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**Relationship between Women's Socioeconomic Status and Empowerment in Burkina Faso:
A Focus on Participation in Decision-Making and Experience of Domestic Violence**

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ABSTRACT

Background and Objective: Since 2009, the Burkina Faso government has launched a national policy to empower women and to better integrate gender equity in policies, actions, and programs. Research findings on women's empowerment to support this policy are scarce, however. This paper therefore explores how socioeconomic differences shape two aspects of women's empowerment in the cultural and social context of Burkina Faso, namely decision-making in the household and experience of domestic violence. Reducing levels of domestic violence and improving women's participation are important to empowering women.

Methods: Women's participation in decision-making was assessed through three measures: involvement in decisions on woman's own health care, involvement in decisions on major household purchases, and involvement in decisions on visits to family or relatives. Using binary logistic regression, we assessed how women's socioeconomic characteristics shape each of the three outcome variables of decision-making, and each of four outcome variables of domestic violence—physical, emotional, and sexual violence, and psychological pressure. The study analyzed data for 9,141 cohabiting or married women who successfully completed the interview on domestic violence from the 2010 Burkina Faso Demographic and Health Survey (DHS).

Results: Findings show low levels of decision-making even among educated women and women working for cash, but also very low prevalence of domestic violence. Participation in all the three aspects of decision-making is positively associated with working for cash. The more education women have, the greater their involvement is in decision-making for their own health care and for family visiting. Household wealth status has a much weaker association with involvement in decision-making. Women's experience of physical, emotional, and sexual violence by their husbands/partners generally is weakly related to socioeconomic characteristics. Only the richest women and to a lesser extent women with formal education are significantly more likely to experience psychological pressure.

Conclusions: The study sheds light on the importance of socio-cultural systems for empowering women. In a society marked by a broad acceptance of traditional gender roles, neither education nor financial autonomy is sufficient to assert women's empowerment. The subtlety of the relationship between women's empowerment and domestic violence is also shown, but the near absence of this phenomenon raises methodological and societal questions. Additional studies are needed to better identify the factors that may be specific to the improvement of women's status in Burkina Faso.

INTRODUCTION

Since the late 1980s, the reduction of gender disparities has been of great concern for development policies, as highlighted in the third Millennium Development Goal, whose purpose is to promote gender equality and empower women. With this objective in mind, in 2009 the Burkina Faso government launched a national policy that aims at empowering women and better integrates gender equity in policies, actions, and programs. However, this policy lacks empirical evidence on women's empowerment, given the scarcity of research on this subject in Burkina Faso. This reflects the generally small contribution of the sub-Saharan Africa region in the thinking about empowerment in developing countries, as the increasing amount of research evidence on this issue has come from studies carried out in Asia and Latin America.

Research on women's empowerment supports the view that it is a multidimensional, complex and context-specific issue (Charmes and Wieringa 2003; Kabeer 2005; Malhotra and Mather 1997). Therefore, what is valid in one region may not be valid for other regions, while socio-cultural systems vary considerably from one setting to another, and even within the same country.

It is necessary to study women's empowerment from the perspective of women's socioeconomic characteristics, as women are divided by heterogeneous categories based on class, life cycle, or ethnicity. Scholars also point out the need to consider the intersectionalities of women's empowerment—that is, how social, economic, cultural, and other categories related to gender relations interact with each other in such a way that they create inequalities among women (Calvès 2009; Charmes and Wieringa 2003). This is an important issue to tackle if the policies that promote gender equity are not to benefit only privileged groups of women, while leaving disadvantaged groups voiceless (Calvès 2009).

This paper thus raises the question as to how socioeconomic inequalities shape two aspects of women's empowerment in the cultural and social context of Burkina Faso, namely decision-making in the household and experience of domestic violence. Reducing violence against women as well as enhancing their capacity to decide for themselves is important in empowering women. We aim to advance the understanding of women's empowerment in Burkina Faso to contribute to the Burkina Faso government's efforts to mainstream the gender dimension into the country's development policies and programs.

To accomplish our research objective, we use data from the 2010 Burkina Faso Demographic and Health Survey (DHS), a nationally representative survey, which includes specific questions in the women's questionnaire related to empowerment.

Background

Burkina Faso, located in the West African region, is listed among the poorest countries in the world, and the development policy of the government is focused on finding a way out of this situation. This objective is impeded by serious handicaps, such as high fertility and infant mortality rates, as well as a very low amount of human capital, especially among girls and women. A large portion of Burkina Faso's population is under age 15 (46%) and lives in rural areas (74%). In 2009 the gross enrolment ratio in tertiary education was 5% for men and 2% for women. Similarly the literacy rate for the population age 15 and older was higher for men (37%) than for women (22%) (UNESCO 2010; UNESCO 2011). The Burkina Faso government has to tackle these issues from a gender equity and women's empowerment perspective.

Available studies in different settings on the relationship between socioeconomic factors and women's status show mixed results, and a number of them report reasons to expect variations in the effects of women's socioeconomic characteristics on different aspects of their life. For example, while some studies indicate that poverty is a strong predictor of domestic violence, others show that it is an insignificant factor (Kishor and Johnson 2006). Literature usually reports higher socioeconomic status, namely women's increasing education and participation in wage work, to be positively related with women's greater say on decision-making in the household. In Ghana, wealthier women were found to be more likely than poorer women to be involved in decision-making on their own health care, while employed and educated women were more likely to have a say in all aspects of the decision-making in their household, relative to unemployed women and women with no formal education (Boateng et al. 2012). Work and formal education were also positively associated with increased women's household decision-making in Nigeria (Kritz and Makinwa-Adebusoye 1999). In Nepal, women who worked for cash were more likely to participate in all aspects of decision-making than those who were not employed or did not work for cash. Similarly, highly educated women and those living in the richest households were more likely to state their views on all aspects of decision-

making (Acharya & al. 2010). Still, Furuta and Salway (2006) reported that in Nepal educated women were more able to use subtle means to impose their ideas and that at the same time they were in more communicative marital relationships, which increased their influence in the household.

As for domestic violence, some studies show that this phenomenon varies considerably according to social strata. In Bangladesh, urban women in the highest wealth quintiles were found to be less likely than those in the poorest quintiles to have experienced physical violence during pregnancy (Naved and Persson 2008). Similarly, higher levels of husband's education as well as women's primary and higher education were found to be significantly protective against domestic violence (Koenig et al. 2003).

While both education and employment might enable women to stand up against discriminatory role definitions and violate established gender norms, in doing so, women would challenge traditional male authority and control, thereby setting the stage for greater marital tension and conflict, which in turn could lead to domestic violence (Kaye et al. 2005). Numerous studies suggest that sources of women's empowerment could also be compounding factors for risk of spousal violence. Findings in Turkey bring to light the complexity and ambiguity of the empowering effects of wealth, education, and employment for women. Compared with women with no formal education, university graduates were found to be less likely to experience violence inside the family. At the same time, women who worked for pay and women who had personal earnings faced higher risk of marital violence than women who did not work. Family income was also positively associated with partner's violence, so that the incidence of domestic violence was much greater in wealthier households than in poorer ones (Kocacik et al. 2007).

In Ghana, in contrast to the findings of the quantitative study by Boateng and colleagues (2012) cited above, an earlier qualitative study among wealthy, well educated, and employed Ghanaian women found that neither education nor paid employment prevented women from experiencing domestic violence (Amoakohene 2004). Similarly, a study in South Africa found that none of the standard social and demographic indicators (i.e. age, race, urban residence, education, employment, socioeconomic status) were independently associated with domestic violence (Jewkes et al. 2002).

These separate and inconsistent effects of socioeconomic factors on different aspects of women's empowerment demonstrate the need to look closely at the mechanisms through which socioeconomic inequalities affect both decision-making and domestic violence in the household. The present study seeks to understand how socioeconomic inequality is part of the explanation for women's empowerment or disadvantage in households in Burkina Faso. Women's empowerment can be understood at different levels, individual and social, in different dimensions, and within the intimate family setting or in the public domain (Charmes and Wieringa 2003; Cueva Beteta 2006). We focus on women's empowerment at the individual and household levels, as they are important levels in which empowerment occurs, and central to the determination of women's disempowerment (Cueva Beteta 2006; Malhotra 2003)

Theoretical Framework

Both scholars and policymakers acknowledge women's empowerment as a key factor to reach sustainable development. Women's empowerment focuses on individual and collective aspects of power, yet it remains a fuzzy concept, and there is still considerable debate about its meaning and measurement (Calvès 2009; Kabeer 2005; Malhotra 2003). The concept of women's empowerment is defined and measured in numerous ways. One definition is that of Kabeer (1999, 2005), who depicts women's empowerment as "the processes by which those who have been denied the ability to make choices acquire such ability."

Many authors conceptualize empowerment less as an outcome and more as a process, i.e. a progress from the state of gender inequality to the state of gender equality. As such, empowerment is composed of elements that enable or limit it (Cueva Beteta 2006; Kabeer 1999, 2005; Kishor 2000). According to Kishor (2000), indicators of women's empowerment as agency or end-result, i.e. evidence, should directly measure women's control over their lives or environment, while indicators of process should document the existence or absence of an appropriate setting for empowerment and women's access to different sources of empowerment.

The theoretical framework of this study is based on Kishor's proposed operationalization of women's empowerment. It views participation in household decision-making as evidence of empowerment, and domestic violence as an indicator of the setting for empowerment.

Specifically, knowing whether a woman has or has not experienced intimate partner violence should tell us something about the ability of her household to promote her empowerment (Kishor, 2000). Knowing whether or not she has a say in decision-making tells us something about the extent to which she is already empowered within the household.

Hypotheses

We expect to find that the three socioeconomic indicators examined—women’s education, participation in paid work, and household wealth quintiles—are each associated with decision-making and domestic violence outcomes. We expect women’s level of education to be positively associated with their participation in household decision-making, and inversely associated with their experience of domestic violence in 12 months preceding the survey. In line with literature on the subject, we anticipate that education, but only at high levels, gives women new perspectives on what their lives should be, thus bringing them to participate more actively and independently in decision-making. Highly educated women are also more likely to be in more egalitarian relationships, and thus, have more say in the couple’s decision-making; hence they are less likely to experience domestic violence.

We also expect that women employed for cash will have more say in household decisions, as they can contribute to the household’s expenses. However, since compliance with existing traditional gender norms is a widely shared attitude among Burkinabe women, financially autonomous women are unlikely to attempt to challenge their husband’s authority, and by behaving in accordance with the traditional norms, they are less likely to experience domestic violence.

We hypothesize that due to lack of resources and of potential sources of empowerment, women in poor households would be more likely than richer women to experience domestic violence and less likely to have a say in household decisions.

DATA AND METHODS

Data

Data for the analysis are drawn from the 2010 Burkina Faso Demographic and Health Survey (BFDHS). The 2010 BFDHS is a national-level population and health survey conducted by the Statistical Service of Burkina Faso (INSD), in close collaboration with other stakeholders in various sectors of government, and international partners (USAID, ICF, UNFPA, UNICEF). The 2010 BFDHS sample is representative of urban and rural areas in the 13 regions in the country.

The sample was drawn in two stages. The first stage involved selecting clusters from an updated master sampling frame constructed from the 2006 Burkina Faso Population and Housing Census. A total of 574 clusters were selected (176 in urban and 398 in rural areas). The clusters were selected using systematic sampling with probability proportional to size. A complete household listing operation was conducted in all the selected clusters to provide a sampling frame for the second-stage selection of households. The households were selected using a systematic sampling with equal probability. Only one selected cluster was not interviewed, in the Sahel region.

The survey identified 17,363 women age 15–49 from 14,424 households, of which 17,087 women were interviewed, for a response rate of 98% (INSD, 2012). The BFDHS provides information on participation in decision-making and domestic violence, among other things, in Burkina Faso. Our research focuses on women who were currently married or living with a partner and who successfully completed the interview on domestic violence, yielding a sample size of 9,141. Not all DHS surveys include the domestic violence module. In Burkina Faso only one woman per household was selected for this module, which focuses on specific aspects of domestic and interpersonal violence—women’s experience of physical, sexual, and emotional violence perpetrated by their husbands/partners.

Key Variables

The two outcome variables analyzed in this study are women's participation in decision-making and women's report of their experience of domestic violence. Women's participation in decision-making was assessed through three measures: involvement in decision-making on woman's own health care, involvement in decision-making on major household purchases, and involvement in decision-making on visits to family or relatives. For each of these three dimensions of decision-making, the DHS questionnaire asked married women who usually makes the decisions—about health care for yourself; major household purchases; visits to your family or relatives. Each question had five response options: respondent alone, respondent and husband/partner, husband/partner alone; someone else; and others. We created a binary variable for each type of decision-making by grouping together the first two responses in which women participate in decision-making, coded as 1, and other responses together in which she has no say in decision-making, coded as 0.

In the DHS domestic violence module, women were asked a series of questions about their experience of physical, emotional and sexual violence:

Physical violence

- Ever been pushed, shook or had something thrown by husband/partner
- Ever been slapped by husband/partner
- Ever been punched with fist or hit by something harmful by husband/partner
- Ever been kicked or dragged by husband/partner
- Ever been strangled or burnt by husband/partner
- Ever been threatened with knife/gun or other weapon by husband/partner

Emotional violence

- Ever been humiliated by husband/partner
- Ever been threatened with harm by husband/partner

Sexual violence

- Ever been physically forced into unwanted sex by husband/partner
- Ever been forced into other unwanted sexual acts by husband/partner

Each question has four responses for married women: never, often, sometimes, yes but not in the last 12 months. In this study, we considered experience of domestic violence within the last 12 months. Women reporting that they experienced violence “often” or “sometimes” were categorized as having experienced domestic violence in the last 12 months and coded as 1, and other responses were categorized as no experience of domestic violence in the last 12 months and coded as 0.

Another variable – psychological pressure – was also computed based on women’s responses to a series of questions included in the domestic violence module:

- Husband/partner jealous if respondent talks with other men
- Husband/partner accuses respondent of unfaithfulness
- Husband/partner does not permit respondent to meet female friends
- Husband/partner tries to limit respondent's contact with family
- Husband/partner insists on knowing where respondent is
- Husband/partner does not trust respondent with money
- Husband prevents her from working.

If a woman responded “yes” to any of these seven questions, she was considered to face psychological pressure from her husband/partner.

The key independent variables used in the study to illustrate social inequalities among women are education, participation in paid work, and household wealth status. Women’s education is code into three categories: not educated, primary level, secondary level or more. Given the low numbers, the secondary and higher level women are grouped. Paid work includes three categories: not working, not paid, cash paid.

Wealth status is categorized in quintiles: poorest, poor, middle, richer, richest. The wealth quintiles index is constructed with principal component analysis using information on household ownership of consumer items, such as a television, a radio, or a car, as well as dwelling characteristics, such as the availability of electricity, source of drinking water, sanitation facilities, type of flooring material, number of persons per sleeping room, and type of fuel used for cooking. The wealth quintiles provide a consistent measure of combined indicators of household income and expenditures.

Statistical Analysis

We used chi-squared tests to assess the statistical significance of the differences among women and binary logistic regression for the multivariate analysis. Logistic regression was conducted using STATA. A binary logistic regression model is used when the dependent variable is dichotomous such as participation in decision-making and experience domestic violence (Fox 1999). This method is used to predict membership of nominal and usually dichotomous dependent variable from a set of any initial number of predictors. Logistic regression provides odds ratios, which represent the ratio of two probabilities: the probability that the event occur (P) and the probability that it does not occur (1-P). The odds ratio is interpreted in terms of deviation from a reference category.

For women's participation in decision-making, we ran three separate models, one for each of the three variables. For the four domestic violence outcomes – physical violence, sexual violence, emotional violence, and psychological pressure, separate logistic regression models were fitted to examine their association with women's socioeconomic characteristics. A number of socio-demographic and cultural variables were controlled for in the regressions, including women's age, spousal age difference, religion, ethnicity and area of residence.

RESULTS OF DESCRIPTIVE ANALYSIS

Women's Participation in Decision-Making

Table 1 presents the distributions of women by demographic and socioeconomic characteristics. The analysis focuses on the sample of 9,141 women who were currently married or living with a partner at the time of interview in the 2010 BFDHS and who successfully completed the module on domestic violence.

The great majority of women (82%) are uneducated, while 11% have primary education and 7% have secondary and more level of education. Thirty-eight percent of women are paid cash for work, while 44% are not paid, and 18% do not work. According to household wealth status, 39% of women are in the poorest or poorer quintiles, and 40% in the richer or richest quintiles. By age group, 27% of women are under age 25, 20% are age 25-29, 18% are age 30-34, and 35% are age 35 or older. Over three-fourths of women (79%) live in rural areas. Table 1 also presents the ethnic and religious diversity of the population of Burkina Faso.

Table 1. Percent distribution of currently married/cohabitating women who completed the domestic violence module, by measures of socioeconomic status and background characteristics, Burkina Faso 2010

Characteristics	Percent	Weighted number of women
<i>Socioeconomic status</i>		
Education		
No education	82.3	7,525
Primary	10.7	979
Secondary and more	7.0	638
Paid work		
Not work	18.0	1,645
Not paid	43.8	4,002
Cash paid	38.2	3,494
Wealth quintiles		
Poorest	18.9	1,725
Poorer	20.3	1,857
Middle	20.6	1,880
Richer	20.8	1,903
Richest	19.4	1,776

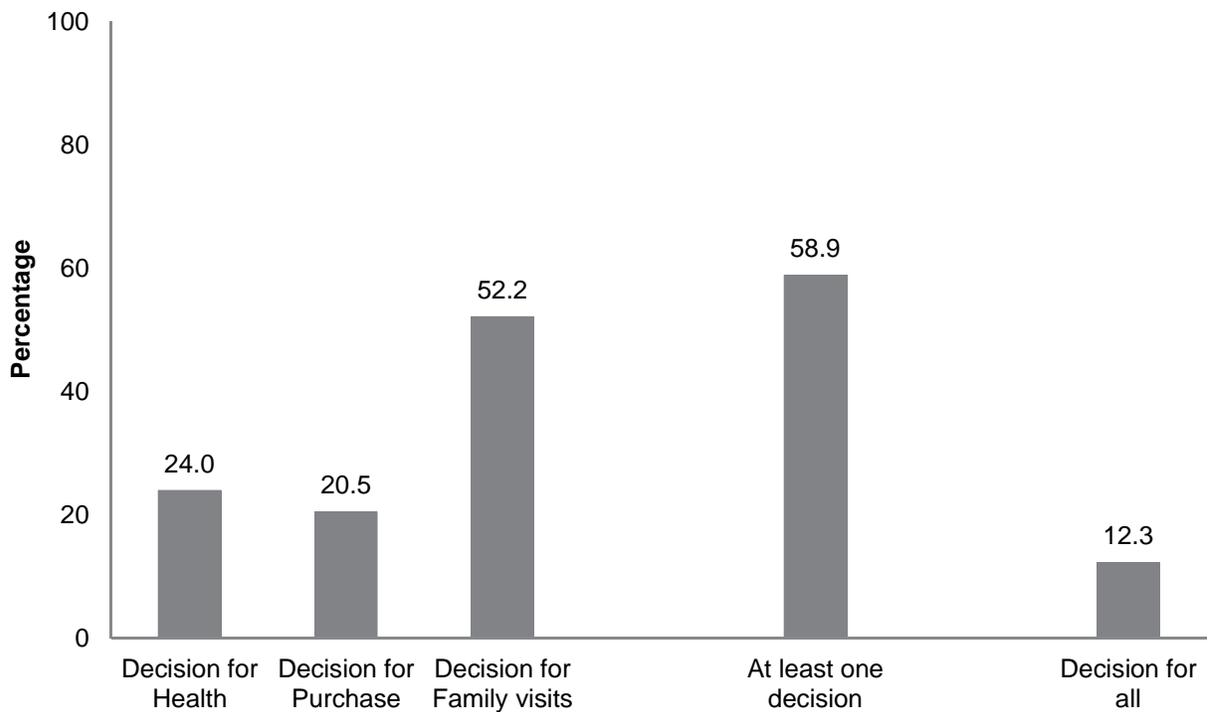
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Table 1. – *Continued*

Characteristics	Percent	Weighted number of women
Background characteristics		
Age		
15-19	7.7	705
20-24	19.4	1,772
25-29	20.2	1,842
30-34	18.1	1,652
35-39	14.4	1,319
40-44	11.5	1,056
45-49	8.7	796
Husband-wife age difference		
Less than 5 years	20.9	1,907
5-9 years	33.1	3,030
10-14 years	20.6	1,886
15 years and more	24.8	2,265
Undetermined	.6	53
Religion		
No religion	1.0	93
Muslim	63.6	5,816
Catholic	21.3	1,945
Protestant	5.9	538
Traditional/animist	8.2	748
Ethnicity		
Mossi	51.1	4,675
Bobo/Dioula	5.7	519
Fulfuldé / Peul	9.4	860
Gourmatché	7.5	683
Gourounsi	4.6	418
Lobi/Dagara	4.7	431
Sénoufo	4.5	412
Touareg / Bella	2.0	187
Bissa	3.7	340
Others	6.7	617
Type of place of residence		
Urban	21.1	1,927
Rural	78.9	7,215
Total	100.0	9,141

Figure 1 presents the percentage of women who participate in household decision-making. Fifty-nine percent participate in at least one of the three dimensions of decision-making, (i.e. own health care, important purchases, or family visiting). However, only about one woman in ten (12%) participates in all three areas of decision-making. More than half of women (52%) participate in decisions (either by themselves or jointly with their husband) for visiting their family. Smaller percentages of women participate in decisions for their own health and important purchases, at 24% and 21% respectively.

Figure 1. Percentage of women who participate in the three dimensions of household decision-making, among currently married/cohabitating women who completed the domestic violence module, Burkina Faso 2010



Analysis of women's participation in decision-making by measures of socioeconomic status and background characteristics reveals important differences. As Table 2 shows, women with more education are more likely to participate in decisions for their own health care, large purchases, and family visits, compared with less educated women. Women who work for pay are more likely to participate in all three types of household decision-making than women who are not paid and women who do not work. Women from the wealthiest household quintile are more likely to participate in household decision-making than women in the other wealth quintiles. For example, 38% of women in the wealthiest quintile are involved in decision-making, about twice the percentage of women in the other wealth quintiles (see Table 2).

Table 2 also shows that women's involvement in decision-making is associated with their age. The older the women, the more they participate in household decisions, except for family visits, where differences by age are small. Also, the greater the age difference between women and their spouses, the less that women are involved in decision-making. With regard to decision-making for woman's own health care, for instance, couples with an age difference of less than five years are more likely to share decisions (28%) compared with couples with a spousal age difference of more than 15 years (20%).

Differences are also observed by religion and ethnicity. Catholics (33%) and Protestants (32%) are more likely to make decisions for their own health care than women of other religions. Lobi/Dagara (49%) and Gourounsi (37%) are more empowered in decision-making for women's own health care compared with other ethnic groups. In making household purchasing decisions, Gourounsi (43%) and Bobo/Dioula (28%) are more empowered. Women in rural areas are less likely to make all three types of household decisions than women in urban areas (see Table 2).

Table 2. Percentage of women who participate in the three dimensions of household decision-making, among currently married/cohabitating women who completed the domestic violence module, by measures of socioeconomic status and background characteristics, Burkina Faso 2010

Characteristics	Woman's own health care	Making major household purchases	Visits to family or relatives	Number of women
<i>Socioeconomic status</i>				
Education				
No education	21.1	17.8	50.5	7,525
Primary	30.7	27.3	55.6	979
Secondary and more	48.0	43.1	66.6	638
Paid work				
Not work	14.4	15.4	50.2	1,645
Not paid	16.8	14.3	48.1	4,002
Cash paid	36.7	30.2	57.7	3,494
Wealth quintiles				
Poorest	20.5	18.4	50.1	1,725
Poorer	18.9	17.1	47.5	1,857
Middle	20.2	16.4	47.2	1,880
Richer	23.2	19.0	52.7	1,903
Richest	37.7	32.2	63.7	1,776
<i>Background characteristics</i>				
Age				
15-19	15.5	14.6	47.0	705
20-24	21.7	20.0	52.4	1,772
25-29	24.5	21.0	53.7	1,842
30-34	23.9	20.4	53.4	1,652
35-39	24.9	22.5	51.7	1,319
40-44	27.3	19.6	50.9	1,056
45-49	29.9	24.2	52.8	796
Husband-wife age difference				
Less than 5 years	28.5	25.6	54.0	1,907
5-9 years	23.5	21.2	53.5	3,030
10-14 years	24.1	20.6	51.4	1,886
15 years and more	20.6	15.4	49.5	2,265
Undetermined	28.3	18.9	52.8	53
Religion				
Muslim	19.6	17.1	48.8	5,816
No religion	24.0	28.4	52.7	93
Catholic	33.3	28.4	55.1	1,945
Protestant	32.0	29.4	62.3	538
Traditional/animist	28.5	20.2	63.6	748

(Continued...)

Table 2. – Continued

Characteristics	Woman's own health care	Making major household purchases	Visits to family or relatives	Number of women
Ethnicity				
Mossi	23.6	19.5	48.1	4,675
Bobo/Dioula	26.8	28.1	67.1	519
Fulfuldé / Peul	14.4	14.3	34.6	860
Gourmatché	20.6	17.7	79.4	683
Gourounsi	37.0	43.3	37.8	418
Lobi/Dagara	49.4	24.7	66.3	431
Sénoufo	13.1	15.1	62.6	412
Touareg / Bella	5.3	9.7	44.1	187
Bissa	25.2	12.9	44.7	340
Others	27.4	26.4	64.0	617
Type of place of residence				
Urban	35.5	30.0	60.2	1,927
Rural	20.9	18.0	50.0	7,215
Total	24.0	20.5	52.2	9,141

Note: all Pearson chi-squared tests are significant at the 95% level

Women's Experience of Domestic Violence and Psychological Pressure

Figure 2 shows the percentage of women who have experienced domestic physical, sexual, and emotional violence, and psychological pressure from husbands/partners. Psychological pressure is much more widely reported than physical, sexual, or emotional violence. While 7% of surveyed women reported emotional violence, 8% physical violence, and 1% sexual violence occurring in the past 12 months, 61% reported psychological pressure. As mentioned (see Key Variables), psychological pressure reflects such spousal attitudes as being jealous if the wife talks with other men, accusing the wife of unfaithfulness, and similar attitudes. In some cases, the spouse does not trust the woman with money or prevents her from working.

Figure 2. Percentage of women who experienced domestic violence among currently married/cohabitating women who completed the domestic violence module, Burkina Faso 2010

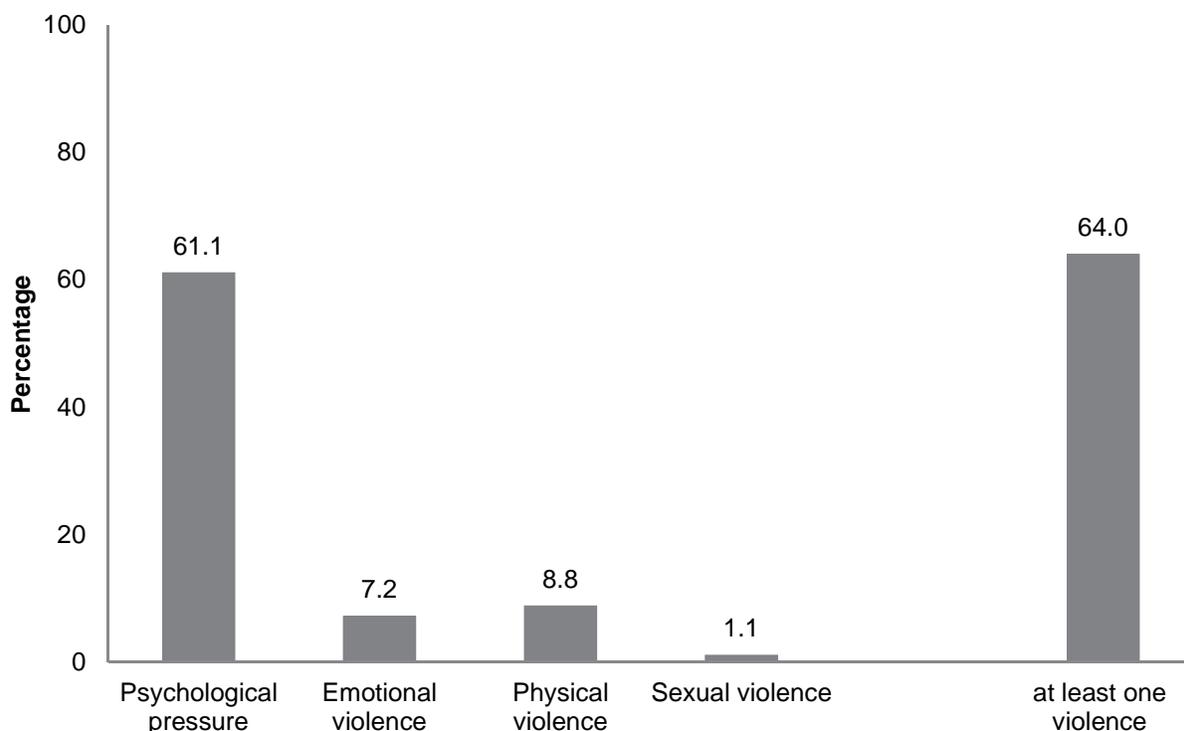


Table 3 presents women’s experience of violence, stratified by measures of socioeconomic status and background characteristics. Educated women are more likely to report psychological pressure than less educated women. A higher percentage of women with secondary or more level of education (72%) experienced psychological pressure than women with no education (60%). Women who do not have paid work and younger women are more likely to experience psychological pressure than women with paid work and older women. Muslim women are most likely to face psychological pressure (63%), compared with other religious groups.

These trends are reversed when we consider physical violence and emotional violence. Results show that women with education, women who work, and older women are more likely to experience these forms of domestic violence, while Muslim women are least likely among the religious groups to experience them. Place of residence, whether rural or urban, does not show

significant differences in experience of psychological pressure or of emotional or physical violence. Women's experience of sexual domestic violence, which is much less common than other types of domestic violence among all groups, generally does not show clear patterns by socioeconomic status and background characteristics (Table 3).

Table 3. Among currently married/cohabitating women who completed the domestic violence module, the percentage with experience of various forms of domestic violence and psychological pressure, by measures of socioeconomic status and background characteristics, Burkina Faso 2010.

Characteristics	Psychological pressure	Emotional violence	Physical violence	Sexual violence	Number
<i>Socioeconomic status</i>					
Education					
No education	59.5	6.5	8.3	1.0	7,525
Primary	67.0	10.0	11.6	1.6	979
Secondary and more	71.6	10.5	9.9	1.3	638
Paid work					
Not work	70.1	5.2	7.1	0.8	1,645
Not paid	58.3	6.3	8.0	1.2	4,002
Cash paid	60.2	9.1	10.5	1.2	3,494
Wealth quintiles					
Poorest	55.8	7.5	7.3	0.7	1,725
Poorer	60.7	6.9	9.1	1.5	1,857
Middle	58.7	5.3	7.7	0.9	1,880
Richer	62.4	6.4	9.0	1.2	1,903
Richest	68.1	10.0	10.7	1.4	1,776
<i>Background characteristics</i>					
Age					
15-19	63.5	4.1	3.7	0.4	705
20-24	71.3	7.3	9.4	1.9	1,772
25-29	63.7	7.6	9.3	0.7	1,842
30-34	59.0	7.6	8.3	0.9	1,652
35-39	58.8	7.7	10.6	1.6	1,319
40-44	56.2	8.0	9.0	0.6	1,056
45-49	45.5	5.7	8.5	1.5	796
Husband-wife age difference					
Less than 5 years	62.6	9.2	11.4	1.6	1,907
5-9 years	61.7	6.9	9.2	1.3	3,030
10-14 years	59.9	7.4	8.5	0.8	1,886

(Continued...)

Table 3. – Continued

Characteristics	Psychological pressure	Emotional violence	Physical violence	Sexual violence	Number
15 years and more	60.6	5.8	6.3	0.8	2,265
Undetermined	41.5	3.8	3.8		53
Religion					
Muslim	63.1	5.3	7.2	0.8	5,816
No religion	56.0	14.9	14.7	-	93
Catholic	59.2	8.3	9.9	1.6	1,945
Protestant	58.2	9.5	10.4	1.9	538
Traditional/animist	53.5	16.2	16.3	2.3	748
Ethnicity					
Mossi	60.1	5.3	6.8	0.9	4,675
Bobo/Dioula	70.8	12.7	20.2	2.3	519
Fulfuldé / Peul	66.4	2.9	3.3	0.3	860
Gourmatché	44.5	6.0	6.0	0.4	683
Gourounsi	58.0	7.4	8.1	0.5	418
Lobi/Dagara	63.3	22.7	18.1	3.2	431
Sénoufo	60.2	11.4	15.5	2.7	412
Touareg / Bella	80.6	7.5	7.5		187
Bissa	59.1	7.9	7.1	1.5	340
Others	68.7	9.7	16.0	1.5	617
Type of place of residence					
Urban	65.2	10.3	10.8	1.6	1,927
Rural	60.1	6.3	8.2	1.0	7,215
Total	61.1	7.2	8.8	1.1	9,141

NB: All Pearson Chi-squared test are significant except for sexual violence with the three key variables (education, paid work, wealth quintiles). Only four situations¹ have significance at 5 %.

¹ Psychological pressure with husband-wife age difference, emotional violence with age in five-year groups, sexual violence with wealth quintiles and place of residence.

RESULTS OF LOGISTIC REGRESSION

Participating in Decision-Making

Table 4 presents results from three logistic regressions for decision-making. The analysis was done for three dependent variables: women's participation in decisions for her own health care, decisions for large household purchases, and decisions about visits to family or relatives. The results present the adjusted associations between each of the three measures of socioeconomic status and women's participation in household decision-making, after controlling for key characteristics that could confound the association.

After controlling for key background characteristics, each of the three key measures of socioeconomic status is significantly associated with at least two of the three forms of decision-making. The results show that the odds of participating in each type of decision-making are higher among educated women than among women with less formal education. Women with secondary or higher education are twice as likely to participate in decisions for their own health care and visits to family than women with no education. Women with primary education also show more involvement in decision-making regarding their own health care and family visits, compared with women without any formal education.

Women who are paid for work have higher odds of participating in the three types of decision-making, compared with women who are not paid for work. They have twice the odds of participating in decisions for their own health care, or for family visits, compared with women who are not paid. They are also 1.4 times more likely to participate in decisions regarding major household purchases. The odds of participating in decisions for their own health care and for large household purchases are highest among women living in the richest household quintile, but wealth status does not have a significant association with decisions concerning family visits.

As observed with descriptive analysis, older women are more likely to participate in decision-making than younger women. Women age 45-49 are more likely to participate in decisions for their own health care compared with women age 35-39, while young women (age 15-24) are less likely to participate in decisions for their own health care than women age 35-39.

It does not appear that there are significant differences between women by age difference between spouses, religion, and place of residence. The differences between place of residence

and women's decision-making found in bivariate results disappear after controlling for other variables.

Table 4. Adjusted associations between measures of socioeconomic status and women's participation in household decision-making, among married/cohabitating women who completed the domestic violence module, Burkina Faso 2010

Characteristics	Decision for own health care			Decision for purchases			Decision for family visits		
	Odds Ratio	95 % CI		Odds Ratio	95 % CI		Odds Ratio	95 % CI	
		Inf	Sup		Inf	Sup		Inf	Sup
Education									
No education	1.00			1.00			1.00		
Primary	1.27 **	1.05	1.54	1.02	0.86	1.21	1.29 **	1.06	1.56
Secondary and more	1.97 ***	1.44	2.71	1.30 *	1.00	1.68	2.04 ***	1.54	2.71
Paid work									
Not paid	1.00			1.00			1.00		
Cash paid	2.39 ***	1.92	2.96	1.38 ***	1.15	1.65	2.22 ***	1.76	2.79
Not work	0.80	0.57	1.11	1.19	0.93	1.53	1.03	0.74	1.42
Wealth quintiles									
Poorest	1.00			1.00			1.00		
Poorer	0.98	0.79	1.21	1.03	0.87	1.21	0.90	0.72	1.12
Middle	1.13	0.91	1.39	1.06	0.87	1.29	0.91	0.73	1.13
Richer	1.20	0.94	1.52	1.30 **	1.06	1.60	0.96	0.75	1.23
Richest	1.60 **	1.14	2.24	1.83 ***	1.40	2.39	1.27	0.91	1.79
Age									
35-39	1.00			1.00			1.00		
15-19	1.31	0.99	1.74	1.20	0.95	1.52	1.27	0.97	1.68
20-24	1.49 **	1.10	2.03	1.28 *	1.01	1.62	1.33 *	1.00	1.77
25-29	1.39 *	1.02	1.90	1.29 *	1.02	1.65	1.26	0.94	1.69
30-34	1.46 *	1.07	1.98	1.21	0.94	1.58	1.42 *	1.07	1.89
40-44	1.73 ***	1.23	2.42	1.15	0.87	1.51	1.18	0.86	1.63
45-49	2.06 ***	1.46	2.91	1.33 *	1.01	1.76	1.69 ***	1.20	2.36
Husband-wife age difference									
Less than 5 years	1.00			1.00			1.00		
5-9 years	0.84 *	0.71	0.99	1.03	0.90	1.19	0.86	0.73	1.02
10-14 years	0.97	0.81	1.16	1.00	0.86	1.16	0.91	0.75	1.09
15 years and more	0.82 *	0.69	0.98	0.98	0.84	1.14	0.66 ***	0.54	0.81
Undetermined	1.46	0.61	3.50	1.09	0.53	2.24	1.00	0.41	2.45
Religion									
Muslim	1.00			1.00			1.00		
No religion	1.00	0.48	2.07	0.78	0.43	1.41	1.39	0.74	2.62

(Continued...)

Table 4. – Continued

Characteristics	Decision for own health care			Decision for purchases			Decision for family visits			
	Odds Ratio	95 % CI		Odds Ratio	95 % CI		Odds Ratio	95 % CI		
		Inf	Sup		Inf	Sup		Inf	Sup	
Catholic	1.41 ***	1.18	1.68	1.00	0.83	1.21	1.38 ***	1.14	1.67	
Protestant	1.52 ***	1.15	2.02	0.94	0.69	1.27	1.57 ***	1.18	2.08	
Traditional/animist	1.23	0.90	1.70	1.10	0.83	1.47	1.25	0.84	1.86	
Ethnicity										
Mossi	1.00			1.00			1.00			
Bobo/Dioula	0.83	0.57	1.21	2.06 ***	1.46	2.91	1.15	0.75	1.76	
Fulfuldé / Peul	0.61 **	0.42	0.88	0.59 ***	0.42	0.82	0.71	0.50	1.02	
Gourmatché	0.84	0.57	1.26	4.93 ***	3.18	7.65	0.80	0.55	1.18	
Gourounsi	1.62 *	1.07	2.46	0.65	0.39	1.07	2.71 ***	1.77	4.15	
Lobi/Dagara	2.34 ***	1.67	3.27	1.99 ***	1.37	2.87	0.91	0.60	1.39	
Sénoufo	0.50 ***	0.33	0.77	1.86 ***	1.45	2.39	0.78	0.51	1.19	
Touareg / Bella	0.28 *	0.09	0.91	0.98	0.47	2.03	0.61	0.25	1.49	
Bissa	1.09	0.75	1.59	0.87	0.61	1.23	0.59 **	0.38	0.90	
Others	1.03	0.73	1.46	1.77 ***	1.37	2.28	1.25	0.91	1.73	
Type of place of residence										
Urban	1.00			1.00			1.00			
Rural	0.99	0.74	1.33	1.08	0.85	1.36	1.05	0.79	1.41	

NB: Significance *=5%; **= 1%; ***=1%.

Experience of Domestic Violence and Psychological Pressure

Table 5 presents results from logistic regression for experience of various forms of domestic violence and psychological pressure. Of the three measures of socioeconomic status, two (education and wealth quintiles) are significantly associated with women’s experience of a form of violence, and this association is significant only for psychological pressure. After adjusting for control variables, women with secondary or higher education have greater odds of experiencing psychological violence than women with no education. But the differences are not significant for experience of physical, emotional, or sexual violence. Similarly, wealth status is significant for psychological pressure but not for the other domestic violence outcomes. The odds of experiencing psychological pressure are highest among women in the richest household quintile. They are 1.5 times more likely to experience psychological pressure than women in the poorest household quintile. The effects are not statistically significant for the other wealth quintiles.

Older women are less likely to experience psychological violence than women age 35-39 (the reference group). However, young women are more likely to experience psychological violence than women age 35-39. Considering emotional and physical violence, the differences are significant but remain low. Animist women are more likely to experience emotional and physical violence than Muslim women. For other types of domestic violence, the differences are not statistically significant. By ethnicity, the odds of experiencing psychological pressure, emotional violence, and physical violence are higher among Lobi/Dagara and Bobo/Dioula women than Mossi women (the reference group). Gourmantché women are less likely to experience psychological pressure than Mossi women, while Toureg/Bella are more likely to experience it. The differences are not significant for urban-rural residence, except for emotional violence. The odds of experience of emotional violence are greatest for rural women.

Table 5. Adjusted associations between measures of socioeconomic status and women's experience of domestic violence, among married/cohabitating women who completed the domestic violence module, Burkina Faso 2010

Characteristics	Psychological pressure			Emotional violence			Physical violence			Sexual violence		
	Odds Ratio	95 % CI		Odds Ratio	95 % CI		Odds Ratio	95 % CI		Odds Ratio	95 % CI	
		Inf	Sup		Inf	Sup		Inf	Sup		Inf	Sup
Education												
No education	1.00			1.00			1.00			1.00		
Primary	1.21 *	1.00	1.45	1.27	0.93	1.73	1.13	0.87	1.47	1.14	0.59	2.22
Secondary and more	1.43 **	1.08	1.89	1.08	0.70	1.68	0.83	0.53	1.29	0.75	0.27	2.07
Paid work												
Not paid	1.00			1.00			1.00			1.00		
Cash paid	0.91	0.78	1.07	1.10	0.86	1.41	1.20	0.95	1.52	0.81	0.50	1.32
Not work	1.29	0.97	1.71	0.78	0.55	1.10	0.97	0.70	1.35	0.71	0.33	1.55
Wealth quintiles												
Poorest	1.00			1.00			1.00			1.00		
Poorer	1.15	0.98	1.35	1.05	0.76	1.44	1.30	0.94	1.80	2.09	0.88	4.97
Middle	1.09	0.91	1.30	0.83	0.59	1.16	1.12	0.83	1.52	1.24	0.47	3.27
Richer	1.26 *	1.03	1.53	0.90	0.65	1.25	1.18	0.85	1.63	1.47	0.63	3.44
Richest	1.57 ***	1.19	2.06	1.08	0.70	1.66	1.22	0.78	1.90	1.31	0.46	3.78
Age												
35-39	1.00			1.00			1.00			1.00		
15-19	1.44 ***	1.15	1.80	1.77 *	1.09	2.89	2.56 ***	1.55	4.23	3.93 **	1.39	11.12
20-24	1.04	0.83	1.29	1.78 **	1.13	2.80	2.49 ***	1.50	4.13	1.37	0.47	4.01
25-29	0.86	0.69	1.08	1.73 *	1.08	2.76	2.20 ***	1.33	3.64	1.89	0.65	5.49
30-34	0.86	0.67	1.10	1.69 *	1.02	2.81	2.79 ***	1.68	4.63	3.12 *	0.99	9.80
40-44	0.75 *	0.58	0.97	1.78 *	1.06	2.99	2.24 **	1.26	3.98	1.22	0.34	4.35
45-49	0.49 ***	0.38	0.63	1.22	0.69	2.15	2.22 **	1.24	3.98	2.87	0.84	9.78
Husband-wife age difference												
Less than 5 years	1.00			1.00			1.00			1.00		
5-9 years	0.97	0.84	1.12	0.79	0.60	1.04	0.87	0.69	1.08	0.89	0.51	1.55
10-14 years	0.95	0.82	1.11	0.91	0.68	1.21	0.84	0.63	1.10	0.64	0.28	1.46
15 years and more	1.05	0.89	1.24	0.77	0.57	1.06	0.64 **	0.46	0.90	0.59	0.29	1.19
Undetermined	0.47 *	0.23	0.96	0.46	0.11	1.91	0.41	0.11	1.50	--	-	-
Religion												
Muslim	1.00			1.00			1.00			1.00		
No religion	0.93	0.42	2.07	2.90 **	1.32	6.38	1.83	0.81	4.16	--	-	-
Catholic	0.91	0.77	1.07	1.26	0.96	1.65	1.16	0.92	1.47	1.79	0.85	3.79
Protestant	0.96	0.74	1.24	1.58	0.97	2.59	1.24	0.78	1.97	2.30	0.88	5.99
Traditional/animist	0.81	0.61	1.08	2.21 ***	1.53	3.19	1.83 ***	1.26	2.64	2.31	0.80	6.70

(Continued...)

Table 5. – Continued

Characteristics	Psychological pressure			Emotional violence			Physical violence			Sexual violence		
	Odds Ratio	95 % CI		Odds Ratio	95 % CI		Odds Ratio	95 % CI		Odds Ratio	95 % CI	
		Inf	Sup		Inf	Sup		Inf	Sup		Inf	Sup
Ethnicity												
Mossi	1.00			1.00			1.00			1.00		
Bobo/Dioula	1.69 *	1.06	2.67	1.92 **	1.18	3.11	2.72 ***	1.86	3.97	1.82	0.70	4.75
Fulfuldé / Peul	1.37 *	1.06	1.77	0.65	0.40	1.07	0.50 *	0.29	0.88	0.54	0.14	2.06
Gourmatché	0.61 ***	0.45	0.84	0.90	0.52	1.56	0.78	0.47	1.28	0.43	0.13	1.47
Gourounsi	0.98	0.72	1.33	1.12	0.64	1.95	1.03	0.62	1.72	0.45	0.09	2.36
Lobi/Dagara	1.55 *	1.06	2.27	3.30 ***	2.17	5.01	2.07 ***	1.33	3.23	2.44	0.69	8.62
Sénoufo	1.01	0.72	1.42	2.18 ***	1.50	3.15	2.28 ***	1.55	3.34	2.48 *	1.19	5.16
Touareg / Bella	2.74 ***	1.41	5.36	2.29	0.90	5.82	1.44	0.53	3.92	--	-	-
Bissa	0.97	0.74	1.29	1.57 *	1.00	2.46	1.02	0.60	1.73	1.47	0.38	5.74
Others	1.48 **	1.11	1.99	1.73 **	1.18	2.55	2.36 ***	1.71	3.25	1.36	0.53	3.50
Type of place of residence												
Urban	1.00			1.00			1.00			1.00		
Rural	1.18	0.92	1.51	0.62 ***	0.46	0.84	0.82	0.59	1.13	0.56	0.30	1.04

NB: Significance *=5%; **= 1%; ***=1%o.

DISCUSSION AND CONCLUSIONS

This paper has investigated the relationship between socioeconomic differences among women in Burkina Faso and their empowerment in the household, as measured by women's participation in decision-making in the couple and their experience of domestic violence. By showing that high levels of human capital and financial autonomy greatly influence women's participation in decision-making, our analysis is consistent with previous studies on women's decision-making in other countries. Yet, while our study raises many questions it provides few answers regarding the relationship between women's socioeconomic status and domestic violence.

Consistent with the findings of Boateng et al. (2012) in Ghana and Acharya et al. (2010) in Nepal, and also supporting our first hypothesis, we found that relative to women with no formal education, women with secondary education or more are more likely to be involved in all three dimensions of decision-making studied. Women with primary education also show more involvement in decision-making regarding their own health care or family visiting. These results can be attributed to the fact that educated women are likely to be better able in terms of knowledge to negotiate their participation in household decisions, and to some extent also because women with more education are in a better position to have paid work.

In line with studies in others settings, our findings reveal that having paid employment is also a factor positively and significantly associated with women's greater say on all aspects of household decision-making, supporting our second hypothesis. Women who are paid for work might be better able to make their case in household bargaining, as they have the means of supporting the costs related to their own health care as well as in major purchases.

The results also support our hypothesis that the poorest women would be less involved in decision-making. We found that women living in the richest households were more likely to be involved in the decision-making for their own health care and for purchase of important items than women living in the poorest households. The lack of association between wealth status and family visiting can be explained by the fact that, due to their high social standing, wealthy women usually do not go to visit; rather, others come to visit them (Boateng et al. 2012).

Unlike the association with decision-making, the key indicators of socioeconomic differences considered in the study were weakly significant in their association with domestic

violence, and they support very little of our hypothesis regarding this outcome. Only psychological pressure is related to education and household wealth; women with more education and the richest group of women are more likely than non-educated women or the poorest group of women to report psychological pressure. The finding of higher reporting of psychological violence by the most educated women corroborates findings from Amoakohene (2004) in Ghana, and Yount and Carrera (2006) in Cambodia.

One explanation of this result could be that educated women might be more likely to distinguish and report this type of subtle violence, and also that education gives women more resources to react to specific stressful situations. Yount and Carrera (2006) also attribute the greater reporting of psychological violence by educated women to the fact that husbands threatened by their wives' level of education may use non-physical violence to assert their dominance, as more highly educated wives may be better able to prevent physical abuse.

Contrary to most studies, our study does not find cash-paid work to be associated with domestic violence. As explained above, it could be that women in Burkina Faso are still too compliant with patriarchal cultural norms to challenge their husbands' authority, even when they contribute financially to household maintenance by working for pay.

We also found some of our control variables to be significantly associated with two of our empowerment outcome variables. Consistent with Boateng et al. (2012), our findings show that age is an important determinant of women's participation in decision-making with regard to their own health care and family visiting. Reasons for this association could be that, as outlined in the research literature on Africa, women gain authority as they age and they are more listened to in the community, which could also explain why the oldest women in the study were less likely than the youngest women to report psychological pressure. At the same time, their lack of voice on major household purchases could be due to the fact that old women tend to be less wealthy than their husbands. In the same way, our study found that the youngest women are more likely than older women to report all types of domestic violence, which agrees with findings of other studies (Frias and Angel 2005; Weaver et al. 1997).

Another interesting result in line with others studies conducted in African contexts is the role of ethnicity (Kritz and Makinwa-Adebusoye 1999). Compared with Mossi women (the reference group) in our logistic regressions, Bobo/Diula, Gourmantche, Senoufo, and

Lobi/Dagara women appear to have greater control over household decisions, being significantly more likely to have a say on major household purchases. The behavior of these groups of women is in line with what the literature says about their being traditionally more autonomous. Nevertheless, a striking result is that the same Bobo/Diula, Senoufo, and Lobi/Dagara women, despite showing strong bargaining power in the couple, are more likely to report emotional and physical abuse. One interpretation of this result could be that, unlike other women in the Burkinabe society, women in these ethnic groups would be more challenging to their husbands' authority.

While weakly related to domestic violence, religion appears also as an important factor for the setting of Burkinabe women's empowerment in the household, with Christian women being more likely to be involved in decision-making than Muslim women. Husband-wife age differences and rural-urban residence do not play major roles in women's empowerment in Burkina Faso, as measured by our outcome variables.

All in all, considering both outcome variables included in this research, decision-making and domestic violence, it appears that although education and employment play key roles as resources that enhance women's bargaining ability in the couple, they are not sufficient in asserting women's empowerment. Also, those factors tell very little about domestic violence, which is not widely reported in Burkina Faso, in contrast with what is generally said about this issue in African countries (Appiah and Cusack 1999, cited by Amoakohene 2004; Bowman 2003; Jewkes et al. 2002). It could be that the socioeconomic factors included in this study are more closely related to women's actual state of empowerment (as indicated by decision-making), than to the setting for empowerment (presence of domestic violence in the home).

This last finding highlights the importance of cultural context in identifying and understanding domestic violence (Ilika 2005; Yount and Carrera 2006). It also raises questions about the phenomenon of domestic violence in Burkina Faso society. The generally poor link between domestic violence and socioeconomic status as well as other women's characteristics has to be read in association with the low prevalence of reported domestic violence in Burkina Faso. It might be that men in Burkina Faso would be unusually non-violent partners compared with men in other African countries. This is because, whatever their level of education or contribution to household wealth, having a conjugal home is a central issue for women in

Burkinabe society (Attané 2009; Bertho 2012; Thorsen 2002). Factors surrounding women's empowerment are one of the causes of domestic violence. Women in Burkina Faso might be unlikely to question the patriarchal norms that still rule the relations between husbands and wives and certainly would not dispute their husbands' power into the household. Therefore, husbands do not need to exercise their authority by perpetrating violence. Perhaps also, the egalitarian gender role vision is not universally shared.

Ultimately, our results on domestic violence show the major limitation of this study, which is that it uses quantitative survey data. The low prevalence of domestic violence in Burkina Faso may result in part from methodological issues. Some studies have found that the estimated prevalence of domestic violence is lower in the DHS than in focused surveys (Ellsberg et al. 2001). Those studies have emphasized the challenges of administering questions and obtaining responses on sensitive subjects such as domestic violence (Levinson, cited by Randall et al. 2013; Ellsberg et al. 2001). They have found it even more difficult in large-scale surveys designed primarily for other purposes. This might especially apply to Burkina Faso, where disclosing intimate issues to strangers is badly perceived in society (Randall et al. 2013). Furthermore, there is a form of social pressure that would expect women to present a good image of their couple. They might thus be reluctant to disclose intimate partner violence or might downplay their experiences of being abused, as they see similar cases all around them and do not want to make it a big issue.

Moreover, when it comes to sexual relations in the couple, women might view it as a private area that should not and cannot be brought outside the conjugal home. But also, wife beating is not well regarded traditionally. This could account for why psychological pressure is more reported than other forms of domestic abuse, because it may be a less evident form of violence.

This study reaffirms the complexity of how to empower women. Although, it constitutes a start to the knowledge and the understanding of women's empowerment in Burkina Faso, where to our knowledge there is a scarcity of studies on this issue. Our findings confirm the major role of education for improving women's status and provide additional arguments for the continuity of actions in favor of girl's education at higher levels of schooling in addition to the primary level. The development of national policies and programs aiming to substantially

increase women's status in Burkina Faso should also consider women's economic position, as well as fostering positive socio-cultural attitudes toward gender equality. Finally, more extensive investigations are needed to understand the specific situations of households in Burkina Faso regarding domestic violence.

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