

Screening for Intimate Partner Violence in Public Health Care Settings in Kenya: What do women think? What do women want?

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Screening for IPV: Why bother?

- **Linked to both immediate and long-term health, social, and economic consequences**
- **Failing to screen compromises quality of care**
 - missed opportunities to save clients from potentially life-threatening situations
 - achievement of optimal RH outcomes hampered
- **Service delivery models largely based on immediate, emergency care as opposed to care for more chronic forms of violence (IPV)**
- **IPV screening is a preventive measure and could be linked to existing national campaigns and community efforts around violence prevention**

Screening for IPV: A cautionary approach

Important issues for consideration

- ✓ Provider capacity to offer basic support to survivors
- ✓ Operational referral systems and linkages
- ✓ Resources (to protect confidentiality, etc.)
- ✓ Provider & client attitudes toward violence
- ✓ Provider willingness to screen routinely
- ✓ **Client willingness to be screened**
- ✓ **Client voices in shaping delivery of screening**

Study Goal & Objective

- **Overall Goal:** to expand the access of women experiencing IPV to comprehensive GBV services in order to more effectively address the issue of IPV in Kenya
- **Objective:** to assess the acceptability of routine screening for IPV from women's perspectives (i.e., female clients)

Methods

Qualitative research design

Sampling strategies

- Theory-driven
- Stratified purposeful

**Kenyatta
National Hospital**

ANC

CCC

GBVRC

**Youth
Center**

Methods cont'd

- **Qualitative research design**
 - In-depth (client exit) interviews with **68** women aged 18 and above that sought services at the 4 study sites between April and June 2011
 - Key informant interviews with **10** KNH providers
 - ✓ including heads of department, doctors, nurses, psychologists, social workers, counselors, receptionists, across the 4 study sites
 - **28** client flow observations across the 4 study sites

Data Analysis

Thematic Analysis

- ✓ Within case analysis
- ✓ Cross-case analysis
 - Across study sites
- ✓ Identification of common, dominant themes emerging from the data
- ✓ Description of variations from common, dominant themes
- ✓ Generation of theory about ***what is happening***, and ***what the implications are for introducing routine IPV screening***

Findings



**IPV Screening:
What do women think?**

Women think ...

- ... IPV screening would promote catharsis

“I know that many women will not refuse to answer these questions, but I think that most women will have no problem answering them because most women will be willing to answer these questions without cases, without having even a formal diagnosis because women have a lot of other things going on in their lives and have many other problems and alternative places to go for help. We don't have to ask them to come to the hospital for help. This will be a chance for them to do something that they can share with [.]” (CCC)
(Youth Center)

Women think ...

- the sheer need/desire for help will motivate their peers to respond positively to IPV screening

- “Like men, had been suffering for 4 yrs since they are rolled up with my she wants to be their situation she wants help. I said she wants to be helped, she will ask me what to do for life because she wants to know what she will do. She has somebody to help her.”
“I’ve been going through, someone will be able to help them before they go mad.” (Client, Youth Center)
“I would get help. I came because I needed help[.]” (Client, GBVRC)

Women think ...

- Playing a role in awareness creation around availability of IPV services is important

“We do not think it will be hard
to get help if we go out
through any violence
this is not a secret idea
and I know about this
with my friends and
place, I can tell
relatives, friends, and
another women who
they do not know where to
is suffering to come
get help of them, could I did
here so that she can
not afraid. And if you
get the help she get
help by about the
needs.” (CC)
world have been the first
serious happens to
place for women go” (ANC).
them.” (Youth Center)
not know about it.” ANC

Women think ...

- ... IPV screening would be beneficial (perceived benefits)
 - Marriage counseling
 - Rapid legal assistance
 - Financial assistance

“Women will be able to talk to someone who cares about what they’re going through and it’s going to help them after that.” (ANC)
“They’ll be given advice which can help them to live in peace with their husbands.” (CCC)

Women think ...

- an understanding of actual benefits of IPV screening is critical

- “The person needs to really talk with the woman so that she clearly understands why she should go and when they are referred here, they will have an idea of going.” (CCC)
“The person needs to really talk with the woman so that she clearly understands why she should go and when they are referred here, they will have an idea of going.” (GBVRC)

An understanding of actual benefits (cont'd)

“I think it’s a very important move. If I had someone who had asked me such questions, then I wouldn’t have suffered for that long like I did. I used to come here all the time for treatment, but nobody ever asked me anything. I would come here for treatment after my husband had beaten me. I’d be treated and then I’d be told to go home. Sometimes my husband used to box me in the head and so some women get injuries in the head but they have no physical symptoms to show that.”
(Client, GBVRC)

Women think ...

- provider respect and distance will aid screening process

- “The doctor that I had doctor
Women tend to open up to
or worst thing doctors will not
“You can use
gossip about what the cause
doctors, but comes to
they are strangers (ANC)
convince them. Therefore
open up to him. I look
“I don't think they will have
“come. Patients
up to doctor and
a problem with answering
really respect
and taking care of patients
doctors and they
not take talking to the wants
will listen to
“I don't think they will disclose
somebody else. I know who
them” (GAB) matters to
might be everyone else.”
people they know, but
(CCC)
disclose to strangers.” (ANC)



**IPV Screening:
What do women want?**

IPV screening: What do women want?

**Nothing out of the ordinary, actually
(for the most part):**

- ✓ Strict confidentiality
- ✓ Positive provider attitudes
- ✓ Convenience
- ✓ Help with costs
- ✓ Choice
- ✓ Care in de-stigmatized spaces

IPV screening: What do women want?

- Preferred provider
 - Counselors overwhelmingly preferred
 - Provider maturity more of an issue than provider age
 - Provider gender not a major concern

“Does age really matter? I wouldn't feel comfortable talking to someone as old as my [parent]. I will not answer some questions honestly because I'll feel like it's nicely because you my [parent] asking and I can't talk to respect and explained what you wanted.”
things. (Cent, Youth Center)

Conclusion

- Routine screening for IPV is acceptable to female clients at KNH provided attention is given to certain desired conditions. These conditions largely fall within the expected norm when it comes to the quality of care provided within health facilities.
- Incorporating women's voices & perspectives into women-centered interventions in health care settings is useful for planning, and hopefully for ensuring eventual success.

Next Steps

- The piloting of a short IPV screening tool at Kenyatta National Hospital (KNH) over a six-month period
- Study to test the feasibility of using this tool at KNH

Thank you

“The campaign against gender violence should be as loud as the one about HIV was.”

(Client, GBVRC)