

GENDER-BASED RISK FACTORS FOR ADOLESCENT MOTHERHOOD IN ZIMBABWE:

A cross-sectional study using nationally representative data



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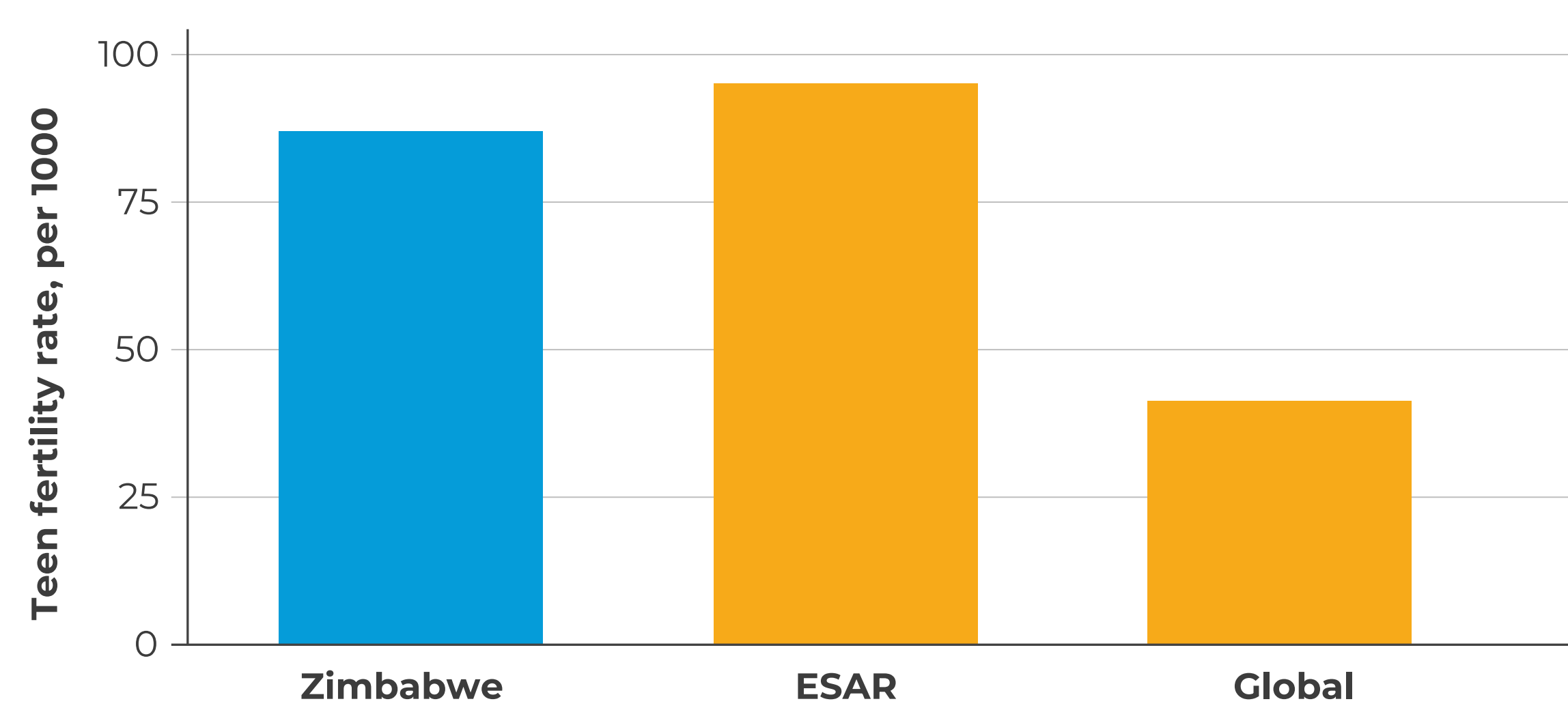
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BACKGROUND

In Zimbabwe, rates of teenage pregnancy remain high at 87 live births per 1000 women, compared to a global average of 41 births per 1000 women.

There is limited evidence around the gender related risks that contribute to this. We evaluate the influence of sexual violence, controlling attitudes by partner, and age-disparate partnership on rates of adolescent motherhood in Zimbabwe.

Figure 1: Estimates of adolescent fertility rates in Zimbabwe, Eastern and Southern Africa, and Globally



METHODS

We use Zimbabwe's nationally representative 2019 Multiple Indicator Cluster survey. The sample includes 1265 adolescent girls aged 15-19 years who responded to the domestic violence questionnaire (response rate=99%).

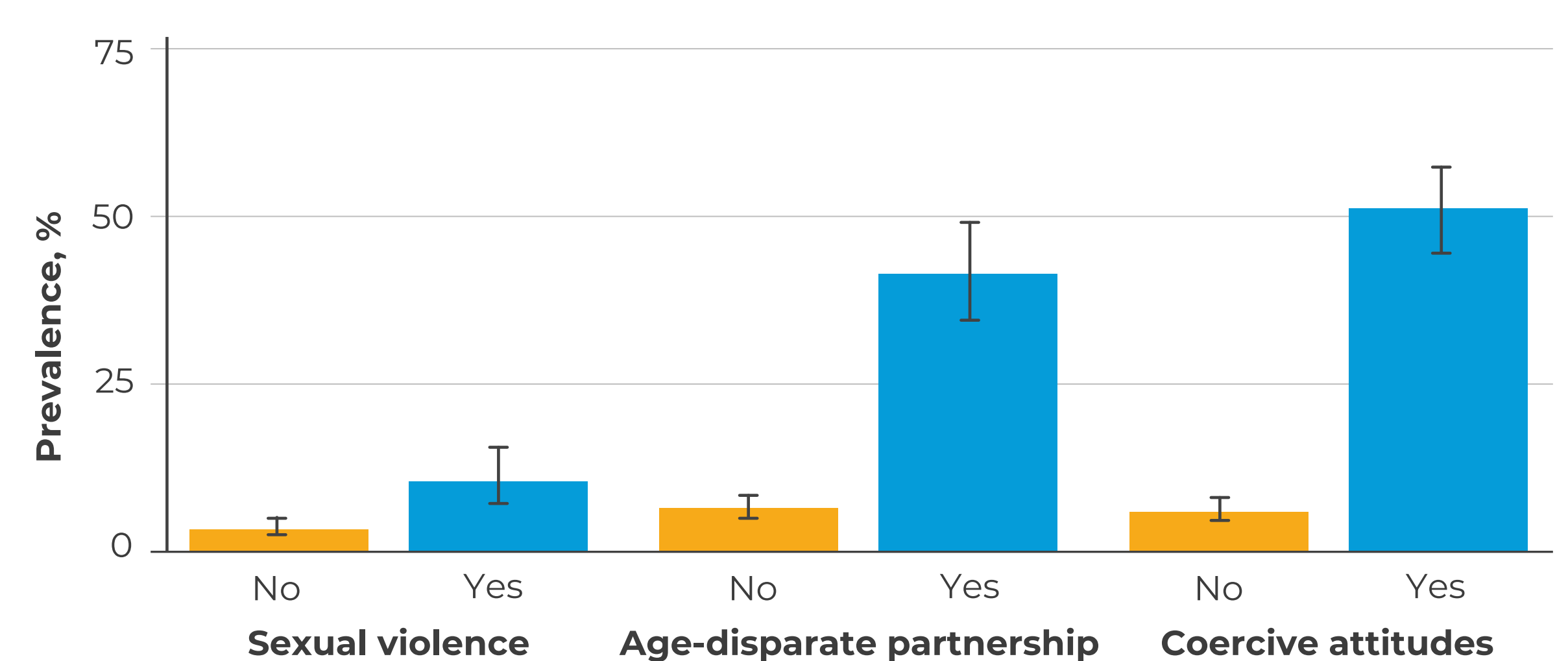
First, we describe the prevalence of adolescent motherhood overall and by our gender related risk factors. Second, We use multivariable regression to evaluate the relationship between adolescent motherhood and these three risks while controlling for household wealth, urban/ rural residence, and marital status. Finally, we calculate the Population Attributable Fraction for significant predictors in our analysis. Analyses all incorporate survey weights and account for community-level clustering.

Indicator	Description of measurement
Sexual violence	Experience of any sexual violence (committed by a husband or anyone else) in the respondents lifetime.
Age-disparate partnership	Having a partner at least five years older.
Coercive attitudes	Experience of any of the following five controlling behaviours by their husbands/intimate partners: 1) he is jealous or angry if she talks to other men 2) he frequently accuses her of being unfaithful 3) he does not permit her to meet her female friends 4) he tries to limit contact with her family 5) he insists on knowing where she is at all times

RESULTS

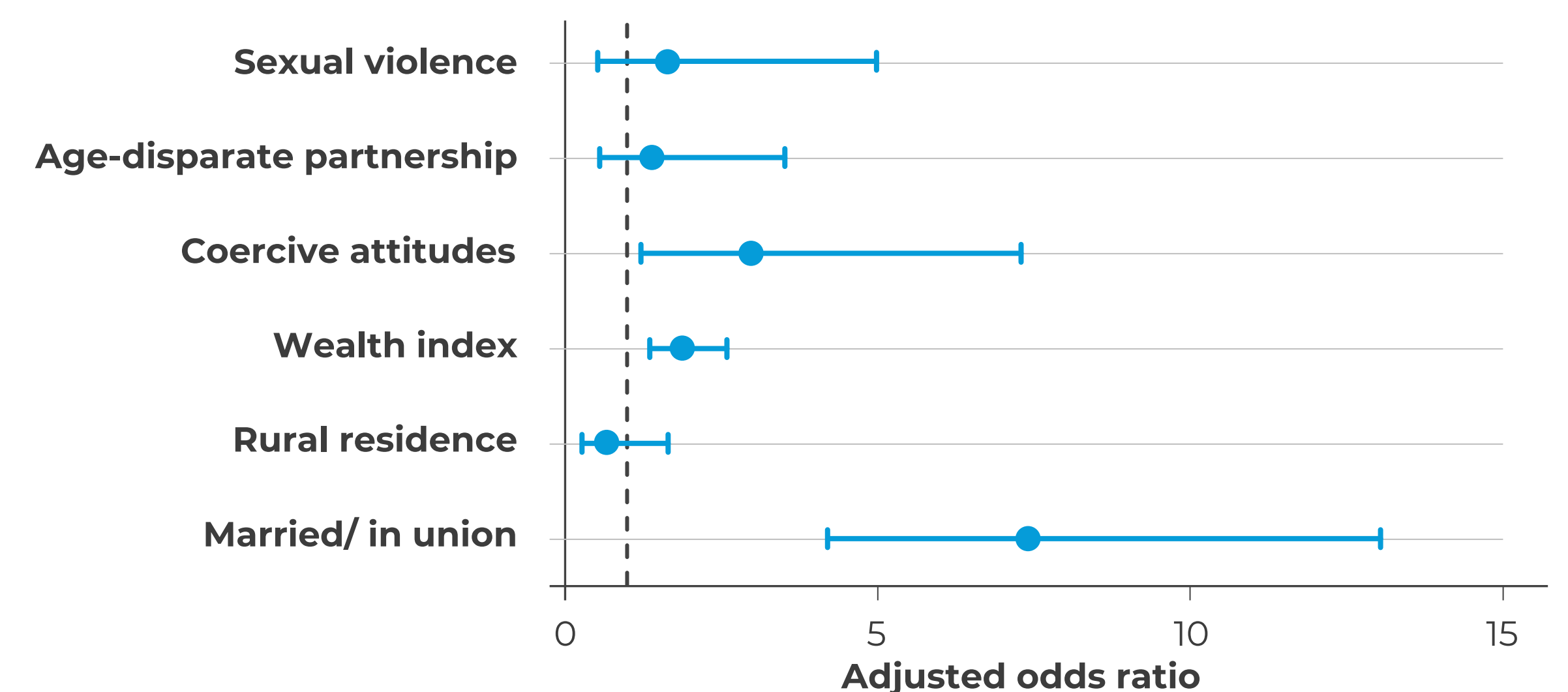
Eighteen percent of adolescent girls were mothers. Compared to their peers, adolescent mothers experienced higher rates of sexual violence (4% vs 11%, $p < 0.001$), an age-disparate partnership of ≥ 5 years (7% vs 42%; $p < 0.001$), and coercive attitudes by partner (6% vs 51%, $p < 0.001$).

Figure 2: Prevalence of risk factors for adolescent pregnancy among 15-19 year old girls in Zimbabwe



In multivariable regression, coercive attitudes by partner were found to be positively associated with adolescent motherhood (aOR: 2.97, 95%CI: 1.21; 7.28), alongside lower household wealth (aOR: 1.86, 95%CI: 1.36; 2.56), and being married (aOR: 7.39, 95%CI: 4.19; 13.05).

Figure 3: Forest plot for the adjusted association between risk factors and adolescent pregnancy in Zimbabwe



If these associations were causal, removing coercive attitudes by partner among adolescent girls would reduce adolescent motherhood by 34% (95%CI: -26%; 65%).

CONCLUSION

Our findings underscore the potential influence of a controlling partner on adolescent girls' risk of pregnancy in Zimbabwe. Structural policies that support gender equality could play a role in reducing the prevalence of adolescent motherhood. Additional analyses are planned to explore the role of sexual violence and age-disparate partnerships further.