

Between cultural stigma and social advantage of modernity: nutritional advantage of children born out of wedlock in Cameroon

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Abstract

The objective of this study is to compare the nutritional status of legitimate children and that of children born out of wedlock in Cameroon. The study is founded on the three major hypotheses that have been invoked in the social demographic literature to explain the links between legitimacy of birth and child health: the cultural stigma hypothesis, the characteristics hypothesis and the hypothesis of living with single mother disadvantage. Analysis is based on 1498 children less than three years and living with their mother from the 1998 Cameroon Demographic and Health Survey. Children born out of wedlock represent 7.4 % of all children studied. Using frequency analysis, chi-square test, and logistic regression methods, the paper concludes that, while children born out of union are generally assumed to have poorer development outcomes because of their stigmatization in some societies, in Cameroon, children born out of wedlock experienced a low risk of malnourishment (26%) about 10 percent points lower than legitimate children (36%). In fact the likelihood of out of wedlock childbearing is higher among educated and/or urban women whose children are less exposed to malnourishment.

Introduction

Interest to study factors of social inequality (health and schooling) among child is increasing since the 1990 International Convention for Children (Unicef, 1990). Generally, scholars opposed children living in developed countries versus those living in developing countries; children living in rich households versus those staying in poorest households. At individual level comparisons are often based on sex, age or legitimacy of birth. According to the last kind of comparison, most previous studies showed that children born out of wedlock experienced low birth weight, high risk of infant and/or child mortality owing to their marginalization in some societies (Akoto, 1993; Johnson-Hanks, 2004) or to poverty of single mothers and their households (Meekers, 1994a). However, the current literature is not clear on how marginalization of children born out of wedlock increases directly their mortality. Also, most research assume that in several African countries, particularly in Cameroon, out of wedlock childbearing is more frequent among the most educated women (Cherlin and Riley, 1986; Meekers, 1994b; Calves, 1999; Emina, 2005) whose children are expected to have lower risk of health problem (malnutrition, mortality, use of health service).

The objectives of this study are to compare legitimate and out of wedlock children in Cameroon according to their nutritional status, and to identify the main determinants of observed difference. Indeed, malnutrition is associated with the household worsening conditions including insecurity, food shortage, untreated infectious diseases, and incapacity to purchase health care. The first section of this paper outlines the theoretical considerations explaining the relation between the legitimacy of birth and the health status of children. The second section presents methodology (data and methods of analysis). The last section reports and argues the principal findings of this research.

1. Theoretical considerations

Past studies in social demography have interpreted the relationship between legitimacy of birth and children's health outcome in terms of three following hypotheses: "*cultural stigmatisation and social exclusion hypothesis, characteristics hypothesis, and the disadvantage of living with only mother hypothesis*".

1.1 Cultural Stigmatization and social exclusion hypothesis

In Africa being born to unmarried parents could directly cause increases in mortality through social exclusion resulting from the stigma of non-marital sex, conception, and childbearing (Akoto, 1993; Johnson-Hanks, 2005). Insofar as non-marital sex, conception, and childbearing are stigmatized, unmarried mothers may be expelled from their kin and social networks, will be less able to make claims on the time, resources, and support of their natal families, and may hesitate to seek prenatal care out of fear of shame. That is, stigma itself may have significant negative effects on the health and health care of infants.

"You see, when you are a student and you conceive, when your friends leave for school you are ashamed. You are obligated to hide yourself. Even when you give birth, you even go to the village. You go to give birth in the village so your friends don't see you, because you are so ashamed. Insofar as babies born in the village face higher infant mortality rates, this shame itself is a risk factor for infant death" (Johnson-Hanks, 2005:4).

1.2 characteristics or selective hypothesis

According to the **characteristics hypothesis**, out of wedlock is associated with particular cultural and economics characteristics (ethnic group, level of education...). In this case, legitimacy of birth is a confounding variable which itself has some influence on the dependent variable such as prevalence of malnutrition, risk of infant or child mortality. Thus, high mortality risk observed to out of wedlock children can be explained by young maternal age of single mothers because younger maternity is positively associated with underweight and premature baby (Gueye and van de Walle, 1988; Lester, 1992). However, this negative effect of out of wedlock childbearing on child health could be inhibited by the positive influence of modernity (education, residence in urban area) on child health including nutritional status. In fact, the likelihood of having an out of wedlock birth is higher among the most educated and/or living in urban area (Calves, 1999a; Emina, 2005). This could explain the lower exogenous mortality risk among children born out of wedlock in Cameroon observed by Emina (2005).

1.3 Disadvantage of living with only mothers

This hypothesis is situated between the cultural stigmatization and the characteristics hypotheses. It assume that being born out of wedlock could directly cause increases in health problems (poorest nutrition status and/or mortality), whether through resource deprivation as a result of having only one parent. In fact, generally unmarried parents are largely poor and more likely to face economic hardship (Buvinic and al., 1992; Johnson-Hanks, 2005). In fact some researches argued that single mothers and their children are living under difficult conditions with negative consequences for their well-being owing to many forms of gender discrimination and cultural stigma against unmarried mothers. However some scholars

observed the best social outcome, in terms of nutritional status, health service use and schooling, of the children who reside in a single-parent household (Lloyd and Al, 1996). This because in Sub-Saharan Africa, a single-parent household seems to be more frequent among the most educated and the urban women.

2. Data and Methods

The data for this research are drawn from the 1998 Cameroon Demographic and Health Survey. There are 1498 children less than three years born from 1993 to 1997, and living with their mother. Children born out of union represent 7.4 % of all children studied. Analysis is focused on three kinds of variables: independent variable (*Legitimacy of birth*), dependent variable (*nutritional status of children*); and control variables (region of residence, place of residence (urban or rural), mother's level of education, children's living arrangement, household living standard, children's age and gender (male or female).

The legitimacy of birth is defined as the status of children according to the marital status of his/her mother at the time that the child is born regardless of the current marital status. When mother was in union (formal or informal) the children are considered legitimate, whereas those born to single mothers are out of wedlock children. The prevalence of malnutrition is defined as the proportion of children with weight 2 standard deviations or more below the median weight-for-age (underweight) or weight-for-height (wasting) of the NCHS/CDC/WHO international reference population.

Analyses are based on frequency distribution, chi-square test (bivariate and stratification analysis) and logistic regression. Dependent, independent and control variables are all qualitative.

3. Results

While children born out of union are generally assumed to have poorer development outcomes because of their stigmatization in some societies, and/or their living with single mothers, being born out of wedlock is not a predictor of malnourishment in children under the age of 3 years in Cameroon. In fact, compared to children born in union, children born out of wedlock experienced a low risk of malnourishment: 26% of children born out of wedlock were malnourished (underweight or chronic malnutrition) about 10 percent points lower than legitimate children (36%).

The hypothesis of social advantage of modernity explains this nutritional difference through the positive effect of education level and urban residence on out of wedlock childbearing, and a negative association between these characteristics (level of education and urban residence of mother) and nutritional status of the children (table 1).

Table 1- Proportion of children with malnutrition problem according to the legitimate of their birth and mothers characteristics in Cameroon (1998 DHS)

	Education of Mother		Place of residence		Region of residence	
	Less educated	Most Educated	Rural	Urban	Centre	Others
Legitimate	41.9	22.5	42.7	26.3	32.6	38
Born out of wedlock	31.7	22.9	33.3	18.5	21.4	30.9
Total	41.5	22.5	42.3	25.6	31.2	37.7

Source: 1998 Cameroon-DHS

It appears important to emphasize that lower prevalence of malnutrition among the children born out of wedlock is observed in all regions of Cameroon including those whose traditions do not tolerate out of wedlock childbearing (others regions except Central/South/East). These results corroborate lower exogenous mortality observed among child born out of wedlock in Cameroon (Emina, 2005).

Conclusion

From this analysis, it follows that legitimacy of birth is a confounding variable which itself has a little influence on socioeconomic outcome of child such as nutritional status. Thus, analysis of socioeconomic effect of legitimacy on child' social outcome should be made with caution in global approaches). In fact, if in some cases, being born out of wedlock is associated with stigma, social marginalization and social disadvantage, in other contexts, unmarried childbearing is a rational behaviour more frequent among educated and/or urban women owing to the delay of marriage among educated women and/or in urban area.

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