Feasibility and acceptability of a brief counselling intervention for abused pregnant women in South Africa. Results from a qualitative process evaluation

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Outline

- Methodology
- Results
  - factors that helped women make use of the intervention,
  - factors that helped the nurses provide the interventions effectively,
  - Impact and pathways of change for women who responded to the intervention
- Conclusions and implications for scaling up

Methodology of the process evaluation

- Mixed-method evaluation
- Process evaluation research questions centred around intervention fidelity, acceptability, and mechanisms:
  - *how* the intervention was delivered;
  - *how* key stakeholders felt about its delivery;
  - mechanisms of intervention influencing participant behaviour.

Qualitative component:

➢ 33 semi-structured interviews:

- 20 purposively selected participants who received the intervention
- 5 research nurses offering the intervention
- 8 interviews with clinical teams in study sites (not participating in the study)

➢ Observation notes from regular bi-weekly debriefings

➢ Chart review, review of study documents

Thematic analysis using Nvivo 10

Acceptability of the intervention

Overall, all women reported:

- having a positive experience with the study
- that the intervention was very helpful, for themselves but also for the baby.

Participants expressed their gratitude for:

✓ having an opportunity to talk about their experience (and relief),

✓ receiving help/guidance with thinking about actions to improve their situation

✓ learning about existing resources for support and to seek help (self-efficacy)

✓ wished for other pregnant women to get the intervention

"*I found it* [intervention] ***helpful*** *in many ways. Just like I've said,* ***letting my emotions out. That's how I found it helpful.*** *[…] Talking to someone was helpful. And I didn't realize that this* [IPV] *was hurting me so much until I talked to a sister there*". [pp 6]

"This Safe & Sound thing really helps a lot. ***The way I got so much help****, I wish for some other mothers that they could get the help that I got from it. It really helped me. It* ***really changed me*** *for the person that I am today. Think that this could be beneficial to other women. And* ***should be offered to other women*** *as well".* [pp 12]

Factors that helped women make use of the intervention

- **Nurses' interpersonal skills**: empathetic listening, non judgemental, kindness, caring, comforting, encouraging
- **Trust** built by nurses during the first session

  "I felt like I've got someone who I can talk to if I've got a problem, like a bigger problem that I can't talk to my sister, my aunt or someone else. I felt like I got a friend in [name of nurse]. I can talk to her. She won't tell anyone, she won't publish my problem. She can't laugh at me. She can't discuss it with someone. That was very important to me." [pp 16]
- **Feeling of autonomy** to make independent choices on their relationships

  "She said if that is my option, then I must do it. Because she can't force me to do anything that I don't want. It's always my decision what I want to do, then she can help from there." [pp 17]
- **High respect for nurses** and thus patients followed their advice

  "It is very supportive [talking to the nurse] because you can share the way you feel with someone [else]. It can support you and give you some plan. It tells you to do things [with your life]". [pp 1]

Factors that helped the nurses provide the interventions effectively

- Participatory training
- Time and continuous practice (crucial for intervention internalisation and improving confidence)
- On-the-job support and mentoring through regular debriefings (support system)
- Safe place to vent frustrations to relieve emotional burden

- *"It wasn't like a set training, take this and that and that's what we want, no we were in the meeting, our ideas were taken into consideration, so by the time we went out there, one was happy with the training and knowing what to…"*. [Nurse 04]
- *"I was not going to be able to apply the intervention "To be honest, it was not easy at first, because like I said, the violence was shocking, so at first, it was not easy, but I think when you learn and practice, it's different, so what we learned, when we put it into practice, I think it needed time. […] Theory on its own is not effective. Theory needs to be practiced and practice is not just once off, it is continuous, so the more we practiced intervention, the more experienced we became".* [Nurse 01]

Challenges that affected intervention delivery

- **Lack of blind randomisation** – emotional burden of not offering intervention to control women
- **Lengthy sessions**: it takes time when women are 'shy'
- **Keeping fidelity** to the intervention when trying to adapt to each personal story, especially in extreme cases where women did not want to leave their abusive partner (still has to offer safety promotion)

"I: How did you feel not giving the intervention to the control women?

*R: **Terrible**, especially at first you look at the situation and you feel this is a naïve young woman that needed someone to hold her hand, because you are giving her the referral slip, **you are not even sure they might be able to use that referral slip** and you are not sure that they actually know where the referrals are, **because we just give them the slips**."* [Nurse 01]

Challenges that affected intervention delivery [cont.]

*'**When they actually cling on you it's difficult**, because **they're not supposed to be clinging on you**. They're supposed to go out and do what you tell them, but they actually cling on you. **They prefer you than the counsellors.[…] It's exhausting** because, we used to answer calls even on weekends.[…] Instead of going for counselling, they ask you the questions that are supposed to be asked to the counsellors"* [Nurse 01].

"***Some of the people are not brave enough** to keep on going. They may take that advice* [from the nurse] *but in the next coming days **they may go back into that situation**".* [pp 3]

- Nurses' **burnout** (when only source of support)
- **Content**: uncomfortable topics (HIV status, forced sex)
- **Contextual:** poor quality and accessibility of referral services

❖**No follow-up support**: to sustain change after follow up visit

Pathways to change: IPV awareness and self-efficacy

- **Enhanced coping mechanism in decisions on relationship**

  "*Yes for now, I am just looking what he is going to do. When he gets violent, I know that I am going to take action, because it is too much for me "* [pp 04]

- **Impact on help seeking behaviour and raised awareness on support services**
  - acquired awareness of referral services, though only a few accessed them
  - not afraid of seeking help around IPV (police)
  - Increased informal support through disclosure to friends and family
- **"*opening their eyes*": aware of early signs of abuse and social norms condoning violence**

  "It was very helpful to be in the study to talk to the nurse […] and I know that I don't have to accept violence by my partner, and that if it does happen, that I can get help". [pp2]

- **Trickle effect onto community:** shared learned knowledge on IPV and referral services with other women from the community

Perceived support and emotional well being

- **Emotional relief** – through disclosure, discussions with nurses (stress relief), family-type bond – even when IPV still occurring
- Acquired **greater self-esteem**
- **Calmer** with partner and children
- Financial independence and **hope**: *"She [nurse] gave me hope that things will get better, that maybe one day I will get a job"* [pp1]

*"Before I was slim. **I was too stressed** because of that thing* [violence]. *Now I feel better. I am fine. I accepted that things can happen. It's not the end of the world".* [pp1]

*"Because they [nurses] changed my life like really **they changed my life**. My life was in hell before, yes. I was always, you know I was always crying and didn't know who to talk to. So after I met them **I feel like I have got my sisters I have got my mothers**, I have got my everything".* [pp 20]

IPV decrease and relationship

- Minor IPV stopped when baby was born (for cases of unsupportive partner or partner who left during pregnancy)
- Learned how to 'handle interactions' to reduce abuse (control)
- Improved couple communication
- Although IPV reduced, for a minority of women it was still a worrying issue
- No IPV reduction where IPV was the result of a partner's drinking problem (severe)
- Even when little change, women hoped for a change

- **Financial dependence** was still a cause of tension for some*:*

"It [my relationship] *has improved, but **since I'm not working, the tension is still there**, because you cannot force someone to buy you something that you want. If he says I cannot afford it, even though you see that he has the money, you cannot force him […] Even if he abuses you verbally, emotionally or if he beats you, **there is nowhere to go, you are just forced to stay in that situation**, because you want something from that person"*. [pp3]

Acceptability and feasibility

Women's views & experiences with intervention

Overall positive experience

Increased disclosure

- Trust in nurses
- Comfortable and at ease (though initial stigma)
- Not forced into a solution

Support ('she gave you a plan')

Intervention delivery

Factors affecting intervention engagement (women)

Nurses' interpersonal skills:

- Empathy
- Communication
- Friendliness
- Time and availability
- Family-like bond

Trust and confidentiality

Respect nurse's advice

challenges

- Need **better referral** services
- Need to **follow-on** – sustaining support

Factors affecting intervention delivery (nurses)

Mentorship & practice:

- On-the-job support
- Communication skills
- Job-aids
- Self-efficacy

Cohesive nurse team

challenges

Lengthy sessions

No blind randomisation

Contextual factors

- Referrals
- Undocumented migrants

Impact of intervention on women

IPV awareness

Emotional wellbeing

- Less stressed
- Found hope

Self-efficacy and help seeking behavior

- Aware of support services
- Coping mechanisms
- Aware of early signs of abuse

IPV and relationship:

- Minor IPV decreased
- Learned how to '*handle interactions*' to reduce abuse
- Improved couple communication

Conclusion

- All women and study nurses found intervention was **acceptable** and should be offered to others
- Intervention is **feasible** though various facilitators (including training, interpersonal skills etc.)
- While potentially feasible, a **few concerns** should be highlighted:
  - ❖**Time consuming** in a busy ANC setting (though shorter without research component)
  - ❖Study indicates **need for dedicated staff**
  - ❖Proper **training** important and support (study related manual)
  - ❖Importance of identifying /building **referrals**
- **ANC confirmed as important entry point** for reaching women and following them up.

➢ **Involving policy makers** at the outset of the study opened the door for providing a health system response to VAW

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