio of 4.255) followed by those with five children or more (hazard ratio of 2.561), as compared to women with no children. In other words, first physical violence happens sooner in marriage among women who have 1–4 children. Religion is only statistically significant for Muslim women. Compared to Catholics, Muslim women are about 30 % less likely to experience physical violence in the hands of their husbands/partners. These results may be due to the differences in the level of cohabitation. Such illegitimate unions are more frequent among Christian women than Muslim women. Therefore, the present results are consistent with previous research which showed that physical abuses are more common in cohabitating relationships than in legal marital unions (Kenney and McLanah 2006).

Table 2.1 Selected characteristics of the sample, Cameroon, 2011 CDHS-VI

Variables	Distribution of the sample	
	N	%
Religion		
Catholic	2,423	35.5
Protestant	2,342	34.3
Muslim	1,587	23.2
Other	482	7.1
Spouses' relative educational level		
Same level low	2,646	38.01
Same level high	1,455	20.90
Husband higher than wife	2,154	30.94
Wife higher than husband	706	10.14
Who decides about health matter?		
Wife alone	874	14.69
Wife and husband together	1,645	27.65
Husband alone	3,429	57.65
Level of household wealth		
Low	2,733	39.26
Average	1,448	20.80
High	2,780	39.94
Mother ever battered by her husband?		
Yes	1,909	29.85
No	4,487	70.15
Does respondent's husband drink alcohol?		
Yes	4,026	57.87
No	2,931	42.13
Year of marriage		
1990–2011	5,801	83.34
1961–1989	1,160	16.66
Total	6,961	100.0

Notes: Due to missing values some totals for some variables may be lower than the number reported in the last row. Also, percent for some variables may not add to 100 due to rounding

In terms of education, our findings show that intimate physical violence is more likely to occur in households where wives are more educated than their husbands. These results suggest that while female education is often perceived as a factor of women empowerment, its effects on gender relations can lead to unintended consequences, including physical violence in the hands of less educated men. Another interesting finding is that joint decision making reduces the likelihood of intimate physical violence in Cameroon. Compared to couples where the husband/partner alone makes decisions about health matters, in relationships where couples jointly make those decisions, women are significantly less likely to experience physical violence.

Being the daughter of a woman who has experienced domestic violence significantly increases the respondent's risk of intimate physical violence. Hence, women

Table 2.2 Results from Cox proportional hazards regression of first marital physical violence against women, Cameroon, 2011 CDHS-VI

Variables	Hazard ratios
Number of children	
No children (ref)	1.000
Between 1 and 4	4.255***
5 or more	2.561***
Religion	
Catholic (ref)	1.000
Protestant	1.020
Muslim	0.676***
Other	1.132
Spouses' relative educational level	
Same level low (ref)	1.000
Same level high	0.906
Husband higher than wife	1.076
Wife higher than husband	1.200*
Who decides about health matter?	
Wife alone	0.941
Wife and husband together	0.815*
Husband alone (ref)	1.000
Level of household wealth	
Low (ref)	1.000
Average	1.029
High	0.964
Mother ever battered by her husband?	
Yes	1.264**
No (ref)	1.000
Does respondent's husband drink alcohol?	
Yes	1.465***
No	1.000
Year of marriage	
1990–2011 (ref)	1.000
1961–1989	0.839**

Note: *ref* reference category

*** $P \leq 0.001$, ** $P \leq 0.01$, * $P \leq 0.05$

whose mothers have been physically abused by their husbands/partners are 1.264 times more likely to experience intimate physical violence during the period considered in this study. This result is consistent with previous research, which shows that women who lived in abusive families have a higher risk of experiencing intimate violence in their lives (Black et al. 2010).

Similar to previous studies (O'Farrell et al. 1999; Quigley and Leonard 2000), women whose husbands/partners drink alcohol are also significantly more likely to experience physical violence than those living with non-alcohol drinkers (hazard ratios of 1.465 vs. 1.000). Evidently, alcohol impairs judgment and may thus lead to physical confrontation.

There are significant cohort effects; women who were married during the period of 1961–1989 were significantly less likely to experience physical violence in their marital unions (hazard ratio of 0.839) than their counterparts who were married during the period of 1990–2011. In other words, physical violence happened sooner in marital unions for women who got married during the period of 1990–2011. It is possible that these recently married women encounter many conflicts in their relationships because of their exposure to new ideas currently available in the mass media and on the Internet. In a society that remains largely patriarchal, any attempt to challenge male domination could lead to female abuse.

Conclusion

Physical violence against women is one of the key issues for decision makers and the entire community today in many countries, including the Republic of Cameroon. This study examined the impact of fertility on the occurrence of the first act of physical violence against women in marital unions. In addition, other socio-demographic variables that have been associated with intimate partner violence in previous studies were included in the regression model to determine the net effect of fertility on physical violence.

The main research hypothesis that fertility is positively associated with IPV against women was confirmed. Nonetheless, the relationship was not all linear. Women who had 1–4 children were more than four times likely to experience physical violence than their counterparts who had no children, net of the effects of other socio-demographic variables. Those who had five children or more were about three times more likely to experience intimate physical violence.

Other significant correlates of physical violence were religion, spouses' differences in educational attainment, spouses' decision making in health matters, parent's experience of physical violence, husband's (male partner's) alcohol drinking, and timing/cohort of marriage. We also found that Muslim women were significantly less likely to experience physical violence earlier in their marriages/unions than Catholic women; but, there was no significant difference between Catholics and Protestants. We attributed the difference between Muslims and Christians to their differences in marital status. In Cameroon, Christians are more likely to be in consensual unions. Yet, such unions have been found to be more physically violent than traditional/legal marriages (Kenney and McLanah 2006). Therefore, the higher probability of physical abuse among Christians can be explained by their higher prevalence of cohabiting unions.

Consistent with findings of earlier studies (O'Farrell et al. 1999; Quigley and Leonard 2000), this study showed that the husband's alcohol drinking was significantly and positively associated with early onset of physical abuse. This result confirms our hypothesis that alcohol consumption may lead to conflicts in marriage, which can trigger physical abuse against women. The hypothesis of cohort effect was also confirmed in this study: women who have been married in recent years were more likely to experience physical violence, suggesting that their exposure to

today's individualistic values and aspirations to personal freedom may appear conflictual to their male partners' vision of gender relations. Men who continue to believe in gender inequality probably use physical violence to force their female partners to submit to the norms of the patriarchal society. Under such circumstances, women who are aware of their human rights may refuse to submit to traditional patriarchal norms, which would then lead to physical violence against women. This may explain why women who were married within the last 20 years of the survey were significantly more likely to experience physical violence than their counterparts of previous cohorts.

Another interesting finding is that intimate physical violence was significantly more likely to occur in couples where the wife was more educated than her husband/partner. This result suggests that less educated men may feel frightened by highly educated women and use force to impose themselves as dominant in the marriage. We also found that women in unions where both spouses make joint decisions about health matters were significantly less likely to experience physical abuse than women whose husbands/partners made such decisions alone. Finally, our analysis showed that women whose mothers experienced physical abuse were more likely to be victims of the same type of violence in their own lives. This result is consistent with previous studies (Black et al. 2010).

We must point out some potential limitations of our study. For example, because the data used here come from a cross-sectional survey, detailed information on gender relations is lacking. Knowing how wives and husbands interact in marital unions can enhance our understanding of conflict. In addition, this study assumes that only men use violence against women. Such an assumption excludes the fact that a woman can physically or emotionally abuse her husband/partner, a situation that can lead a man to use physical violence against his female partner. Despite such potential limitations, this study contributes to the literature on gender relations by showing the impact of fertility on the risk of physical violence against women.

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