

Primary Healthcare, Nursing and Neonatal Screening

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Women's Health, Obstetrics and Female Reproductive System

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Assessment of the uptake of intimate partner violence interventions among women accessing HIV testing services in Kenya: A quasi-experimental study

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Background: Globally, about a third of women have experienced Intimate Partner Violence (IPV). IPV is linked to increased HIV risk and is a key barrier to uptake of HIV prevention and treatment services among women. LVCT Health integrated IPV counseling and support group interventions in HIV Testing Service (HTS) sites in Kenya. We conducted a study to measure the uptake of IPV interventions in HTS settings.

Methods: In this study, we recruited 146 women who screened positive for experiencing IPV in four HTS sites in rural and urban settings. Women accessing HTS were screened by HTS providers using the validated IPV screening tool. These women were enrolled in the IPV interventions. The IPV intervention comprised monthly one-on-one IPV counseling and support group sessions that ran for a period of six months. Baseline and end line surveys were conducted at the beginning and after 6 months using semi-structured questionnaires. We collected quantitative data on socio-demographics, willingness to take up IPV services, uptake of IPV interventions and reasons for non-uptake of IPV services. Descriptive analysis was done using SPSS version 22.

Results: Enrolled women had a median age of 28 years and 89% were married. At baseline, 55% and 42% of the participants expressed a willingness to take up one-on-one counseling and support group interventions, respectively. However, 7% and 5% of the participants took up one-on-one IPV counseling and support group interventions, respectively over the 6 month period. Reasons for low uptake of the integrated IPV intervention included: lack of follow up after the sessions by HTS providers, busy with home chores, lack of childcare support and fear that spouse would find out which would, in turn, escalate the experience of violence.

Conclusion and recommendations: Low uptake of IPV interventions in HTS settings demonstrates the need for enhanced follow up of women taking up IPV services in HTS settings. Integration of IPV in HTS settings requires additional investment in human resources to manage the workload that comes with integration and communications to facilitate follow up.

Biography

Margaret Kababu is a research scientist with ten years' experience in multi-disciplinary research. She has been involved in operational research in HIV and Gender-Based Violence for the last four years. Margaret was previously a research scientist in an Integrated Pest Management and Malaria vector control program. She has experience in the design and development of research protocols; development of research IEC materials and data collection tools; training and coordination of field teams; qualitative and quantitative data management; analysis and documentation of research findings.

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