



NATIONAL INSTITUTE OF STATISTICS

**POLICY BRIEF**

# GENDER-BASED VIOLENCE IN CAMEROON **MAGNITUDE AND CHALLENGES**



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## **POLICY BRIEF**

### **Gender-based violence in Cameroon: magnitude and challenges**

The objective of this policy brief is to assess the magnitude of the various forms of gender-based violence in Cameroon, in order to identify the appropriate response to the challenges that involve all stakeholders given the multisectoral nature of interventions. The results obtained from the data of the last three editions of the Demographic and Health Survey (2004 CDHS-III, 2011 DHS-MICS and 2018 CDHS-V) show that different forms of violence, whether sexual, physical, emotional or psychological, including forced marriage, denial of resources, of opportunities or services, persist in Cameroon despite lower levels of prevalence rate since 2004. It is mostly in the Centre region (excluding Yaounde) that the different forms of violence are widespread. It has also been observed that victims rarely resort to social services because most of them prefer resorting to family members for help.

### **I. INTRODUCTION**

Cameroon adheres to the definition of Gender-based Violence (GBV) adopted by the United Nations, namely any violence that is exerted on a woman or a man simply because she is a woman or because he is a man. It is therefore directed to a person on the basis of gender or sex and includes acts that inflict physical, mental or sexual harm or suffering, coercion and other deprivations of liberty whether in public or private life. It is a globally recognised concern in terms of public health and human rights of women and children. In order to address this, the international community has adopted a series of conventions and declarations in the fight against these forms of violence. Cameroon has ratified all these conventions. Besides, it adopted Agendas 2063 of the African Union and 2030 of the United Nations. Both agendas that fit well with the Cameroon Development Vision by 2035, reflect the will of public authorities to effectively fight against gender inequalities and GBV. In

addition to these international instruments, Cameroon has since 2011 adopted a national gender policy (2011-2020, the aim of which is to promote a fair and equal society between men and women with a view of ensuring sustainable development). Moreover, the National Strategy to Combat Gender-Based Violence (2017-2020) aims at contributing to the reduction by half, the prevalence of various forms of gender-based violence by 2020. This policy brief reviews the various forms of GBV observed in Cameroon, their magnitude, the place or geographical space where they are mostly exercised, the perpetrators as well as the resort to assistance for an appropriate response. This analysis shows the main findings as well as actions to be taken in view of informing and raising awareness among all stakeholders in order to prevent, minimize risks and better respond to GBV.

## **I. METHODOLOGY**

The data used are those from the last three editions of the Cameroon Demographic and Health Survey (DHS) carried out on samples of approximately 11,000 to 15,000 households, which are representative at the national and regional levels, and by area of residence. These include the 2004 DHS-III, the 2011 DHS-MICS and the 2018 DHS-V. In each sample household, only one person, male or female of reproductive age, was selected to answer the questions on domestic violence. The analyses focus on the different forms of violence experienced by persons aged 15-49 years.

These analyses are based on the GBV classification approach developed by the United Nations system and has been adopted by Cameroon. This approach groups GBV into six categories namely:

- (i) rape,
- (ii) sexual assault,
- (iii) physical assault, (iv) forced marriage,
- (v) denial of resources, of opportunities or services (vi) emotional or psychological violence. However, in the DHS surveys, rape and sexual assault are combined and will be analysed as sexual violence.

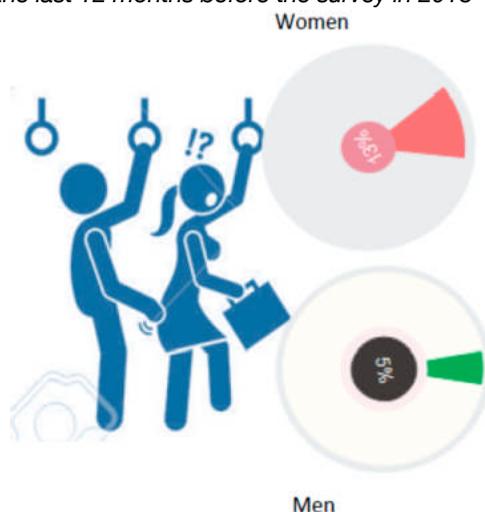
## II. RESULTS

In Cameroon, the prevalence of various forms of gender-based violence decreased between 2004 and 2011. Whatever the form of violence, women are much more affected than men.

### 1. Sexual violence

**...According to the 2018 CDHS, 13% of women were victims of sexual violence at any moment of their life, and 5% in the past 12 months.**

**Figure 1:** Proportion of women who experienced sexual violence at any time in their lives and in the last 12 months before the survey in 2018



Among the victims reported in 2018, 2% of women suffered their first sexual violence before reaching the exact age of 15 years and 6% of women before the exact age of 18 years. Women are victims of sexual violence in urban area (5%) just like in the rural area (6%). Moreover, those in union or in union breakdown are more exposed to this type of violence than those who are single.

**... The phenomenon is more pronounced among women living in the Centre region than among those in other regions.**

In contrast, the phenomenon is less pronounced in the Far North region.

**...The current or former spouse/partner is the main perpetrators of violence.**

For persons in union or in union breakdown, the current spouse (54% among women and 57% among men), the former husband/partner (24% among women and 36% among men), are the main perpetrators of sexual violence among both women and men.

**2. Physical violence**

In 2018, 39% of women and 42% of men aged 15-49 years reported having suffered physical violence since the age of 15 years. This high percentage among men is due to a large number of victims in the 15-19 years age group.

**Women are fewer victims of physical violence.**

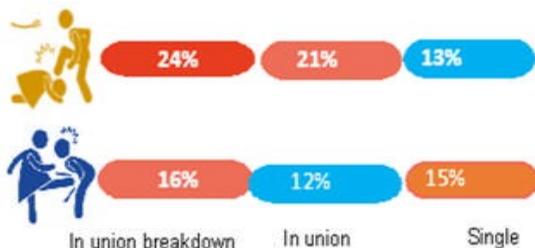
In 2018, their percentage dropped significantly to 39% compared to 53% in 2004 and 55% in 2011.

**Figure 2:** Proportion of victims of physical violence over the period 2004-2018



**Women and men in union breakdown witness the most, physical violence more than others.**

**Figure 3:** Proportion of victims of physical violence by marital status in 2018



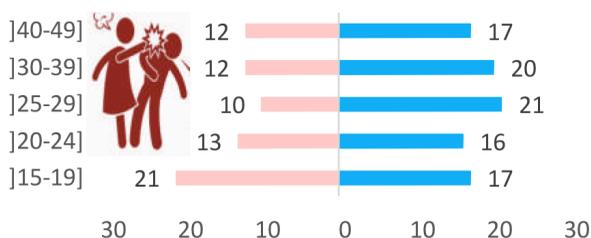
**...35% of women with residence in the Centre region (excluding Yaounde) are victims of physical violence.**

While women living in the region (excluding Yaounde) are the most affected by the phenomenon, those living in the Littoral region (excluding Douala) are the least affected (4%).

**...Among men, the phenomenon is relatively more widespread during adolescence.**

There are more victims of this form of violence among men, particularly those of the 15-19 years age group, and among women, specifically those of the age group 25-29 years.

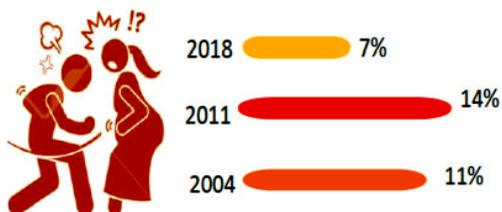
**Figure 4:** Percentage of women and men aged 15-49 who experienced physical violence in the 12 months before the survey by age group, 2018



**Pregnant women are not spared from physical violence.**

In 2018, 7% of them were victims of physical violence in the past 12 months. It should be noted that this prevalence has decreased by half compared to 2011 where it was estimated at 14%.

**Figure 5:** Proportion of pregnant women victims of physical violence, 2004-2018

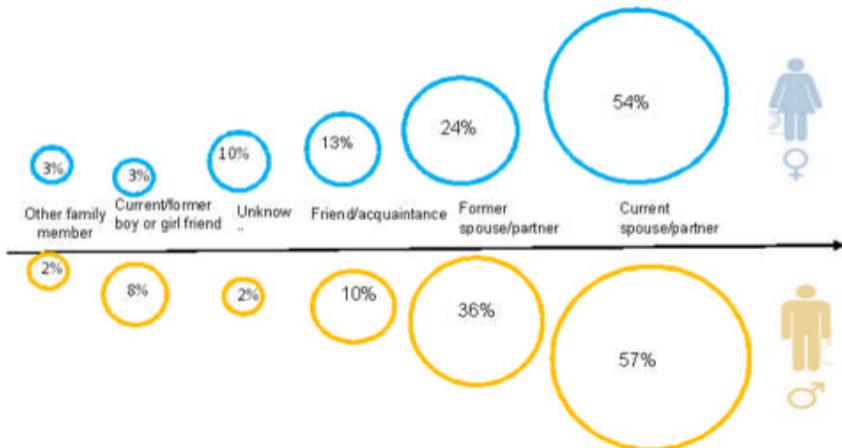


Pregnant women in rural areas (8%) are suffering more than those living in urban areas (5%). Those in the Centre (excluding Yaounde) and South regions are also more affected than those in other regions.

**...low usage of social services by victims of physical violence.**

In about three out of five cases (64%), the current spouse is the perpetrator of the physical violence and in one out of five cases (21%), the former husband/partner is the perpetrator. For single women, the mother/father's wife (29.7%), the father/husband of the mother (26.8%) and/or a sibling (22.8%) are the main perpetrators of the physical violence they have suffered.

**Figure 6:** Main perpetrators of sexual violence against women and men, 2018



**1. Early marriage**

**The percentage of girls who get married early dropped by 20% since 2004. It stood at 12% in 2018.**

Compared to trends among women, early marriage is less common among men.

Indeed, almost 5% of men aged 30-49 years in 2018 were already in union before the age of 18 years. This phenomenon varies according to age, and tends to decrease in the younger generations.

**Figure 7:** Percentage of people aged 15-49 years who were in their first union before reaching the exact age of 15 years for women and 18 years for men in 2018



### 1. Denial of resources

It is a form of economic violence against women. It is assessed through participation of the woman in decision-making about the use of the money she earns and that of her spouse, as well as some important decisions in the household.

**...Women are less autonomous as regards to the use of the money they earn.**

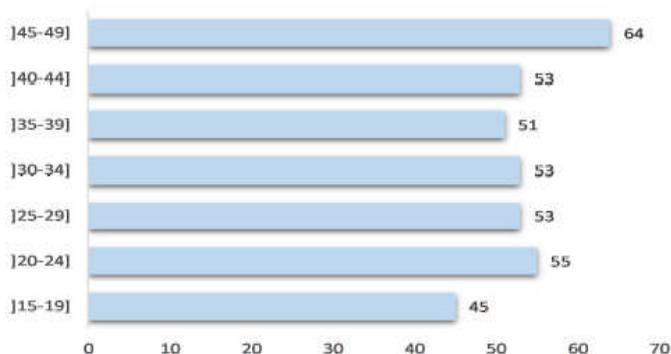
Their percentage dropped by 14 points in 2018 compared to 2011 where it stood at 68%.

**...The use of this money is increasingly consensual between spouses.**

The percentage of those who jointly decide with their husband/partner on how to use the money they earn increased by 13 points in 2018 compared to 2011 (25%).

However, older women (45-49 years) have more autonomy over the money they earn compared to younger women.

**Figure 8:** Proportion of women aged 15-49 years who mainly decide on their own on how to use the money they earn in 2018



Women living in the Adamawa, North and Far North regions seem to have more autonomy on the use of the money they earn.

It is also noted that the less educated the woman is, the more she has autonomy on the use of the money she earns.

**... Decisions are very often made together in the couple when the woman alone has a source of income or when both spouses have roughly the same income.**

When the wife has no source of income, the husband/partner tends to decide alone on the use of the money he earns. On the other hand, when it is the man who has no source of income, the decision of the use of the money earned by the woman is made in couple.

**... Women are increasingly involved in making important household decisions**

While in 2011, in most cases, the spouse was mainly the one to decide about the woman's health care, major household purchases and visits to the woman's family, in 2018, these decisions were in most cases made by mutual agreement by the woman with her husband/partner.

As far as the man's health care is concerned, in most cases (59%), the man is mainly the one to decide.

### 1. Emotional and psychological violence

Despite the persistence of this form of violence, a 14-point decrease among female victims was observed in 2018 compared to 2011, where 42% of women had reported being victims at any time in their life and 22% in the past 12 months. Men are also victims of this emotional violence. In 2018, they were 30% who had reported being victims at any time of their life and 18% in the past 12 months.

**Figure 9:** Proportion of victims of emotional violence in the last 12 months



This form of violence is much more widespread in the Centre (without Yaoundé), West, South and East regions.

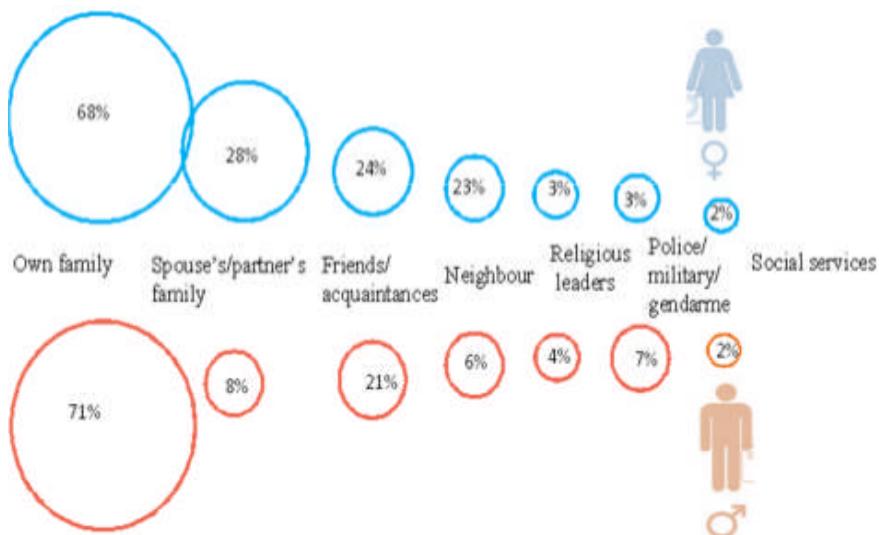
**...Women are increasingly involved in certain important household decisions.**

### 3. Resort to assistance

**... In 2018, only 2% of women and 2% of men in couple who were victims of physical or sexual violence resorted to social services.**

Resort to family, friends, relatives and neighbours is relatively preferred by the victims of physical or sexual violence.

**Figure 10:** Distribution (in %) of women and men victims of physical or sexual violence who resorted to assistance in 2018



### III. OBSERVATIONS AND RECOMMENDATIONS

At the end of the analysis, a number of observations emerges, which are presented below, along with a few recommendations addressed mainly to the Government and development partners.

➤ *On the magnitude of the forms of violence and their perpetrators*

**Observation n°1.** Overall, gender-based violence, whether physical, sexual or emotional, is still frequently observed in Cameroon, despite the drop observed over the period 2004-2018. They affect women much more than men, and are more witnessed in the Centre region (excluding Yaounde). Specifically, physical violence against pregnant women remains a concern, especially in urban areas and in the Centre (without Yaounde), East and South regions.

**Observation n°2.** Partners, friends and acquaintances, and strangers are the main perpetrators of sexual violence against people in union. In particular, the husband/partner is the main

perpetrator of physical and emotional violence against women.

**Recommendation n°1.** Intensify efforts to promote gender norms and educate young people, women and men on GBV and Harmful Cultural Practices (HCPs), notably through community-based programmes aimed at preventing and fighting against these practices.

**Recommendation n°2.** Promote comprehensive education on sexuality, GBV and HCPs in training curricula.

**Recommendation n°3.** Create and strengthen gender-sensitive legal frameworks that deal with increasing women's vulnerability in emergency and conflict contexts and support women's protection and empowerment.

> ***On early marriage***

**Observation n°3.** The phenomenon of early marriage has become less frequent since 2004, but is still relevant in 2018.

**Recommendation n°4.** Ensure better enforcement of comprehensive policies and legal frameworks for the protection of women and men against Gender- Based Violence (GBV) and Harmful Cultural Practices (HCP), such as child, early and forced marriages, and female genital mutilation, including female circumcision.

> ***On empowerment and denial of resources to women***

**Observation n°4.** It is when women contribute to household income that they often participate in decision-making as regards to its management. The empowerment and participation in decision making of women in union remained considerable in recent decades, and there is reportedly more consensus between spouses on the management of household resources and on decisions regarding women's health care.

**Recommendation n°5.** Continue to promote women's participation in economic activities in order to foster their decision-making power in the management of their lives, the household and

society.

**Observation 5.** The data collected in the Demographic and Health Surveys to analyse GBV are based not only on the classification of GBV by the United Nations system, but also, they combine rape and sexual assault under the term sexual violence.

**Recommendation n°6.** For the next surveys on GBV, especially the DHS and MICS, it is advisable to scrupulously use the classification made by the United Nations and adopted by Cameroon in order to "minimize subjectivity and ensure an effective communication" on HCPs and GBV.

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