

**The Marital Implications of Bereavement:  
Child Death and Intimate Partner Violence in West and Central Africa**

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The death of a child can be a profoundly traumatic, life-altering experience for parents. This study asks how child death shapes the quality and stability of parental relationships, particularly in areas of the world where child mortality rates remain high. Although many studies have examined the effects of child loss on parents' relationships in the United States and Europe (for a review see Albuquerque, Pereira and Narciso (2016) or Oliver (1999)), surprisingly little research takes up this question in countries where child mortality is concentrated. Instead, studies of high-mortality contexts have focused primarily on parents' fertility responses (Aksan 2014; Bongaarts, Frank and Ron 1984; Defo 1998; Gyimah and Fernando 2004; Lindstrom and Kiros 2007). The resulting chasm prevents scholars from fully comprehending the familial consequences of child mortality in areas of the world where most child deaths occur.

West and Central Africa offer a case in point. Despite tremendous progress, West and Central African countries host 17 of the world's 20 highest child mortality rates (World Bank 2015). For instance, in Angola, Chad, and the Central African Republic, 16%, 14%, and 13% of children respectively die before the age of 5 (World Bank 2015). Even in West and Central African countries that have comparatively lower rates, such as Ghana, where 6% of children die before the age of 5, child mortality rates dwarf those in the United States and Europe (World Bank 2015). Although such high rates of child mortality are not uniformly experienced among couples within each country, but instead clustered within particular communities, overall, losing a young child is a common marital experience to for West and Central African couples.

In this study, we investigate the effect of child loss on the risk of intimate partner violence (IPV)—a valuable indicator of marital quality—in West and Central Africa, which is also home to many of the world's highest IPV rates (Devries et al. 2013; World Bank 2015). We leverage new information on the timing of IPV *initiation*, collected through the most recent wave of Demographic and Health Surveys, to estimate a series of multilevel discrete-time hazard models that assess how

the risk of IPV varies with the loss of a young child. Our conceptualization of IPV as a potential consequence of child loss moves beyond longstanding assumptions that negative associations between IPV and child wellbeing are driven exclusively by an effect of IPV on the quality of parental caregiving and the household environment (Emery et al. 2015; Letourneau et al. 2013; Nixon et al. 2017; Sullivan et al. 2001). Drawing on studies that indicate a degradation of parents' marriage following the death of a child (Lyngstad 2013; Rogers et al. 2008) and studies that demonstrate how women are blamed for children's adverse outcomes (Castle 1994; Haws et al. 2010), we argue that current scholarship has missed a potentially important reciprocal relationship.

Of course, the consequences of child loss for IPV may not be uniform across West and Central Africa—a large, diverse area of the world. Rather, social norms, institutions, and belief systems may govern the experience, and by extension, marital consequences, of parental bereavement. If so, then how couples respond to child loss should vary systematically as a function of the context in which they live. Thus, we also explore the possibility of contextual moderation. Given our focus on parental bereavement and IPV, we foreground the prevalence of child loss as a contextual characteristic that extant scholarship suggests should be especially salient to local interpretations of child loss, social support for bereaved parents, and perceptions of the average woman's ability to protect her child from harm. To ensure that we do not conflate this prevalence with underlying conditions, we further investigate moderation across contextual levels of gender inequality, fertility, and infrastructural development. These analyses help to expand our understanding of the marital implications of early childhood death, including IPV, and illustrate how the broader mortality context shapes these implications.