

Men as Victims of Intimate Partner Violence in Cameroon and Sierra Leone

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Abstract

There is a lack of research on how global intimate partner violence (IPV) has impacted men, especially in patriarchal societies of sub-Saharan Africa (SSA). This study used data from Demographic and Health Surveys (DHS) conducted in Cameroon and Sierra Leone after 2010 to examine the prevalence and predictors of IPV victimization among married or cohabiting men aged 15 to 59 years. We chose to examine factors related to IPV victimization separately in each country to highlight the importance of not generalizing results from one SSA country to another or to SSA as a whole. Logistic regression analysis was used to examine factors associated with physical, psychological, and sexual IPV victimization. In Cameroon, 26.5% of men reported psychological victimization, 24.4% reported physical victimization, and 2.3% reported sexual victimization in the year before the survey. The corresponding proportions of male victims in Sierra Leone were 23.4%, 14.9%, and 2.7% respectively. Men in both countries experienced more psychological violence than physical or sexual violence. The prevalence of IPV varied by age, education, ethnicity, witnessed father beating his mother, wife's alcohol consumption, and approval of wife-beating. In both countries, reporting IPV victimization was related to exposure to

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father beating mother, alcohol consumption, ethnicity, and approval of wife-beating. Implications of these findings suggest that it is important to consider the influence of contextual and structural factors in understanding the vulnerability of men to IPV victimization. The inconsistent patterns and socio-cultural variation within countries suggest that a multilayer approach should be used to prevent and respond to IPV against men.

Keywords

intimate partner violence, male victimization, Cameroon, Sierra Leone, sub-Saharan Africa

Introduction

Intimate partner violence (IPV) is a global social health problem. In response to the Sustainable Development Goal (SDG) 5, the United Nations seeks to protect women and girls from all forms of violence in the public and private spheres. Gender equality has become an integral component of several aspects of the SDGs (Gates, 2014; United Nations, 2021). Furthermore, the SDGs (United Nations, 2014) provide a global focus on several aspects of international development and strongly encourage research to assess progress toward these goals (Raj, 2017). The World Health Organization estimates that 27% of ever-partnered women worldwide reported they have experienced physical IPV in their lifetime and 33% of ever-partnered women in sub-Saharan Africa (SSA) have experienced physical IPV in their lifetime (World Health Organization, 2018). Previous work has typically considered men as perpetrators of IPV, but men are also victims of IPV. Studies on experiences of men as victims of IPV, especially in patriarchal cultures, can provide information to policymakers and program implementers in their effort to design interventions to reduce IPV.

Societal perceptions of IPV as a women's issue have led to the development of research frameworks, measurement, methodologies, and treatments targeting women as victims of IPV. However, there is still a lack of methods and data to examine the prevalence of and predictors of IPV against men. The experience of men as victims of IPV is rarely described, studied, or documented in SSA countries where patriarchal norms prevail in spousal relationships. However, the 2011 Cameroon Demographic and Health Survey (CDHS) and 2013 Sierra Leone Demographic and Health Survey (SLDHS) that included questions on men's direct experience with emotional, physical, and sexual IPV provide the opportunity to explore the prevalence of IPV against men and factors associated with this phenomenon. However, the reported prevalence of IPV in this study may be lower than the actual

prevalence possibly due to respondents being hesitant to report on potentially traumatic or sensitive topics to a stranger (Oyediran & Feyisetan, 2017). In addition, patriarchal norms persist in SSA nations that may affect men's ability to identify as victims. The current study used data from the Demographic and Health Surveys (DHSs) from Cameroon and Sierra Leone that explored men's experiences of IPV victimization.

In a society where women are typically subservient to their husbands, the circumstances that make them become violent remain blurred. "An ever-increasing body of research has been published over the last 30 years; however, that has indicated that domestic violence is not solely a male-to-female crime and that women are as physically aggressive as men" (Graham-Kevan, 2021). Research also suggests that bidirectional violence is the most common pattern of aggression (Langhinrichsen-Rohling et al., 2012). Studies on male IPV victimization are mostly from North America (e.g., Carbone-López et al., 2006; Mitra et al., 2016) and European countries (e.g., Carmo et al., 2011; Thureau et al., 2015). Studies looking at male victims of IPV are very rare for SSA. The few studies on the male experience of IPV in SSA countries have produced mixed results; some studies suggest such cases are rare, while others describe an epidemic of IPV against men (Ayodele, 2017; Dienye & Gbeneol, 2009; Oladepo et al., 2011). Studies of the prevalence rates of women as perpetrators of IPV in SSA range from fairly low for "hitting, pushing, or slapping" (Kaminer et al., 2008), to 34% in a Kenyan population-based survey (Simister, 2010). Another South African study revealed 25% of women reported perpetrating some form of IPV, comparable to the 27% of men reporting some form of IPV (Gass et al., 2011). In Nigeria, studies have shown low reporting by men who are victims of IPV due to ego and stigma (Ayodele, 2017; Oyediran, 2021). For instance, a retrospective medical record review of all the patients who were seen at the General Outpatient Department of the University of Port Harcourt Teaching Hospital, Port Harcourt, Nigeria, over a period of 5 years (2000–2005) revealed an incidence of 22 male IPV victims per 100,000 cases examined (Dienye & Gbeneol, 2009). Oladepo et al. (2011) found that 12% of male patients were physically abused by their partners and 7% of male patients were sexually abused by their partners in the study conducted in Oyo, Kaduna, and Enugu states of Nigeria.

IPV against men, like other forms of IPV, is a complex problem that impacts people of all races and cultures. One study found that men, as victims of IPV, are less likely than women to seek help or report incidents of abuse (Tjaden & Thoennes, 2000). Furthermore, female victims were four times more likely than their male counterparts to report IPV to the police (Brown, 2004). The unwillingness of men to acknowledge being abused or victimized stems from their being stigmatized or their fear of being viewed as weak due

to being hit or insulted by their spouses or partners, which can lead to underreporting of cases of IPV against men in male-dominated societies (Ayodele, 2017). Continued research examining the prevalence of and associated factors related to IPV against men is necessary, as it can guide policymakers and implementers to respond to the needs of male victims.

Cameroon and Sierra Leone are two countries in SSA that collected data on men's experiences of IPV perpetrated against them by their wife or cohabitating partner. This study uses data from the 2011 CDHS and 2013 SLDHS to understand the prevalence of and underlying factors associated with IPV against men. We chose to study the experiences of men in these two countries because they are two of the first SSA countries to have men complete the spouse abuse survey in these datasets. The study findings are expected to guide the development of policy and strategic interventions that will help in reducing the violent behavior among partners in the two countries and SSA in general. Like many male-dominated cultures, the power relations within marital unions in Cameroon and Sierra Leone convey men's higher status than women. Men have more access to resources, including land ownership, and play higher roles in governing structures such as the court system (Fouthe & Diane, 2017). Women in Cameroon generally function from subservient positions inherent in both traditional and state institutions (Fonjong, 2001). Despite holding subordinate positions to their partners, women have informal power within households, and these powers are often enforced through control of subsistence activities (e.g., cooking, childcare, etc.). In Sierra Leone, the family structure and property rights are both patrilineal, thus, making women depend on men for sustenance (McFerson, 2011). Women live in the shadow of men's authority and have fewer legal rights due to fewer socio-economic resources including education, land tenure, and career status. But in reality, women's and men's relationships are complementary, due mainly to the considerable power and solidarity gained as a member of women's societies and networks (Bangura, 2012). A key feature of family structure in SSA especially in West Africa and Central Africa is the practice of having more than one wife (Muntah, 2020; National Population Commission (NPC) [Nigeria] and ICF International, 2014). Although polygamy has declined in the last decade, it remains common with 22% of women and 12% of men in a polygamous union in Cameroon (Institut National de la Statistique - INS/Cameroun & ICF International, 2012). In Sierra Leone, 30% of women and 14% of men are in a polygamous union (Statistics Sierra Leone (Stats SL) & ICF, 2020).

The Present Study

This study examines factors related to men's risk of experiencing IPV in Cameroon and Sierra Leone. Attempts are made to answer the following

questions: What is the prevalence of physical, sexual, and psychological IPV against men in Cameroon and Sierra Leone? Do prevalence rates vary by contextual and demographic factors?

Diversity Statement

This study examines female-to-male IPV from a diverse perspective. Tajima (2021) citing Jon Conte, indicates that diversity includes “all aspects of human differences such as socioeconomic status, race, ethnicity, language, nationality, sex, gender identity, sexual orientation, religion, geography, ability, age, and culture” (p. 4954). In this paper, seven of these variables are specifically examined. To increase the likelihood that this study was designed and interpreted accurately, it was important that the first author of this paper grew up and lived much of his life in Nigeria, a SSA country. He understands the context of the study areas, published articles on domestic violence using the DHS, and helped in “shaping and determining the interpretation of findings” (Bent-Goodley, 2021, p. 4984).

Method

Data

The study data was derived from the DHSs in Cameroon and Sierra Leone in 2011 and 2013, respectively. The DHS is a nationally representative cross-sectional survey that uses a multistage stratified cluster probability sampling design, with clusters providing the primary sampling unit. The survey had a two-stage cluster sampling design with selection of enumeration areas (EAs) at the first stage. At the second stage, a fixed number of households were selected in each cluster through equal probability systematic sampling, and a sample of men aged 15 to 59 years in selected households. This analysis was based on data from a subsample of men interviewed with the domestic violence module. All men aged 15 to 59 years in both countries were eligible for the domestic violence module. The analysis was restricted to the men who were currently married or cohabiting at the time of the survey. To protect IPV victims, only one eligible person per household (either a man or a woman) was selected to complete the domestic violence module (Institut National de la Statistique - INS/Cameroun & ICF International, 2012; Statistics Sierra Leone - SSL & ICF International, 2014).

Information on male IPV victimization was collected from one man in a home who was randomly selected among all the eligible men within each household. We restricted our sample to men who completed the domestic violence module and were currently married or cohabiting with a female partner.

The CDHS 2011 and SLDHS 2013 were designed to collect information on a range of socioeconomic, demographic, and health indicators, including information on fertility, family planning, infant and child mortality, maternal and child health, nutrition of women and children, sexual behavior, and HIV-related risk behaviors. The analysis is being restricted to 2,832 currently married Cameroonian men and 2,945 currently married Sierra Leonean men who were interviewed for the domestic violence module of the DHS male questionnaire.

Sample Characteristics

The mean ages of respondents in the samples from the two countries were similar (38.0 years in Cameroon and 37.7 years in Sierra Leone). About three-fifths of men were over 34 years of age in both countries. There were differences in the educational attainments of men from the two countries: about 59% of men in Sierra Leone compared to 13% in Cameroon reported having no formal education, and about 47% of respondents from Cameroon compared to 29% in Sierra Leone, reported having secondary or higher education.

Christians and Muslims are the two predominant religious groups in both countries: about 21% of the men in Cameroon and 80% of those in Sierra Leone were Muslims, and about 71% of men in Cameroon, and about 19% of those in Sierra Leone were Christians. A higher percentage of respondents reported having traditional/no religion in Cameroon (8%) than in Sierra Leone (<1%). The majority of the men were in monogamous unions (86% in Cameroon and 79% in Sierra Leone), and lived in rural areas (57% in Cameroon and 69% in Sierra Leone) and were employed (about 74% in Cote d'Ivoire and 70% in Nigeria) at the time of the surveys. There was no marked difference in the wealth quintile distribution among men in both countries. Thirty-eight percent of men in Cameroon and about 36% of men in Sierra Leone were classified in the fourth and fifth (richest) wealth quintiles. The study shows that the two countries have many ethnic groups. In Sierra Leone, Mende (35.2%) and Temne (30.6%) constitute two major dominant ethnic groups while other minority ethnicities are also present. Cameroon, Bamilike/Bamou-speaking people constitute 19.6% and Beti/Bassa/Mbam people are 20.6% of the sampled men, other ethnic groups are Biu/Mandara (12.1%); Adamaoua-Oubangui (11.3%); and Grassfield people (13.0%). Other minority ethnicities with less than 10% of sampled men constitute 23.5% of the sample.

Measures

IPV victimization. The dependent variable, IPV victimization, was constructed from sets of questions on the wife/partner's acts that indicate IPV (psychological, sexual, or physical). The IPV questionnaire in the module is modified

from the Conflict Tactics Scales, which has good validity and reliability (Straus et al., 1996). Physical IPV was assessed by seven questions: “did your (last) wife/partner ever: (a) push you, shake you, or throw something at you? (b) slap you? (c) twist your arm or pull your hair? (d) punch you with her fist or with something that could hurt you? (e) kick you, drag you, or beat you up? (f) try to choke you or burn you on purpose? (g) threaten or attack you with a knife, gun, or other weapons?” Psychological IPV was assessed by three questions “did your wife/partner ever: humiliate you in front of others; threaten to hurt or harm you or someone close to you, or insult you or make you feel bad about yourself.” Lastly, sexual IPV was assessed by three questions: did your wife/partner ever (a) physically force you to have sexual intercourse with her when you did not want to? (b) physically force you to perform any other sexual acts you did not want to? (c) force you with threats or in any other way to perform sexual acts you did not want to?

Consequences of IPV. In order to assess consequences of IPV, respondents were asked if, as a consequence of what their partners did to them, they ever had any of three different sets of physical injuries: (a) cuts, bruises, or aches; (b) eye injuries, sprains, dislocations, or burns; or (c) deep wounds, broken bones, broken teeth, or any other serious injury.

Childhood exposure to IPV. Childhood exposure to IPV was assessed using a dichotomous variable, where the respondents were asked if his father ever beat his mother. This was coded as 1=yes and 0=no.

Supportive attitudes toward wife-beating. This independent variable was measured from responses to five attitudinal questions related to whether a husband was justified in hitting or beating his wife in the following scenarios: (1) she goes out without telling him; (2) she neglects the children; (3) she argues with him; (4) she refuses to have sex with him; and (5) she burns food during cooking. From the dichotomous responses (yes=1; no=0), an index representing respondent’s attitudes toward wife-beating was created, with a score range of 0 to 5, with higher scores of indicating a higher level of agreement that wife-beating is justified. A dichotomous variable created from the index for attitude supporting wife beating, coded as “0” if the respondent did not have supportive attitude that a husband is justified in beating his wife in any of the situations and coded as “1” if the respondent agreed in at least one situation.

Wife’s consumption of alcohol. Wife’s consumption of alcohol was created from a question that asked the respondent whether their wife/partner drinks alcohol with responses of 0 “no,” 1 “yes,” and 9 “no response.” Men who

answered “no” to the question were classified that the wife does not consume or use alcohol, while “yes” and “no response” are combined to indicate that the wife consumes or uses alcohol. No response was grouped as “yes” because the husband likely did not respond due to shame that may accompany their partner using alcohol, as women are encouraged to not drink alcohol.

Demographic factors. The demographic variables in this study include men’s individual level socio-economic and demographic characteristics, namely age (15–24 years; 25–34 years, 35–44 years; and 45 years and above), education—highest level of education attained (none, primary, secondary, and post-secondary), religious affiliation (Christians, Muslims, and others—traditionalist/no religion), and the household wealth status categorized into five quintiles (first, second, third, fourth, and fifth). Other controlling variables are type of marital union (monogamous and polygamous), place of residence (urban vs. rural), and ethnicity. The ethnicity classification is specific to each country with the grouping according to the commonality in traditional norms and values guiding dyadic relationship particularly between husband and wife. The ethnicity groups for Cameroon used for this study include Biu/Mandara, Adamaoua-Oubangui, Grassfield, Bamilike/Bamou, Bet/Bassa/Mbam, and others. While the ethnic group for Sierra Leone includes Mende, Temne, and others. Other ethnic group include those that constitute less than 5% of the population in the sampled analysis.

Analysis Plan

Prevalence estimates were calculated for each country to reflect IPV against men and the intensity of the IPV using the frequency of occurrence in the 12 months preceding the survey. The marginal association between measures of IPV against men and independent variables was examined with Chi-square tests. Two multivariate logistic regression models were used to determine the net effect of socio-demographic variables and behavioral factors on men’s experience of IPV victimization (psychological and physical). The logistic regression model was not conducted for sexual IPV due to the low number of cases, which may produce unreliable estimates. The analysis took into consideration the complex survey design by using the *svyset* command in Stata. Weight was applied to correct the problems that might have been associated with oversampling or undersampling of some geographic areas. The IPV victimization weight in each country dataset was used. A logistic regression model was fitted for the multivariate analysis using STATA version 16 (StataCorp, 2019).

Table 1. Distribution of Married or Cohabiting Men's Exposure to IPV in the Past 12 months and Selected Background Characteristics, Cameroon and Sierra Leone.

Characteristics	Cameroon		Sierra Leone	
	<i>n</i>	%	<i>N</i>	%
Psychological IPV				
Yes	751	26.5	689	23.4
No	2,008	73.5	2,256	76.6
Physical IPV				
Yes	683	24.4	483	14.9
No	2,135	75.6	2,505	85.1
Sexual IPV				
Yes	66	2.3	80	2.7
No	2,764	97.7	2,864	97.3
Background characteristics				
Age				
15–24	177	6.2	161	5.5
25–34	967	34.2	949	32.2
35–44	928	32.8	1,065	36.1
45 years and above	760	26.8	771	26.2
Mean age	38.0		37.7	
Education				
None	360	12.7	1,735	58.9
Primary	1,142	40.3	357	12.1
Secondary	1,128	39.8	682	23.2
Post-secondary	202	7.1	172	5.8
Religion				
Christians	2,006	71.0	568	19.3
Muslims	586	20.7	2,367	80.3
Others	234	8.3	11	.4
Household Wealth				
First quintile	520	18.4	683	23.2
Second quintile	649	22.9	624	21.2
Third quintile	577	20.4	593	20.1
Fourth quintile	537	19.0	559	19.0
Fifth quintile	549	19.4	487	16.5
Type of union				
Monogamous	2,448	86.4	2,330	79.1
Polygamous	384	13.6	616	20.9

(continued)

Table 1. (continued)

Characteristics	Cameroon		Sierra Leone	
	<i>n</i>	%	<i>N</i>	%
Ethnic affiliation			NA	
Biu/Mandara	340	12.1		
Adamaoua-Oubangui	318	11.3		
Grassfield	366	13.0		
Bamilike/Bamou	552	19.6		
Beti/Bassa/Mbam	582	20.6		
Others	663	23.5		
Mende	NA		1,037	35.2
Temne			903	30.6
Others			1,006	34.2
Place of residence				
Rural	1,617	57.1	2,043	69.3
Urban	1,215	42.9	903	30.7

Note. IPV = intimate partner violence.

Results

Prevalence of IPV Victimization

Table 1 shows the percentages of married or cohabiting men in each country that reported different types of IPV victimization. In both countries, men were more likely to report psychological violence victimization in the past 12 months. In Cameroon, 26.5% of the men reported experiencing psychological violence, 24.4% reported physical victimization, and 2.3% reported sexual victimization in the past 12 months. The corresponding proportions of male victims in Sierra Leone were 23.4%, 14.9%, and 2.7%. In Sierra Leone, 23.4% reported psychological violence, 14.9% reported physical violence, and 2.7% reported sexual violence victimization in the 12 months prior to their interviews (See Table 1). The prevalence of psychological IPV and physical IPV is lower in Sierra Leone than in Cameroon.

Characteristics of Men Experiencing IPV

The finding shows that the prevalence of IPV victimization varies nonlinearly with education in the two countries investigated. For instance, men with secondary education have the highest levels of psychological (30.3%) and physical IPV (29.3%) victimization in Cameroon. In Sierra Leone, men with

only primary education have the highest levels of psychological (27.2%) and physical violence (16.1%) victimization although the association was not statistically significant.

Table 2 indicated that in both countries, men who witnessed their fathers ever beat their mothers, with supportive attitudes to wife-battery, and wife's consumption of alcohol use reported higher levels of experiencing any type of IPV victimization. Also, ethnicity demonstrates a statistical relationship with the experience of any type of IPV in Cameroon, but not in Sierra Leone where ethnicity was not associated with physical IPV. Religion, household wealth, and type of union illustrate inconsistent relationships with IPV in Cameroon and Sierra Leone. Men with higher household wealth were more likely to be IPV victims in Cameroon. In Sierra Leone, attitudes supportive of wife-beating were associated with men experiencing IPV. Religion demonstrates a statistically significant relationship with psychological and physical IPV while the type of union and household wealth is marginally associated with physical IPV in Cameroon. In Sierra Leone, household wealth is associated statistically with psychological, physical, and sexual violence victimization.

Consequences of IPV Against Men

Men who had ever experienced physical violence were asked about the physical consequences resulting from the violence. The results show that 20% of male IPV survivors in Cameroon and 31% of male IPV survivors in Sierra Leone experienced some form of physical injury due to the IPV victimization (Figure 1). The most common physical consequences of IPV reported by men who experienced physical violence were cuts, bruises, or aches. Other physical injuries related to IPV reported by the men are eye injuries, sprains, dislocations, or burns; and deep wounds, broken bones, teeth, or any other serious injury. Despite the higher prevalence of IPV victimization among men in Cameroon than in Sierra Leone, the injuries resulting from physical violence were more severe among men in Sierra Leone than men in Cameroon.

Factors Influencing Men's Risk of Experiencing IPV

Psychological IPV. The multiple logistic regression for factors associated with men's reports of being psychologically abused by their partners after controlling for sociodemographic and gender-role variables are shown in columns 2 and 3 of Table 3. In Cameroon, men's reports of experiencing psychological violence in the past 12 months were significantly associated with education, type of union, ethnicity, family history of violence, supportive attitude toward

Table 2. Percentage of Currently Married or Cohabiting Men Aged 15 to 59 years by Their Experience of Psychological or Physical IPV Perpetrated by the Current Spouse or Partner in the 12 Months Preceding the Survey by Selected Background Characteristics Cameroon and Sierra Leone.

Characteristics	Cameroon			Sierra Leone		
	Respondents (N)	Psychological (%)	Physical (%)	Respondents (N)	Psychological (%)	Physical (%)
Age		$p = .040$	$p = .000$		$p = .053$	$p = .027$
15–24	176	33.5	32.6	160	20.6	18.1
25–34	967	28.1	28.7	949	26.3	16.8
35–44	928	24.4	22.4	1,065	22.8	14.9
45 years and above	760	25.5	17.9	771	21.1	12.0
Education		$p = .000$	$p = .000$		$p = .268$	$p = .702$
None	360	14.7	11.3	1,735	22.7	15.2
Primary	1,142	26.1	22.9	357	27.2	16.1
Secondary	1,127	30.3	29.3	681	23.8	14.1
Post-secondary	202	29.2	22.0	172	20.9	12.8
Religion		$p = .000$	$p = .000$		$p = .251$	$p = .254$
Christians	2,006	28.9	27.2	567	21.5	13.4
Muslims	585	17.4	13.3	2,367	23.8	15.3
Others	234	29.5	22.0	NA	NA	NA
Household wealth		$p = .224$	$p = .024$		$p = .005$	$p = .007$
First quintile	520	23.3	19.1	683	26.2	14.7
Second quintile	649	28.5	24.1	623	26.2	18.3
Third quintile	577	25.5	23.4	593	23.4	16.6
Fourth quintile	536	26.3	25.8	559	21.7	12.7
Fifth quintile	549	28.6	26.9	487	17.9	11.3
Type of union		$p = .584$	$p = .049$		$p = .111$	$p = .768$
Monogamous	2,448	26.4	24.9	2,329	22.8	14.8
Polygamous	383	27.7	20.2	616	25.8	15.3

(continued)

Table 2. (continued)

Characteristics	Cameroon			Sierra Leone		
	Respondents (N)	Psychological (%)	Physical (%)	Respondents (N)	Psychological (%)	Physical (%)
Ethnic affiliation		p = .000	p = .000	NA		
Biu/Mandara	340	27.9	23.2			
Adamaoua-Oubangui	318	21.1	20.1			
Grassfield	366	28.4	21.1			
Bamille/Bamou	551	30.7	21.2			
Beti/Bassa/Mbam	582	30.2	32.2			
Others	663	21.1	22.4			
	NA					
Mende					p = .0000	p = .179
Temne				1,037	29.9	14.6
Others				903	22.4	16.6
				1,005	17.6	13.6
Place of residence		p = .230	p = .000		p = .002	p = .009
Rural	1,617	25.7	21.4	2,042	25.0	16.0
Urban	1,214	27.7	27.3	903	19.7	12.3
Childhood exposure to violence		p = .000	p = .000		p = .000	p = .000
Yes	1,214	33.6	33.1	1,272	28.7	20.4
No	1,609	21.3	16.9	1,673	19.4	10.7
		p = .000	p = .000		p = .000	p = .000
Supportive attitudes toward wife-beating						
Yes	1,054	34.9	36.1	1,059	29.8	20.3
No	1,765	21.5	16.7	1,886	19.8	11.8
Wife's consumption of alcohol		p = .000	p = .000		p = .001	p = .000
Yes	1,170	31.6	28.7	148	34.5	29.1
No	1,657	23.0	20.6	2,797	22.8	14.1

Note. p-Values refer to Chi-square comparing proportions of men victims versus non-victims; percentages in the Table correspond to “victims” for each of IPV type. IPV = intimate partner violence.

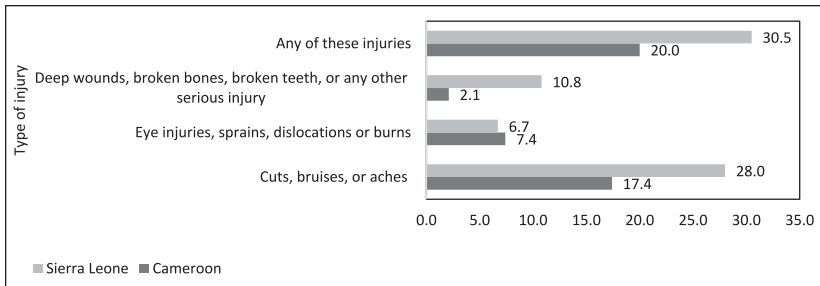


Figure 1. Percentage of currently married or co-habiting men age 15 to 59 years who have experienced physical IPV by the consequences/injuries ever reported, Cameroon and Sierra Leone.

Note. IPV = intimate partner violence.

wife-battery, and wife's consumption of alcohol. For instance, the odds of men reporting psychological victimization are significantly higher for men with secondary education ($AOR=2.00$, $p=.002$) and post-secondary education ($AOR=2.16$, $p=.012$) than for men with no education. Men in a polygamous union are 1.41 times more likely to report psychological victimization as compared with men in a monogamous union ($AOR=1.40$, $p<.05$). Unlike the results for Cameroon, education was not significantly associated with Sierra Leonean men's risk of experiencing psychological violence. Like Cameroon men, ethnicity, childhood exposure to violence, supportive attitudes toward wife-battery, and wife's alcohol consumption were significantly associated with men's risk of experiencing psychological IPV in Sierra Leone.

Physical IPV. Table 3 and columns 4 and 5 show the results of the logistic regression analysis for the 12 months before the survey of men's risk of experiencing physical IPV from their partner in Cameroon and Sierra Leone. In Cameroon, the variables that are significantly associated with men reporting physical IPV in the 12 months before the survey are education, religion, household wealth, place of residence (urban vs. rural), childhood exposure to violence, attitude toward wife-battery, and wife's drinking of liquor. For instance, men in the household on the fourth quintile of the wealth index are less likely to report experiencing physical violence ($AOR=0.52$, $p=.032$) compared with those in the first wealth quintile. Also, men who are rural dwellers were less likely ($AOR=0.59$, $p=.003$) to report experiencing physical IPV in the past 12 months compared to those residing in the urban areas.

Table 3. Adjusted Odds Ratios (Adjusted for all Variables) From a Multiple Logistic Regression Analysis of Experiencing Physical IPV in the Past 12 months Among Men in Cameroon and Sierra Leone.

Characteristics/Factors	Psychological Violence in the Past 12 Months		Physical Violence in the Past 12 Months	
	Cameroon, AOR (95% CI)	Sierra Leone, AOR (95% CI)	Cameroon, AOR (95% CI)	Sierra Leone, AOR (95% CI)
Age				
15–24 (ref)	1.00	1.00	1.00	1.00
25–34	1.01 (0.62, 1.66)	1.33 (0.64, 2.73)	1.08 (0.68, 1.72)	0.93 (0.44, 1.95)
35–44	0.78 (0.47, 1.31)	0.99 (0.48, 2.05)	0.92 (0.55, 1.55)	0.69 (0.32, 1.49)
45 years and above	0.79 (0.48, 1.33)	0.78 (0.37, 1.62)	0.73 (0.42, 1.24)	0.37 (0.17, 0.83)*
Education				
None (ref)	1.00	1.00	1.00	1.00
Primary	1.62 (1.06, 2.48)*	1.11 (0.76, 1.62)	1.77 (1.07, 2.95)*	0.83 (0.53, 1.32)
Secondary	2.00 (1.28, 3.11)**	1.23 (0.88, 1.70)	2.47 (1.46, 4.21)**	1.30 (0.88, 1.91)
Post-secondary	2.16 (1.19, 3.92)**	0.94 (0.49, 1.80)	1.51 (0.77, 2.97)	1.42 (0.66, 3.06)
Religion				
Christians (ref)	1.00	1.00	1.00	1.00
Muslims	1.33 (0.88, 2.03)	1.09 (0.76, 1.56)	0.79 (0.50, 1.23)	0.99 (0.63, 1.58)
Others	1.01 (0.69, 1.48)	NA	0.68 (0.45, 1.02)*	NA
Household wealth				
First quintile (ref)	1.00	1.00	1.00	1.00
Second quintile	0.98 (0.66, 1.45)	1.00 (0.73, 1.38)	0.89 (0.59, 1.35)	1.059 (0.73, 1.52)
Third quintile	0.89 (0.55, 1.44)	0.93 (0.66, 1.32)	0.72 (0.44, 1.17)	1.03 (0.68, 1.53)
Fourth quintile	0.77 (0.45, 1.33)	1.11 (0.70, 1.76)	0.52 (0.29, 0.95)*	1.06 (0.59, 1.88)
Fifth quintile	0.87 (0.49, 1.53)	1.04 (0.57, 1.90)	0.64 (0.34, 1.23)	0.768 (0.35, 1.35)
Type of union				
Monogamous (ref)	1.00	1.00	1.00	1.00
Polygamous	1.41 (1.00, 2.00)*	1.46 (1.10, 1.94)**	0.98 (0.68, 1.42)	1.37 (1.01, 1.87)*

(continued)

Table 3. (continued)

Characteristics/Factors	Psychological Violence in the Past 12Months		Physical Violence in the Past 12Months	
	Cameroon, AOR (95% CI)	Sierra Leone, AOR (95% CI)	Cameroon, AOR (95% CI)	Sierra Leone, AOR (95% CI)
Ethnic affiliation		NA		NA
Biu/Mandara (ref)	1.00		1.00	
Adamaoua-Oubangui	0.47 (0.27, 0.80)**		0.79 (0.48, 1.30)	
Grassfield	0.99 (0.57, 1.70)		0.98 (0.60, 1.60)	
Bamileke/Bamou	0.93 (0.53, 1.64)		0.95 (0.57, 1.57)	
Beti/Bassa/Mbam	0.81 (0.48, 1.37)		1.33 (0.82, 2.16)	
Others	0.66 (0.40, 1.11)		1.09 (0.70, 1.70)	
Mende (ref)	NA		NA	
Tenne		1.000.69 (0.49, 0.98)*		1.001.25 (0.83, 1.89)
Others		0.54 (0.38, 0.76)***		1.09 (0.75, 1.57)
Place of residence				
Rural	0.90 (0.64, 1.27)	1.17 (0.73, 1.87)	0.59 (0.42, 0.83)**	1.06 (0.62, 1.81)
Urban (ref)	1.00	1.00	1.00	1.00
Childhood exposure to violence				
Yes	1.52 (1.22, 1.90)***	1.64 (1.26, 2.14)***	2.09 (1.61, 2.72)***	2.07 (1.55, 2.79)***
No (ref)	1.00	1.00	1.00	1.00
Supportive attitudes toward wife-beating				
Yes	1.81 (1.45, 2.26)***	1.59 (1.24, 2.04)***	2.98 (2.39, 3.71)***	1.47 (1.06, 2.04)**
No (ref)	1.00	1.00	1.00	1.00
Wife's consumption of alcohol				
Yes	1.29 (1.02, 1.64)*	2.47 (1.38, 4.34)**	1.33 (1.01, 1.74)*	3.27 (1.66, 6.42)***
No (ref)	1.00	1.00	1.00	1.00
Constant	0.19***	0.16***	0.13***	0.10***
F	4.12	4.60	11.46	4.48
Prob > F	0.0000	0.0000	0.0000	0.0000

Note. Boldface indicates statistically significant. ref=reference group; AOR=adjusted odds ratio; CI=confidence interval; NA=not available; IPV=intimate partner violence.

* $p < .05$, ** $p < .01$, *** $p < .001$.

Age and ethnicity are not significantly associated with the men experiencing physical violence in the last 12 months before the survey.

There were similarities between factors associated with reports of physical IPV victimization for Sierra Leone and Cameroon. For instance, childhood exposure to violence, attitudes toward wife-battery, and wife's consumption of alcohol were significantly related to experiencing physical violence for men residing in Sierra Leone and Cameroon. However, education, religion, household wealth, and place of residence are significantly related to IPV victimization in Cameroon, yet in Sierra Leone, age and type of union are significantly related to victimization.

Discussion

The study examined the prevalence of and predictors of IPV against men among Cameroonians and Sierra Leoneans. Previous research (e.g., Devries et al., 2013; Kamimer et al., 2008; Simister, 2010) has confirmed the high rates of violence against women. This study confirms that both men in Cameroon and Sierra Leone are victims of IPV. The prevalence of IPV in the past 12 months in Cameroon was found to be: 26.5% psychological IPV; 24.4% physical IPV; and 2.3% sexual IPV. In Sierra Leone, the prevalence of IPV in the past 12 months was: 23.4% psychological IPV; 14.9% physical IPV; and 2.7% sexual IPV. The study fills a gap in the knowledge of the magnitude of and correlates of IPV against men in SSA.

The findings show that a substantial percentage of men in both countries are victims of IPV, but there is still potential for under-reporting of the incidents. The under-reporting can be due to stigma that may be associated with husbands reporting that their spouses abused them. The patriarchal culture still clings to notion that men should not express their feelings. This is perilous to the men, particularly those who found themselves in abusive relationships. In a male-dominated culture that is pervasive in many SSA countries (Feyisetan & Oyediran, 2019; Makinde et al., 2017; Oyediran, 2016; Oyediran & Isiugo-Abanihe, 2005), men may feel discouraged to speak about what is going on in their marital relationship or feel like no one will believe them. Additionally, men may not realize they are being abused or they might assume they should just deal with the abuse on their own. This study finds that many men are victimized by their intimate partners. All IPV victims deserve support and resources that will make them feel safe and protected.

The findings demonstrate that men in both countries are more likely to experience psychological violence than physical violence. This is consistent with another study conducted in Ghana and Ugandan (Kishor & Bradley, 2012). Another study from Rwanda indicated that the prevalence of

psychological violence was 7.3% in the preceding year; 4.3% had experienced physical violence and 1.5% sexual violence (Umubyeyi et al., 2014). However, a study conducted in England found that 42.9% of male patients reported experiencing emotional violence; 31.8% and 4.1% had experienced physical and sexual violence, respectively (Khalifeh et al., 2015). Although the current study shows a substantial percentage of men reporting experiencing IPV in Cameroon and Sierra Leone, the number may be even higher because men in these countries may underreport and hide the victimization. While clearly, men in both countries are victims of IPV, men in Cameroon are more likely than men in Sierra Leone to experience physical abuse. The socio-cultural, economic, environmental, behavioral factors, cultural norms and values, and political situations can explain the differences in the reported prevalence of IPV against men between the countries.

The study findings show that certain characteristics and attributes of men are related to experiencing IPV. Among the characteristics and attributes considered, three are consistently associated with experiencing IPV by men in both countries. The factors are wife's alcohol consumption, childhood exposure to violence, and men who support wife-beating. One factor which was not considered in this study was bilateral violence (where both partners are perpetrating IPV). Men who support wife-beating may be in relationships with bilateral violence. As the literature on IPV suggests, the three covariates are associated with a significantly higher likelihood of both men and women experiencing violence (Kishor & Bradley, 2012; Tjaden & Thoennes, 2000; Wang et al., 2009). The associations between these three factors and men experiencing violence appear to be consistent in Cameroon and less so in Sierra Leone. The study shows that in Cameroon, men whose wife drink alcohol are 29% more likely to report experiencing psychological violence and 31% more likely to report experiencing physical violence than their colleagues who report that their wives do not consume alcohol. In Sierra Leone, the odds of men reporting experiencing psychological violence is 2.43 times higher for men whose wives consume alcohol than those whose wives do not drink alcohol. Additionally, the odds of men reporting experiencing physical IPV is 3.08 times higher for those whose wives consumed alcohol than those whose wives do not drink alcohol in Sierra Leone. A possible explanation as to why there is a relationship between IPV victimization and wife's alcohol consumption may be attributed to wives becoming aggressive when drinking or the tendency of angering their husbands after drunk (Kuteesa et al., 2020). Furthermore, those who had been exposed to violence during their childhood could rationalize violent attitudes and behavior when violent acts take place within an intimate relationship.

In addition to the three covariates, several other attitudinal, behavioral, cultural, and socio-demographic factors, such as age, education, religion, household wealth, ethnicity, and place of residence are of importance. While some factors were significantly related to men reporting experiencing any form of IPV in both countries, some factors had a significant effect on the specific types of IPV only in one of the two countries. The findings confirm the need to consider the context when designing programs to mitigate IPV and interactions within intimate relationships. For instance, religion, household wealth, and place of residence were significantly associated with men reporting experiencing physical violence, but education only had a significant association with men reporting experiencing psychological and physical violence in Cameroon. Men's denial of incidents may also be due to the gender perspective in the study settings. Public media has an important role in educating citizens in both countries about violence against both men and women, condemning such abuses and revealing their important public health and social consequences for individuals and the family. Health care workers also carry the responsibility to identify both men and women who have experienced IPV and offer adequate treatment and support.

In Cameroon, the prevalence of men's experience of IPV (psychological or physical) was lower among rural dwellers than among the men residing in urban areas. This may be due to stress often associated with an urban lifestyle that may contribute to the aggressiveness of relationships (Litman, 2017). In addition, the breakdown in the traditional values in urban areas could make men more vulnerable to conflict in their intimate relationship if they expect their spouses to be subservient as patriarchal norms dictate (Beebejaun, 2017; Oyediran & Odusola, 2004; Oyediran et al., 2020). The difficulty for some rural men to earn enough livelihood to support their families' needs may lead to a tense home environment. Many rural people, including men, live in abject poverty in SSA including Sierra Leone.

The present study found that men in polygamous unions in both countries experience higher rates of psychological violence as compared to the men in monogamous unions. Men in polygamous unions may be more likely to be under pressure, in particular, to provide a livelihood for each wife. Abdication of expected responsibilities by the husband in a polygamous union could lead to conflict within the family unit, which may contribute to men's IPV victimization. Women in monogamous unions might see providing for their family to be a shared responsibility that required them to provide support to their husbands.

The study indicates that ethnic differences exist in the prevalence of IPV against men in both countries. Ethnicity is related to socio-cultural norms that provide a context for defining behavior as wrongful. The relationship between

ethnicity and IPV victimization is only significant for those men who experience psychological violence in Cameroon and Sierra Leone. The findings show a significantly lower prevalence of psychological violence against men among the Adamaoua-Oubangui ethnic group in Cameroon and Temne people in Sierra Leone. The adherence to the conservativeness of Islamic norms and values regarding the submissiveness of wife to husband is a potential reason for the results, even in the wake of modernity. This finding is in support of the previous study conducted in the United States (Carbone-López et al., 2006) and in Portugal (Carmo et al., 2011). Also, the finding is consistent with the relationship between ethnicity and IPV among women in Nigeria (Oyediran & Feyisetan, 2017). In Cameroon, the experience of psychological and physical IPV is highest among men with post-secondary and secondary education, respectively. While in Sierra Leone, the experience of psychological and physical IPV is highest among men with secondary education, the education differential is significant for several education subgroups in Cameroon and nonsignificant in Sierra Leone. The relationship between education and IPV against men found in this study in Cameroon is counterintuitive because education should moderate potential aggressive behaviors from both partners through respect for individual opinion express through communication and position (Oyediran & Isiugo-Abanihe, 2002, Oyediran et al., 2006). However, the probable justification of men with higher education experiencing a higher level of IPV can be the expectation of men that their spouses or partners will adhere to the traditional values that may conflict with modernity in their neighborhood.

Limitations and Future Research

To the best of our knowledge, this study is the first study that examines the prevalence of and correlates of male IPV victimization in Cameroon and Sierra Leone. Previous studies on IPV, especially in SSA countries, have focused on women as victims and men as perpetrators. This study highlights that men in patriarchal societies can be victimized despite the cultural norms that subjugate women in the affairs of family and society. Despite its strengths, the study had limitations. Men's experiences of IPV may have remained undisclosed, resulting in the underestimation of male-to-female IPV. We also identified a need for more studies to understand the magnitude of IPV against men in SSA. Both quantitative and qualitative studies need to be conducted. In addition, the data was cross-sectional, which can lead to a lack of clear understanding in the temporal ordering among variables. For example, we cannot determine if alcohol use has a causal relationship with IPV victimization, or if alcohol use is a coping mechanism utilized after experiencing IPV. Furthermore, this study did not examine male perpetration of IPV. There is a

need to establish if violence victimization precedes the IPV perpetration. Men in patriarchal culture could turn their psychological victimization into anger leading to physical confrontation. Understanding the context in which IPV occurs, as well as if bilateral IPV is present can help provide appropriate and targeted treatment for couples who experience mutual violence. In addition to the current study, there is a need for more research to profile IPV against men in other contexts to further understand the magnitude, nature, and consequences of this social issue.

Conclusion

The study highlighted the importance of examining male IPV victimization in countries in SSA (i.e., Cameroon and Sierra Leone). In Cameroon, 26.5% of men reported psychological victimization, 24.4% reported physical victimization, and 2.3% reported sexual victimization in the year before the survey. For Sierra Leone, the rates of IPV victimization were 23.4%, 14.9%, and 2.7%, respectively. Although both countries are patrilineal regarding the family structure and property rights, the system in Sierra Leone is more egalitarian. This may strengthen communications and interaction that may help in resolving problems, unlike in Cameroon where the hierarchical structure is more likely to be maintained. In addition, the injuries resulting from men's victimization are usually mild because women tend to perpetrate minor acts of psychological abuse and physical violence. Thus, the willingness of men in both countries to engage in conversations about IPV victimization may be difficult. The challenge is determining the best route to identify both male and female IPV survivors to open the gateway to supportive services and fully realize the benefits of a health sector intervention. Hence, preventive and informative public policy campaigns are important to benefit both male and female victims of IPV.

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