Prevalence, trend and determinants of adolescent childbearing in Burundi: A multilevel analysis of the 1987 to 2016-17 Burundi Demographic and Health Surveys data
Jean Claude Nibaruta¹ Bella Kamana² Mohamed Chahboune¹
Milouda Chababe¹ Saad Elmadani¹ Jack Edward Turman, Jr.³
Morad Guennouni¹ Hakima Amor⁴ Abdellatif Baali⁴
Noureddine Elkhouidi¹

¹Hassan First University of Settat, Higher Institute of Health Sciences, Laboratory of Health
Sciences and Technologies, Settat, Morocco,
²Hassan II University, Ibn Rochd University Hospital of Casablanca, Laboratory of Haematology,
Casablanca, Morocco,
³Indiana University, Richard M. Fairbanks School of Public Health, Departments of Social and
Behavioral Sciences, Indianapolis, IN, USA,
⁴Cadi Ayyad University of Marrakech, Semlalia Faculty of Science, Departments of Biology,
Marrakech, Morocco

The Global Health Network

Published on: Jun 16, 2023
DOI: https://doi.org/10.21428/3d48c34a.47f58601
License: Creative Commons Attribution 4.0 International License (CC-BY 4.0)
Very little is known about factors influencing adolescent childbearing despite an upward trend in adolescent childbearing prevalence in Burundi, and its perceived implications on the rapid population growth and ill-health of young mothers and their babies. To fill this gap, this study aimed to examine the prevalence, trends and determinants of adolescent childbearing in Burundi. Three weighted subsamples of 731, 2,359, and 3,859 adolescent girls aged 15-19 years extracted from the 1987, 2010 and 2016-17 Burundi Demographic and Health Survey databases respectively were used for descriptive and trend analyses. Both bivariable and multivariable two-level logistic regression analyses were performed to identify the main factors associated with adolescent childbearing using only the 2016-17 BDHS data. As main results, the prevalence of adolescent childbearing increased from 5.9% in 1987 to 8.3% in 2016/17. Factors such as adolescent girls aged 18-19 years old (aOR = 5.85, 95% CI: 3.54 - 9.65, p<0.001), adolescent illiteracy (aOR = 4.18, 95% CI: 1.88 - 9.30, p<0.001), living in poor communities (aOR = 2.19, 95% CI: 1.03 - 4.64, p= 0.042), early marriage (aOR = 9.28, 95% CI: 3.11 - 27.65, p< 0.001), lack of knowledge of any contraceptive methods (aOR = 5.33, 95% CI: 1.48 - 19.16, p= 0.010), and non-use of modern contraceptive methods (aOR = 24.48, 95% CI: 9.80 - 61.14, p< 0.001) were associated with higher odds of adolescent childbearing. While factors such as living in the richest household index (aOR = 0.52, 95% IC: 0.45 - 0.87, p=0.00), living in West region (aOR = 0.26, 95%CI: 0.08 - 0.86, p= 0.027) or in South region (aOR = 0.31, 95% CI: 0.10 - 0.96, p= 0.041) were associated with lower odds of adolescent childbearing. In conclusion, our study found an upward trend in adolescent childbearing prevalence and there were significant variations in the odds of adolescent childbearing by some individual and community-level factors. School-and community-based intervention programs aimed at promoting girls’ education, improving socioeconomic status, knowledge and utilization of contraceptives and prevention of early marriage among adolescent girls is crucial to reduce adolescent childbearing in Burundi.