

FEASIBILITY OF ROUTINE SCREENING FOR INTIMATE PARTNER VIOLENCE IN PUBLIC HEALTH CARE SETTINGS IN KENYA

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To screen or not to screen?

Potentially beneficial, but presumed barriers in developing countries ...

- Sociocultural barriers to disclosure
- Provider capacity
- Referral systems and linkages
- Limited resources to protect confidentiality
- Inadequate follow-up care after screening

Study Aim & Context

- **Aim:** to determine the feasibility of routine screening for IPV (among women 18 years and above) in public health care settings where IPV referrals could be executed
- **Context:** Kenyatta National Hospital, Nairobi
 - Antenatal Care Clinic (ANC)
 - HIV Comprehensive Care Centre (CCC)
 - Youth Centre
- Referrals made to on-site Gender-Based Violence Recovery Centre (GBVRC)

Study Design

- Qualitative, multi-site case study
 - Four FGDs with 23 providers
 - IDIs with clients
 - 36 'compliant' clients
 - 29 'non-compliant' clients
- Collection of service statistics

Analysis

Content 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

Intervention

Intervention involved 3 main activities:

- **Provider training** to routinely screen for IPV (April-May 2012)
- **Routine screening** for IPV by providers (June-December 2012)
- **Provider referral** of IPV+ clients to the GBVRC for further care (June to December 2012)

What we learned about feasibility

Service Statistics for Initiating Departments Combined

Total # screened & documented	% reporting IPV	% referred to GBVRC	% presenting at GBVRC
1210	8% (n=95)	77% (n=73)	40% (n=29)

- Clients were willing to disclose IPV
- Providers demonstrated capacity to screen and refer
- Referral systems were largely operational
- Referral uptake relatively low
- High client satisfaction with screening and care

What we learned about feasibility

- Some providers 'innovated' with the screening process:

I did not talk with anyone. ... We were told that there is a form in the file that we have to fill. Then after going through the services, we were being called in a room one by one, then you fill the form alone. Then when I finished, I gave it back and then I was given [an escort] and I was brought here [GBVRC] (IDI, 'compliant' client, ANC).

What we learned about feasibility

- Male involvement had implications for the screening process:

We are finding some challenges, especially when a [client] is accompanied by the spouse we don't fill [the screening form] when the spouse is there, but we note somewhere ... [to] ... accomplish [it] later
(FGD with Providers, ANC).

We actually receive very many female patients, but ... sometimes ... they are no longer in relationships because maybe they were both ill and one has passed away, or they have separated because of the violence, or because of the discovering of the [HIV] status and all that ...
(FGD with Providers, CCC).

What we learned about feasibility

- Clients were willing to comply with IPV referrals:

Reasons for not presenting at GBVRC ('non-compliant' clients)

Reason	# of clients citing reason
Time constraints	
Provider didn't refer	
Staff unavailability	
Referral interrupted	
Other	

What else we learned

- Highest rates of IPV reporting found among Youth Centre and CCC clients
- Youth Centre clients more likely to report sexual IPV
- CCC clients more likely to report experiencing all three forms of IPV screened for
- Return appointments can work when resources are limited (although same-day appts for SGBV care is the gold standard)

Conclusion

- Despite noted imperfections in the screening process, routine screening for IPV is feasible in resource-constrained settings and highly-acceptable to clients and providers.
- Attending to resolvable systemic issues could help enhance IPV referral uptake.

Recommendations

- Train providers to offer basic psychosocial support for IPV, or incorporate 'roaming' GBV clinic staff into referral process to attend to IPV+ clients on the spot
- More investigation around screening protocols in clinics where male involvement is encouraged
- Screen adolescents in a variety of health service and other settings
- Raise awareness of HIV+ clients' higher risk potential for composite IPV, and the implications for the health of these clients
- Research to test the acceptability and feasibility of screening children for violence

Thank you



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