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The feasibility and acceptability of a brief empowerment counselling intervention (ECI) among pregnant women and girls who have experienced intimate partner violence (IPV) in humanitarian healthcare settings

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Study overview

- **Aim:** To evaluate the feasibility and acceptability of a brief empowerment counselling intervention (ECI) among pregnant women and girls receiving antenatal care (ANC) who have experienced intimate partner violence (IPV), in humanitarian healthcare settings.



Study overview

In Phase 1, formative qualitative study conducted in September 2020 to determine the acceptability of the brief empowerment counseling intervention.

“They would participate if they were received and helped, because if someone is well received, well helped she feels respected. If you are respected, you will feel comfortable to come again but if she was not well received and not respected, she won’t feel comfortable to participate, due to what she has observed there.”

--KII from a GBV service provider



Study Population



- **Site:** Refugee camp in Nyarugusu, Tanzania
 - Quasi-experimental with two sites: intervention at the Main Hospital and control at another annex clinic
- **Population:** Congolese refugee girls and women experiencing intimate partner violence (domestic violence) attending ANC visits
 - over 15 years of age and 12-35 weeks pregnant at baseline

Methods

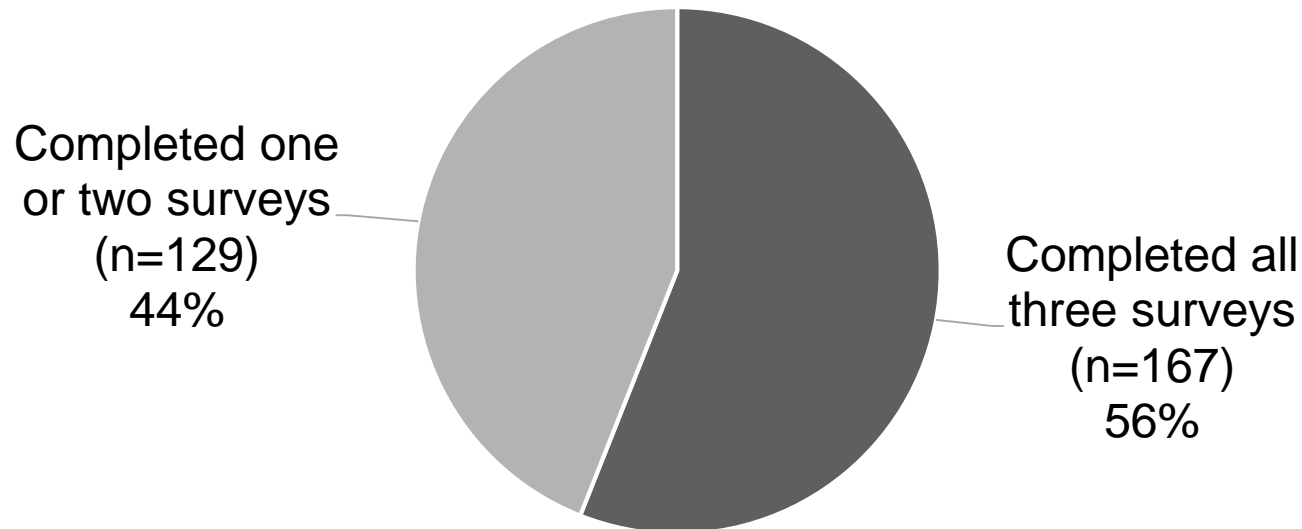
- **Data collection:** Participants screened for IPV. Those that reported IPV, were interviewed at baseline, 3 and 6 months.
- Empowerment counselling intervention offered in the Main hospital immediately after baseline interview.
- Annex clinic (i.e. control) women were referred to the nearest GBV center as a standard of care.



Results: Study participants

- Participants who completed all three points of data collection were 167 (56% of the 296 from baseline – i.e. Loss to follow up 44%)

Survey completion among the 296 women from baseline



Intervention & control arm demographics comparable

	Control N = 152	Intervention N = 144	Difference
	Median (Q1, Q3)	Median (Q1, Q3)	P-value
Respondent age	24 (20, 28)	23 (20,28)	0.2
Age of child's father	28 (25, 35)	28 (23, 33)	0.2
Number of pregnancies, including current pregnancy	3 (2, 6)	3 (2, 4)	0.2
Weeks pregnant at baseline	28 (24, 31)	28 (24, 32)	0.7
Number of living children	2 (1, 4)	2 (<1, 3)	0.5
	n (%)	n (%)	
Country of birth			
Democratic Republic of Congo	150 (99%)	78 (54%)	< 0.001
Tanzania	2 (1%)	66 (46%)	
Ever attended school	139 (91%)	135 (94%)	0.5
Currently married, living together	124 (82%)	126 (88%)	0.5
Child's father worked in the last 12 months	72 (47%)	97 (67%)	< 0.001
Child's father from the same ethnic group/tribe	113 (74%)	87 (60%)	0.011
Child's father has other wives	40 (26%)	25 (17%)	0.063

Acceptability of onsite ECI high, but uptake of referral services low

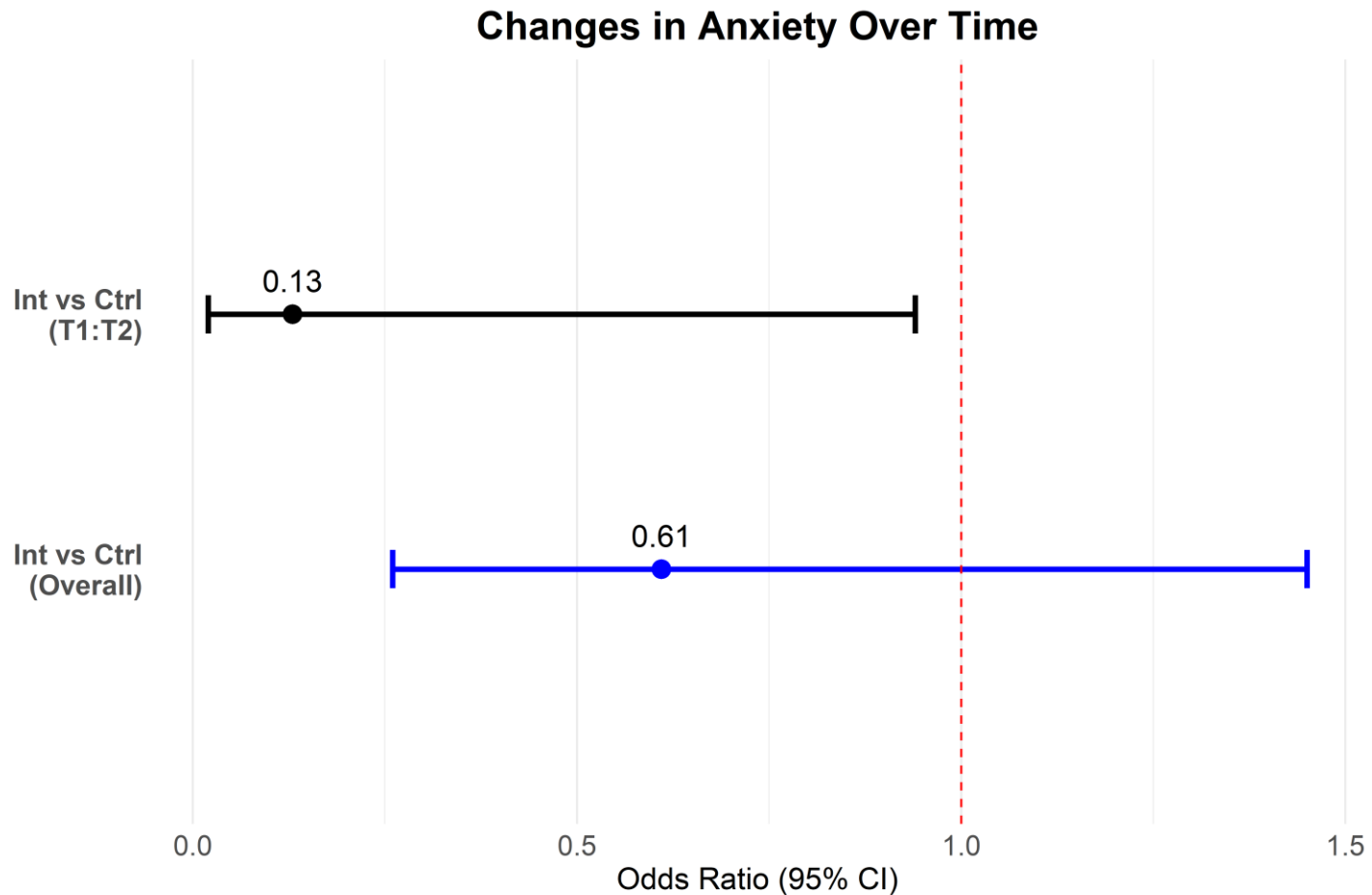


- 145 women received ECI intervention
 - 82% (n=119) attended > 2 sessions
 - A total of 26 women received referral services (counsellor logs)
- Of 151 women in control
 - At baseline 17 women received NGO referral services, @ three months only 5, and @six months only 3 (counsellor logs)

At 3 & 6-month, more women in intervention practiced safety behaviours

Type of safety behaviour	Control, N=122	Intervention, N=114
	N (%)	N (%)
Completed a safety plan with case worker/counsellor	12 (10%)	114 (100%)
Used a safety plan	9/95 (10%)	114 (100%)
Any safety planning behaviours	76/95 (80%)	114 (100%)
Self-reported access to referrals	2/7 (29%)	28/70 (37%)
Disclosure of IPV	5/33 (15%)	31/83 (37%)
	Median (Q1, Q3)	Median (Q1, Q3)
Number of safety planning behaviours	2 (1, 3)	5 (5, 7)

Moderate to severe anxiety decreased but difference not significant

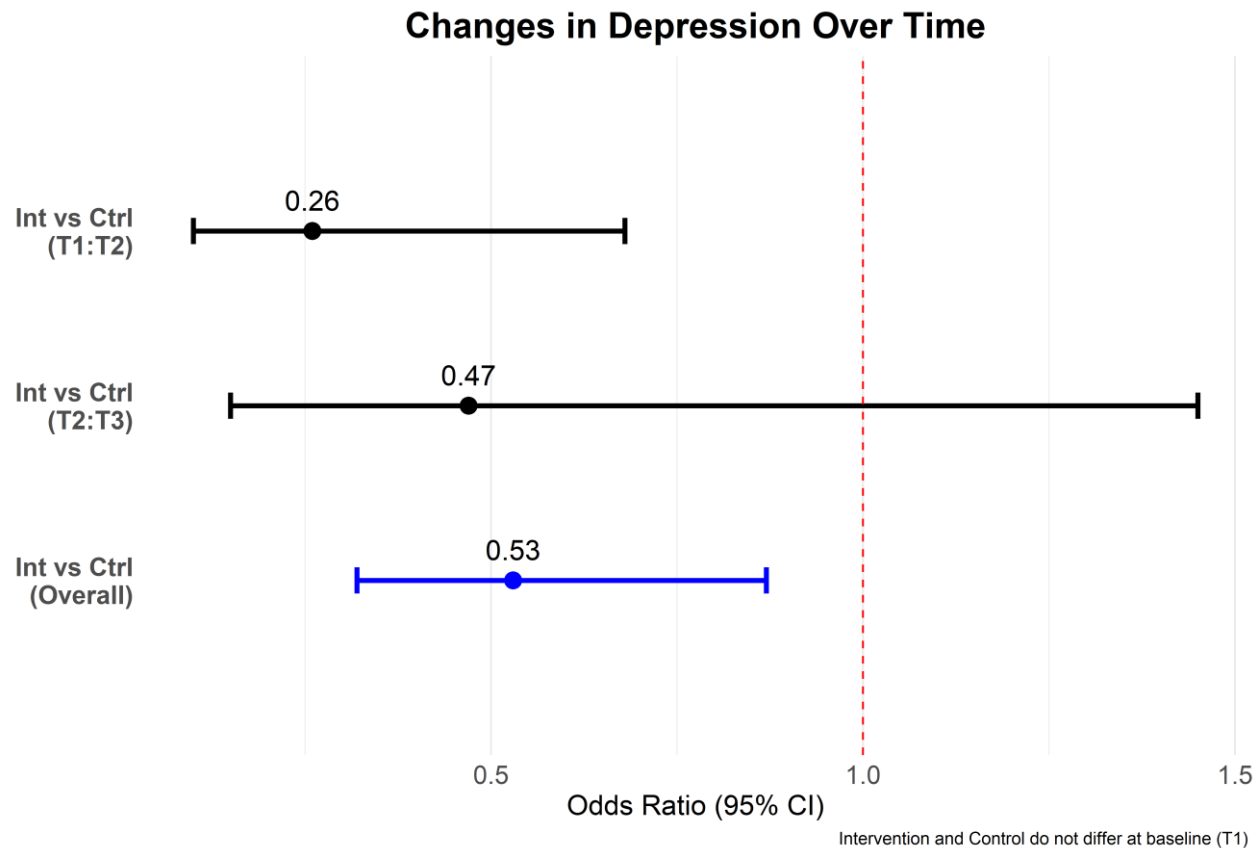


Intervention and Control do not differ at baseline (T1)
T3 not included: Nearly 100% of intervention subjects were Minimal to Mild.

Int = Intervention; Ctrl = Control

Note: Models were not adjusted for covariates, which could affect estimations and interpretation of results.

Moderate-severe depression decreased



Int = Intervention; Ctrl = Control

Note: Models were not adjusted for covariates, which could affect estimations and interpretation of results.

Conclusion of preliminary findings

- The ECI offered on site was acceptable to women and uptake is high.
- There is low uptake of referrals in both arms – comparable to findings in many other studies.
- Safety planning behaviours was higher in the intervention group
- Moderate to severe anxiety and depression trend in the right direction (i.e. decline), but caution with conclusion due to small sample sizes.

Next steps

- Need to adjust models for co-variates
- Analyze post-intervention in-depth interviews to explore feasibility and acceptability of intervention from the perspective of service providers and from women's interviews.