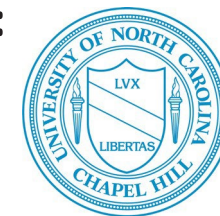


Effect of a brief nurse-led intervention on intimate partner violence and perinatal depression: A randomized controlled trial in public antenatal clinics in Johannesburg, South Africa



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BACKGROUND

- Intimate partner violence (IPV) is an extreme manifestation of unequal relationship power and harmful gender norms.
- IPV in pregnancy is associated with maternal morbidity and mortality, lower infant survival and increased child illness.¹⁻²
- The evidence base for treating IPV in low-resource countries is limited.³

METHODS

In a randomized control trial in 4 public antenatal clinics,⁴ nurses screened pregnant women at first antenatal visit. IPV-exposed were randomized to:

Treatment condition: Trained nurses gave one session (~40 min) comprising:

- Psychoeducation
- Safety planning
- Referrals (counseling, shelters)

Enhanced standard of care (SoC): Referral list (in small tissue packet for safety)

Trial measures: IPV in past-year (WHO Instrument); Probable depression (Hospital Anxiety Depression Screen); Safety behaviors; Resource use; Self-efficacy (General Self-efficacy Scale).

Analysis: Multilevel logistic regression models control for age, immigration status (born out of SA), education level, whether first pregnancy or not, earns own money, poverty status (hunger index). Site as random effect.

CONCLUSION

A brief intervention in Johannesburg halved perinatal women's exposure to intimate partner violence.

One nurse-led session improved recovery from probable perinatal depression.

Antenatal clinics may offer a valuable entry point to mitigate health disparities associated with exposure to IPV.



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TRIAL FINDINGS

- 27.5% of 1543 were exposed to past-year IPV.
- Two-thirds lived in a single room, one-third were food insecure, less than half had high school education.
- Intervention was associated with lower rates of IPV at endline (aOR=0.52, 95%CI=0.32-0.83).
- Recovery from probable depression was higher among intervention arm (27.8%) vs SoC (15.5%, $p=0.023$).

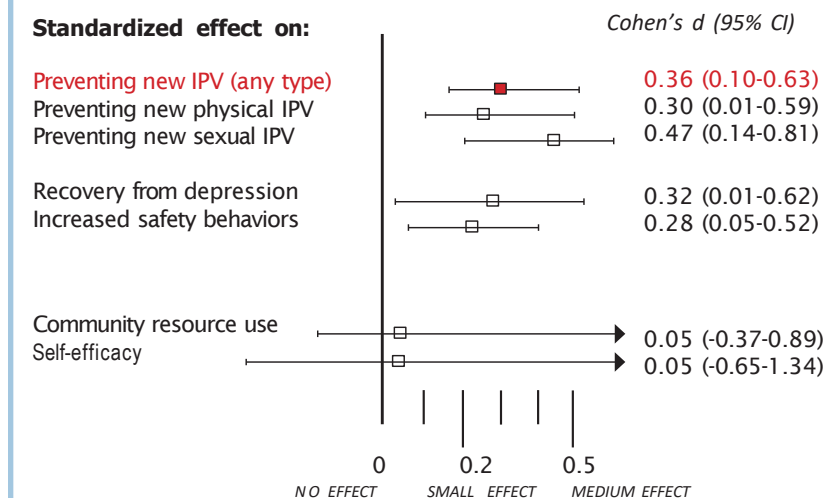


Figure 1. Effect of brief intervention on IPV and mental health $n=422$

LIMITATIONS

Nurses unblinded to arm, self-reported outcomes.

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