Supporting men to manage common mental health problems as a means to prevent intimate partner violence in urban Kenya

Phiona Koyiet, World Vision Kenya & Alison Schafer, World Vision International

Sexual and intimate partner violence in Kenya is endemic
- More than 41% of Kenyan women experience sexual and/or physical violence by intimate partners in their lifetime.
- In a 12-month period, 13% of women are living with active violence in their homes.
- Studies reveal that women are more commonly victims of Sexual and Intimate Partner Violence (SIPV) and use the perpetrators.
- In a rapid ethnographic assessment, World Vision Kenya learned that the community viewed alcohol use as the biggest cause of intimate partner violence, believing it not to be drinking because of having “too much fun,” marital conflict, psychosocial issues and access to alcohol.

The feasibility study: Materials and methods
- A mixed methods approach using pre- and post-intervention data and qualitative data
- Feasibility of GPM+ will be assessed from 230 adult men, using pre and post intervention assessments, and again after 3 months.
- Measures include: WHO Study of Mental Health Illness (Version 2.0)
- General Questionnaire
- Posttraumatic Stress Disorder Checklist, DSM-IV
- Psychological Outcome Profile (PSP-CLNP) - Pre, During, Post treatment with GPM+.
- WHO Alcoholic, Smoking and Substance Involvement Screening Test (ASSIST), Version 3.1
- WHO Services Receipt Inventory
- Focus Group Discussions and Key Informant Interviews, with clients, male and female community health volunteers facilitating GPM+ and clinical supervisors.

World Vision Kenya to test the feasibility of reducing intimate partner violence by treating men with common mental health problems: Study objectives

World Vision Kenya’s work aims to:
- Determine if a group of men treated in the interventions, Problem Management Plus (PM+) is on an acceptable and feasible approach for treating men experiencing common mental health problems (exclusion of alcoholics).
- To assess if Group PM+ (GPM+) treatment for men with common mental health problems will show pattern for reducing incidences of IPV in 10 project sites, and if inclusion in supplementary community-wide counseling (GPM) is among of one of the two project sites offers additive outcomes to reduce incidences of intimate partner violence.

Anecdotal findings from pilot feasibility study
A pilot study saw 183 men screened, of whom 93 men met inclusion criteria and participated in a full pre-assessment, and 47 men participated in Group PM+ sessions, completing the post-assessment. Important learnings from the pilot revealed:
- Many men admitted to not fully disclosing their experiences and perceptions of intimate partner violence to the assessors, indicating that the assessment area was not at the forefront.
- Men had improved logically – some men had competed prospecting (e.g., work) at attending weekly sessions and therefore non-attendance and drop outs were low.
- For men who completed the 6 Group PM+ sessions, substantial improvements were reported, including reduced alcohol consumption, improved mood, reduced stress and higher daily functioning.
- World Vision Kenya will be making minor adjustments to the Group PM+ formats for the definitive feasibility study – e.g., aligned ages of groups, types of problems (e.g., alcohol use or not) and timing of group sessions. However, the pilot clearly indicated the feasibility study is required and Group PM+ to reduce intimate partner violence shows potential.

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KEY CONTACT: Phiona Koyiet
Phiona.Koyiet@worldvision.org