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GENDER- BASED VIOLENCE AND UNINTENDED PREGNANCY IN ZIMBABWE

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Abstract:

Background: This study examined the association between gender-based violence and unintended pregnancy in Zimbabwe. Various studies have identified factors associated with unintended pregnancy but the role of gender-based violence in unintended pregnancy has not been fully investigated. Gender-based violence is identified as a global public health concern and has reproductive health consequences.

METHODS: This study used the Zimbabwe Demographic and Health Survey (ZDHS) of 2005/ 2006 to explore the relationship between gender-based violence and unintended pregnancy. A total of 1 516 women were included in ZDHS. For the purpose of this study only women aged 15-49 who participated in the Domestic Violence Module and who reported to have given birth in the five years before the survey were selected. The outcome variable was pregnancy intent. The predictor variables were physical, emotional and sexual violence. These were recoded into binary variables. The responses for these were "yes" for women who reported that they had experienced a form of violence and "no" for those who had not. Data analysis consisted of three stages; univariate frequency distributions and, bivariate and multivariate analysis using logistic regression.

RESULTS: The study found that the experience of gender-based violence was prevalent in Zimbabwe. As 33.25% of women reported having experienced some form of physical violence and 33.71% suffered a form of emotional abuse. In the case of sexual violence, about 15.37% of women reported an experience thereof. Unintended pregnancies were reported by 30.67% respondents.

An association between gender-based violence and unintended pregnancy was found to exist. This is evident in both the bivariate and multivariate analyses. Women who have experience gender-based violence are 1.53 times more likely to report unintended pregnancy.

CONCLUSIONS: The findings have demonstrated a strong association between gender-based violence and unintended pregnancy in Zimbabwe. This has confirmed a similar study where GBV was found to be associated with negative child health outcomes in Zimbabwe (De Wet, 20007). It is thus necessary to policy review and the possibility of affording gender-based violence more attention in relation to reproductive health programs.

KEYWORDS: Gender-based violence, unintended pregnancy