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 because most women will be willing to answer. In most cases, women will have no problem answering the questions. Women will not have any other alternative places to express their feelings. We can do this as an opportunity for them to share with someone they can trust.” (ANC)

“ Majority of the women will have no problem answering the questions. They will be willing. We don’t have many other alternative places that we can go to talk about such things.” (Youth Center)

“Many women will have no problem answering the questions because they have many problems and they are just waiting for an opportunity to share their problems with someone.” (CCC)
Women think …

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

- “Mainly because they are fed up with their situation and they don’t know what to do next. They will go, hoping that someone will be able to help them before they go mad.” (Client, CCC)

- “If she wants to be helped, if she wants a breather in her life from what she has been going through, then she will go.” (Client, Youth Center)

- “If a woman is suffering because of her husband and she wants somebody to help her, she will go because she wants to be helped. She will go mainly because they are fed up with their situation and they don’t know what to do next.” (Client, ANC)

- “Like me, I had been suffering for 4 yrs since my husband started beating me. I didn’t know what to do or where to go. But a friend of mine told me about this place and I decided to come because I could 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

“I also think it’s a good idea and I like it. Even if I’m not experiencing violence right now, those services will help other women and some of them could be my friends. And if you know about these services, you can tell other women who may not know about it.” (ANC)

“Even if I’m not going through any violence and I know about this place, I can tell another women who is suffering to come here so that she can get the help she get needs.” (Youth Center)
Women think ...

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

  • “Women also get help because of what I’m going through and it’s going to help them after that. They’ll be given advice which can help them to live in peace with their husbands.” (CCC)

  “[Some] will think that women will be given money for food or school fees, or get business benefits like money for business.” (ANC)
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 the benefits that she is going to get by going.” (CCC)

• “Emphasize to them the benefits and the help that they are going to get if they come here. So when they are referred here, they will have an idea of the kind of help they can get.” (GBVRC)
“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

• “Women trust doctors. It is not good to be judgmental or gossip about another’s lives. If it comes to domestic violence, therefore I don’t think they will have a problem with answering the questions. Patients really respect doctors and they will listen to them.” (ANC)

• “People tend not to disclose their personal matters to people they know, but disclose to strangers.” (ANC)

• “They can tell the doctor or nurse and he will not gossip about another’s lives.” (ANC)

• “You can use doctors to convince them to open up to him. I look up to doctors, they are strangers and talking to a stranger is not like talking to someone you know who might tell everyone else.” (ANC)

• “Women tend to open up to strangers like doctors compared to relatives or friends when it comes to domestic violence. Therefore I don’t think they will have a problem with answering the questions. Patients really respect doctors and they will listen to them.” (GBVRC)
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? You just need to be mature enough. How you approach me is what matters. Like you now, you look young and I am 50, but we are talking nicely because you approached me with respect and explained what you wanted.”

“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 my [parent] asking and I can’t talk to them about such things.”

(Client, CCC)
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)