

Gender-Based Violence as new proximate determinant of fertility Changes in sub-Saharan Africa

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Reductions in fertility are becoming a common feature of demography of sub-Saharan Africa (Shapiro and Gebreselassie 2008). Further evidence is also showing that there is stalling in some countries such as Kenya (Ezeh et al 2009). Three regimes of fertility are identifiable in sub-Saharan Africa: high fertility, declining fertility and stalling fertility (Shapiro and Gebreselassie, 2008, Ezeh et al 2009, Odimegwu and Adedini, 2013) it is well established that fertility varies by the socioeconomic status of the woman and her family. Demographic studies focusing on the determinants of fertility are many in the region. In the maze of these studies and their findings, one still wonders whether full blown fertility transition can be expected in sub-Saharan Africa. In this study we posit that with high prevalence of gender-based violence, and its attendant reproductive health consequences, sub-Saharan African fertility regime will continue to remain high or reverse the declined noticed. We also examined the mechanisms through which gender-based violence would influence fertility levels. This is an area of research, drawing a connection between gender-based violence and fertility that has not been explored in demographic literature, despite avalanche of studies on effect of gender-based violence on health outcomes. This study draws from the social disorganization theory which offers important insights into the role of neighborhood level factors on fertility behavior. The theory states that communities with high level of disruptive influences are more likely to have impact on the fertility dynamics. Thus we posit in this paper that high prevalence and incidence of gender-based violence are likely to have a negative influence on fertility behavior of women in such communities.

The study used data from the Demographic and Health Surveys conducted in five countries in sub-Saharan Africa (Nigeria, Uganda, Tanzania, Kenya and Zimbabwe) between 2006 and 2011. The five countries were chosen because they met the selection criteria of countries at different fertility regimes and the availability of data sets on gender-based violence. DHS surveys are generally designed to collect good quality, nationally representative data on demographic and health indicators of women and their household members. Response rates are high. The data base for each country is as follows Kenya (1251), Nigeria (6751), Mali (1935), Tanzania (978) and Zimbabwe (2479).

The measures of fertility behavior utilized in this study are children ever born and desire for more children in future. Children ever born remains the most widely available and used variable in multivariate analysis of fertility. It is a measure of past fertility. Desire for more children is a measure of current fertility behavior and intention for future. These variables are measured by asking woman how many children ever born and if she wants any more children. Independent variables used include education, occupation, current age, place of residence, contraceptive use, age at marriage, age at first birth and a number of community characteristics. A community variable is defined as characteristics which is common to all persons in a community. The community variables of interest include women's status, infant and child mortality, marriage patterns and community-level of gender-based violence. We

constructed two indicators of women's status, namely proportion of women who work in nonagricultural occupations and proportion of women who have secondary level of education. The impact of the contextual variables on fertility may be direct or indirect.

In examining the effect of socioeconomic and community variables on fertility behavior, we have to control for the exposure to childbearing by introducing marital duration, number of living children and age of women in the multivariable models. We presented the mean and standard deviation of the dependent and independent variables. Dummy variable regression analysis was used to examine the specified relationship between the two measures of fertility and the community, socioeconomic and demographic variables.

Principally, our findings show the important role of community attributes on fertility determination in all the countries selected, net of the individual factors. The contextual effects on fertility are most consistent across the countries. More importantly we find an association between individual and community level of gender-based violence and children ever born and desire for future children. Women who reported ever experienced gender-based violence tend to have more children ever born than other wise. Similarly finding applies to community level of gender-based violence

Finally we explored and discussed the pathways through which gender-based violence could influence fertility behavior. Programme and policy implications of this preliminary investigation are noted and discussed.