

Intimate partner violence and its associations with mental health among pregnant women in Dar es Salaam, Tanzania

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Antenatal care is a ,window of opportunity‘

Between 1-28% of women worldwide report experiencing physical violence during pregnancy (WHO 2005).

Women’s mental health is one of the most commonly used primary or secondary outcomes of interventions addressing intimate partner violence in antenatal care settings.

To inform the design of antenatal care interventions addressing intimate partner violence in sub-Saharan Africa, more needs to be known about the associations between different forms of intimate partner violence and mental health symptoms.



Objective

To establish the associations between different forms of intimate partner violence and women's reports of depression, anxiety and PTSD symptoms in an antenatal care clinic in Tanzania.



Methods

A cross-sectional survey was conducted among 1180 pregnant women at the Muhimbili National Hospital antenatal clinic in Dar es Salaam, Tanzania from December 2011 to April 2012.

Trained interviewers conducted face-to-face standardized interviews with the women in a private room prior to their antenatal care appointment.

Different experiences of intimate partner violence, PTSD, anxiety and depressive symptoms were assessed through the Conflict Tactics Scale, the Hopkins Symptom Checklist (25) and the Posttraumatic Diagnostic Scale.



Results

Lifetime intimate partner violence

Lifetime sexual and/or physical intimate partner violence	54.3%
Lifetime physical IPV	47.2%
Lifetime sexual IPV	35.3%

Intimate partner violence during pregnancy

Physical and/or sexual IPV during pregnancy	26.7%
Physical IPV during pregnancy	17.7%
Sexual IPV during pregnancy	19.8%

Symptoms of mental health

Severe symptoms of depression	10.3%
Severe symptoms of anxiety	8.1%
Symptoms of PTSD	4.9%



Symptoms of depression, anxiety and PTSD were significantly associated with lifetime experiences of physical and/or sexual intimate partner violence and experiences of physical and/or sexual intimate partner violence during pregnancy

	Depression		Anxiety		PTSD	
	Adj. OR	CI	Adj. OR	CI	Adj. OR	CI
Intimate partner violence during pregnancy						
Physical and/or sexual violence during pregnancy	2.56 ^{***}	[1.72,3.80]	2.70 ^{***}	[1.75,4.16]	2.71 ^{***}	[1.57,4.69]
Physical violence during pregnancy	1.80 ^{**}	[1.16,2.80]	2.29 ^{***}	[1.43,3.66]	2.89 ^{***}	[1.63,5.13]
Sexual violence during pregnancy	2.41 ^{***}	[1.59,3.64]	2.60 ^{***}	[1.66,4.06]	2.19 ^{**}	[1.24,3.88]
Lifetime experiences of intimate partner violence						
Lifetime physical and/or sexual violence	2.35 ^{***}	[1.52,3.64]	2.32 ^{***}	[1.43,3.76]	5.21 ^{***}	[2.41,11.23]
Lifetime physical violence	2.36 ^{***}	[1.55,3.58]	2.07 ^{**}	[1.32,3.26]	4.74 ^{***}	[2.39,9.42]
Lifetime sexual violence	1.86 ^{**}	[1.26,2.75]	2.29 ^{***}	[1.49,3.53]	2.25 ^{**}	[1.30,3.89]

Adjusted for women's age, marital status, education and employment

Experiences of moderate or severe physical or sexual intimate partner violence during pregnancy or during women's lifetime were not consistently associated with reported symptoms of depression, anxiety and PTSD.



Limitations

- Cross-sectional data
- Sample is from a large urban tertiary clinical setting, with a higher proportion of women with pregnancy complications
- Did not measure IPV in the last 12 months or other forms of abuse
- IPV and poor mental health are sensitive issues prone to underreporting
- Measures of mental health are based on symptoms only, not diagnostic tools



Conclusions

- Lifetime experiences of physical and/or sexual IPV and during pregnancy are significantly associated with poor mental health reporting among pregnant women.
- Antenatal care interventions addressing IPV therefore do not need to be limited to women experiencing IPV during pregnancy.



*EVERY WOMAN,
MAN AND
CHILD HAS
A RIGHT
TO BE
FREE
FROM
VIOLENCE
OF ANY
KIND*

