RESEARCH BRIEF:

Strengthening intergenerational care and safety: Experiences and risk factors for intimate partner violence among adolescent and young mothers in South Africa

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BACKGROUND

Adolescent pregnancy remains a pressing public health concern in South Africa, with an estimated 30.5 pregnancies per 1,000 girls aged 10–19 years in 2021.[1] For many adolescent and young mothers, early pregnancy is accompanied by a host of vulnerabilities, including heightened exposure to HIV risk,[2-3] poor sexual and reproductive health,[4] mental health challenges,[5] school dropout, and unemployment,[6] and high rates of intimate partner violence (IPV).[7] These overlapping risks contribute to cycles of disadvantage that affect both young mothers and their children.

Among adult women, studies have highlighted several risk factors for IPV, including low self-esteem, low education and income, substance abuse, and social isolation.[8] A global review in 2018 found that unplanned pregnancy is the strongest modifiable risk factor.[9] Evidence from a multi-country study focusing on adolescent and young women further emphasised the complex drivers of IPV — including prior exposure to domestic violence, partners' substance use and aggression, coerced first sex, frequent conflict, and controlling behaviours.[10] For adolescent and young mothers, these risks are often compounded: IPV not only undermines safety but it is closely linked to poor mental health, including postpartum depression and common mental disorders among adolescent and young mothers.[11]

AIM

This study investigates the potential risk and protective factors for IPV experience among adolescent and young mothers in South Africa. Understanding these factors is critical for informing effective prevention strategies, and ensuring that policy and practice respond to their complex realities, while strengthening pathways to safety, wellbeing, and empowerment.

METHODS

We analysed baseline data (2017-2018) from the HEY BABY (Helping Empower Youth Brought up in Adversity with their Babies and Young children) longitudinal cohort study conducted in the Eastern Cape, South Africa, which followed 1,045 adolescent and young mothers aged 10–24 years.[12] The study unpacks the social, health, and relationship experiences of adolescent and young mothers.

With these data, we explored 1) the characteristics of adolescent and young mothers and their relationships, including with the fathers of their children, then 2) the experiences of IPV during pregnancy and other types of violence exposure, including physical, emotional, domestic, and community violence at home.

1) Characteristics measures – Data were collected on their age, HIV status, past-year age-disparate relationship, number of children, orphanhood, rural residence, marital status, food security, informal housing, grant access, being in school and employment, educational attainment and resilience,[13] social support,[14] and alcohol use.[15]

2) IPV measures – IPV was measured using items adapted from the Conflict Tactics Scale.[16] Past-year IPV was classified when participants reported one or more instances of physical IPV (e.g. pushed, shoved, grabbed, or slapped), emotional IPV (e.g. being insulted, sworn at, or said something to spite them), and sexual IPV (e.g., being forced to have sex (vaginal, anal, or oral) against their will).[17]

   Violence during pregnancy – adolescent and young mothers were asked if they had been hit or beaten during their pregnancy by any perpetrator, and who the perpetrator was. The items were co-developed with adolescent mothers during questionnaire design and piloting.

Other forms of violence exposure included:

- **Lifetime community violence exposure** – measured using items from the Child Exposure to Community Violence (CECV) Checklist.[18]
- **Lifetime physical abuse at home, lifetime emotional abuse at home, and previous week exposure to family conflict and domestic violence between other adults in their home** – measured using items from UNICEF Measures for National-level Monitoring of Orphans and Other Vulnerable Children.[19]

Other factors measured:

- **Self-efficacy** – Measured based on items from the General Self-Efficacy Scale.[20] This scale measures a person's confidence in their capacity to manage diverse challenging situations and adapt effectively to changing conditions.
- **Characteristics of the fathers of their children** – Data was collected on the father's age, current relationship status with the mother, and their involvement with the child (e.g. helping look after the child, buying things for the child, helping with washing and food preparation, and time spent with the child at least once every two weeks).

We used descriptive analysis, and bivariate and multivariable regression analysis for the data. All analysis was conducted in STATA 17.

RESULTS

1. Participant characteristics

Demographic and social profile

The majority of adolescent and young mothers in this study were 15-19 years old. Few had more than one child (9%). Almost all of them did not plan their pregnancy (97%). About a quarter had lost at least one parent.

Most mothers lived in urban areas (71%), while many had experienced at least one day in the past week without enough food in the home (27%) and lived in formal housing (22%). The vast majority received at least one type of government grant (93%) and around half are in education or employment (53%).

Relationships and household context

At the time of the survey, half of the young mothers were in a relationship with the father of their child, a quarter were in a relationship with someone else, and over a quarter were not in a relationship. On average, mothers were 17 years old, and the fathers were 21 years old when the child was born. Two-thirds (66%) of fathers were of similar age or up to four years older, 18% were adolescents, and 53% were aged 20–24 years.

2. Experience of violence

Prevalence and patterns of IPV

Overall, 5% reported experiencing IPV in the past year, combining physical, emotional and sexual IPV. Interestingly, many more participants reported that their partner always wanted to know where they were (17%).

Few reported experiencing violence during pregnancy by any perpetrator (3%). Of those who reported this, almost half reported that this violence was perpetrated by the father of their child (46%).

Other exposure to violence
Over a quarter of the adolescent mothers were exposed to community violence (27%).
Over their lives, 5% reported experiencing physical abuse at home, and 8% were exposed to family conflict and domestic violence at home. A further 10% reported experiencing emotional abuse at home. In total, 30% of adolescent and young mothers had experienced at least one form of violence in the past year.

3. Partners and fathers' involvement

Given that half of the sample are in a relationship with the father of their child, it is important to understand who these partners are.

Reaction to pregnancy
Most fathers responded positively to pregnancy news: 69% were described as being ok with the pregnancy news, 14% were described as happy, and 10% were described as supportive. A minority reported the father of their children's reactions as negative, with 5% reporting an angry response, and 1% as yelling at them about the news. Some fathers denied paternity (8%).

Caregiving and financial support
Few fathers lived with the mother and child (5%). There was limited involvement of fathers in care activities, including looking after their child (8%), helping with washing and food preparation (7%), and spending time with their child (10%) in the previous two weeks. Financial support was more common: 17% bought items for their child, 25% paid *intlawulo*[21] and 4% of mothers had a maintenance order in place. Despite low caregiving, 42% of mothers reported that the fathers saw their child daily, suggesting frequent presence but little practical involvement.

4. Factors Associated with IPV

Bivariate associations
Three maternal characteristics were significantly linked with IPV experience:

- **Age:** Mothers aged 20 and over were more likely to experience IPV compared to younger mothers.
- **Knowing their partners' HIV status:** was associated with a higher likelihood of experiencing IPV.
- **Higher social support:** was linked to a lower likelihood of experiencing IPV.

All forms of violence exposure, except violence during pregnancy, were significantly associated with greater odds of experiencing IPV.

Multivariable model findings
After adjusting for other factors, several remained significantly associated with IPV:

- **Age:** Those 20 years or older have 2.8 times higher odds of IPV.
- **High self-efficacy**[22]: 0.4 times lower odds of experiencing IPV.
- **Knowing partner's HIV status:** 3.5 times higher odds of experiencing IPV.
- **Exposure to community violence:** 4.7 times higher odds of experiencing IPV.
- **Family conflict/domestic violence exposure:** 2.3 times higher odds of experiencing IPV.
- **Emotional abuse at home:** 4.4 times higher odds of experiencing IPV.

Relationship-specific findings
Given that those not in a relationship likely did not experience IPV in the past year, we examined IPV associations with a sub-sample excluding those not in a relationship (n=799). Being in a relationship with the father of their child was related to significantly lower odds of experiencing IPV, compared to being in a

relationship with someone who is not the father of their child (OR=2.2 [1.2-4.0]). Yet, when this association is examined, including the other variables significantly related to IPV experience, this specific association loses its significance.

IMPLICATIONS FOR RESEARCH, POLICY AND PRACTICE

Adolescent and young mothers in the Eastern Cape face high levels of vulnerability, including economic insecurity, limited education or employment, and multiple forms of violence exposure. They are at high risk of IPV, as well as other forms of familial, interpersonal, and community violence. These overlapping experiences, particularly community violence exposure to domestic violence and emotional abuse at home, make adolescent and young mothers more vulnerable to IPV, often within relationships marked by controlling behaviour. Older age was associated with increased IPV risk, while self-efficacy appeared to offer protective effects.

For research:

- Investigate compounding forms of violence: More work is needed to understand how different types of violence, such as community, familial, and intimate, interact and reinforce one another and the causal pathways through which these effects occur.
- Examine protective mechanisms: Future research should examine how higher self-efficacy may be linked to lower IPV risk, for example, by focusing on how empowering individuals to set boundaries, seek support, and make proactive decisions protects their safety.
- Explore HIV-related dynamics: The strong association between knowing a partner's HIV status and IPV warrants exploration of disclosure dynamics, stigma, and power imbalances.
- Understand changing relationship dynamics: Research should consider how relationship dynamics change over time for adolescent and young mothers, and how this evolves as their child ages.

For policy:

- Prioritise adolescent and young mothers: National GBV and adolescent health strategies must ensure their unique risks and life stages are explicitly addressed.
- Support integrated policy frameworks: Policy efforts should link IPV prevention with child protection, social protection, and education, to tackle overlapping vulnerabilities.

For practice:

- Integrate IPV screening and response: Services should embed IPV screening and support within adolescent, maternal, and HIV health services, ensuring accessible referral pathways for young mothers.
- Provide trauma-informed care and parenting support: Tailored support for adolescent mothers exposed to multiple forms of violence is essential to address both their safety and their children's wellbeing.

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