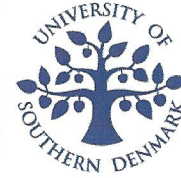
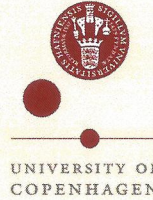
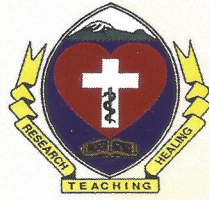




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Pave Project Research Update 3

Intimate Partner Violence and Depression During and After Pregnancy:

Preliminary Findings From Interdisciplinary Research Conducted in Northern Tanzania

Key Findings

- Almost one third of the women in this study experienced at least one type of violence exercised by their intimate partner during their pregnancy. Emotional violence was the most common type of violence (22%), followed by sexual violence (15%), and physical violence (6%),
- Signs of depression during pregnancy were reported by 11.5% of the women,
- Signs of depression after delivery were reported by 12% of the women,
- Intimate partner violence dramatically increased the likelihood of depression during pregnancy and after delivery. Women exposed to violence during pregnancy had a five times higher risk of reporting signs of depression during pregnancy and double the risk of signs of depression after delivery, as compared to women who were not exposed to violence,
- Younger women, in the age group 18 to 24 years, who were exposed to physical or sexual violence, were especially vulnerable. Women in this age group reported signs of depression 3-4 times more often than women in the same age group who were not exposed to violence.

Introduction

This research update presents preliminary findings from the Tanzanian part of the interdisciplinary research project PAVE (*The Impact of Violence on Reproductive Health in Tanzania and Vietnam*).

Intimate partner violence (IPV) is associated with a vast diversity of adverse health outcomes. Results from a multi-country research project performed/conducted by the World Health Organization (WHO) indicate that IPV is a common problem and that women who have experienced partner violence are more likely than other women to report health problems and suicidal thoughts.¹ On this background, the PAVE project focuses on the influence of intimate partner violence on women's reproductive health. In this specific sub-component of the PAVE project the aim was to measure the association between IPV and women's mental health with specific focus on signs of depression during and after pregnancy.

Methodology

Combining epidemiological and ethnographic approaches, the PAVE project aims to generate insights into the occurrence, forms, and consequences of IPV. In Tanzania, PAVE project data was collected in Moshi District, Northern Tanzania, over a two-year period, from 2014 to 2016. The project was interdisciplinary, including a cohort study and an ethnographic study.

The women in the cohort study were interviewed four times: a) At enrollment (which took place no later than week 24 of the pregnancy); b) at 34 weeks of pregnancy; c) at delivery; and d) six weeks after delivery. Information from 1,116 women was used to analyze the association between intimate partner violence and depression during

pregnancy, while information from 1,013 women was used to analyze the association between intimate partner violence and depression after pregnancy. In addition, to generate insights into the dynamics of intimate partner violence and how it affects pregnancy care and pregnancy outcomes, repeated in-depth interviews were performed with 26 women who had been exposed to physical violence during pregnancy and reported signs of depression. We obtained information on the socio-economic status of the women, previous pregnancies, living arrangements related to partnership, previous history of depression, and HIV status. Information on exposure to emotional, sexual, and physical violence was assessed at 34 weeks of pregnancy through the modified questionnaires initially developed by the WHO.² Signs of depression were assessed at 34 weeks of pregnancy and six weeks after delivery, using the Edinburgh Postpartum Depression Scale (EPDS).³ The EPDS is a screening tool for measuring postpartum depression that is widely used in both high- and low income countries. The EPDS is a 10-item questionnaire; the items correspond to various clinical depression symptoms, such as low energy, feelings of guilt, sleep disturbances, and suicidal thoughts. The assessment of depression is based on a total score, which is calculated by adding together the scores for each of the 10 items. Higher total scores indicate more depressive symptoms, and the maximum total score is 30. In the present study, the cut-off point for definition of signs of depression was ≥ 13 .⁴

The PAVE project is funded by DANIDA (the

1 World Health Organization, 2005. *WHO Multi-country Study on Women's Health and Violence against Women. Country Findings: United Republic of Tanzania*. Geneva: WHO.

2 World Health Organization, 2005. *WHO Multi-country Study on Women's Health and Violence against Women. Country Findings: United Republic of Tanzania*. Geneva: WHO.

3 Cox, JL, Holden, JM, Sagovsky, R, 1987. Detection of Postnatal Depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *Br. J. Psychiatry* 150, 782-786. doi:10.1192/bjp.150.6.782

4 Rochat, TJ, Tomlinson, M, Newell, M-L., Stein, A, 2013. Detection of Antenatal Depression in Rural HIV-affected Populations with Short and Ultrashort Versions of the Edinburgh Postnatal Depression Scale (EPDS). *Arch. Women's Ment. Health* 16, 401-410. doi:10.1007/s00737-013-0353-z

Danish International Development Agency) and the research has been undertaken in collaboration between Tanzanian, Danish, and Vietnamese researchers from four universities: Kilimanjaro Christian Medical College (KCMC), Hanoi Medical University, University of Copenhagen, and University of Southern Denmark. In Tanzania, ethical approval of the research was obtained from KCMC's Research Ethics Committee.

Main Findings

1. Many pregnant women are exposed to IPV

The pregnant women in the study were frequently exposed to IPV. Among the women involved in the cohort study, a total of 30% reported at least one type of violence during their pregnancy (Figure 1). Emotional violence was the most common type of violence and was reported by 22% of the women, followed by 15% who experienced sexual violence. A total of 6% of the women reported physical violence during pregnancy.

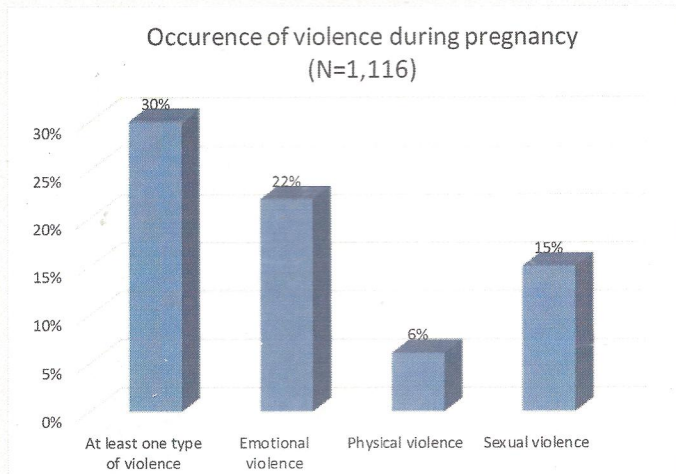


Figure 1. Proportion of women who experienced different types of IPV during their pregnancies

2. Many women report signs of depression

Signs of depression were frequently reported both during pregnancy and after delivery (Figure 2). Approximately one out of nine women (11.5%) presented with signs of depression during pregnancy and a slightly higher proportion – around one out of eight women – reported signs of depression after delivery (12%).

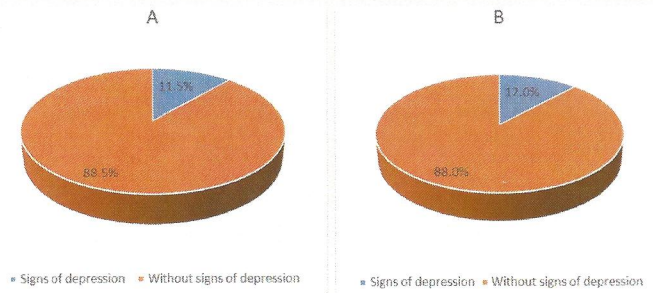


Figure 2. Proportion of women who presented with signs of depression during pregnancy (A) (N = 1,116) and after delivery (B) (N = 1,103)

3. Intimate partner violence is strongly associated with signs of depression during pregnancy and after delivery

The results from this study clearly demonstrate that women who experience violence during pregnancy are at much higher risk of presenting with signs of depression during pregnancy or to develop depression after delivery as compared to women who are not exposed to IPV during their pregnancies (Figure 3A and Figure 3B).

Figure 3A. Signs of depression during pregnancy (N=1,116)

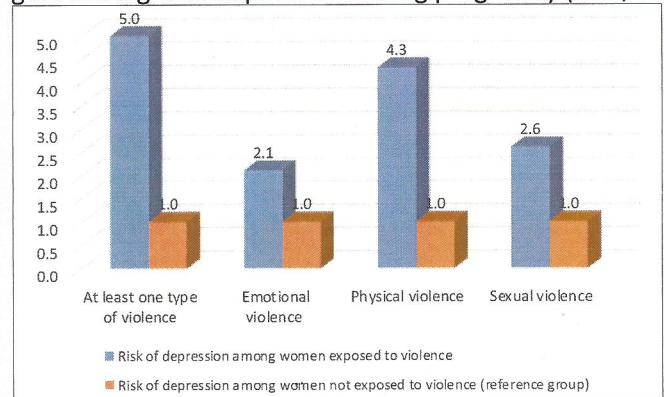


Figure 3B. Signs of depression after delivery (N=1,013)

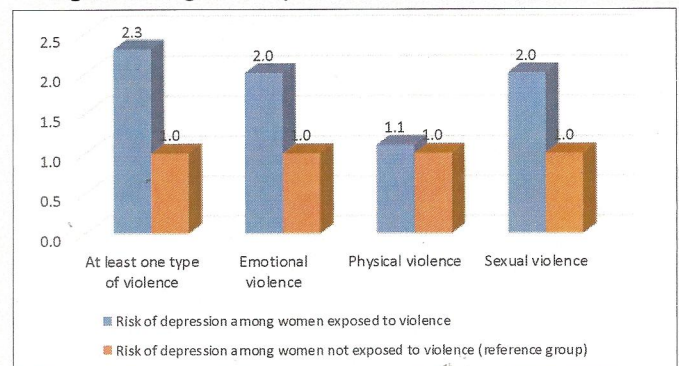


Figure 3. Association between different types of violence and signs of depression during pregnancy (A) and after delivery (B)⁵

5 *The risks were adjusted for all relevant factors, including age, education levels, religion, and reported history of depression, HIV/AIDS diagnosis, emotional support, and number of pregnancies.

The results showed very strong and statistically significant associations between exposure to partner violence and signs of depression, both during pregnancy and after delivery (Figures 3A and 3B).

Hence, pregnant women who experienced either emotional violence, sexual violence, or physical violence were 2-4 times more likely to present with signs of depression during pregnancy as compared to those who were not exposed to the specific types of violence (Figure 3A). For the three types of partner violence, physical violence was the strongest predictor of signs of depression during pregnancy, followed by sexual and emotional violence. Those women who were exposed to at least one type of violence (irrespective of the type) were 5 times more likely to present with signs of depression during their pregnancy.

Similar results were found in relation to signs of depression after delivery (Figure 3B). Hence, those women who experienced emotional violence and sexual violence were 2 times more likely to develop signs of depression after delivery, as compared to those who did not experience this type of violence. But for physical violence they showed a reduced risk after delivery.

4. Younger women exposed to physical and sexual violence were at higher risk of reporting signs of depression after delivery than older women

After delivery, young women living with partner violence reported signs of depression considerably more frequently than older women who were also living with violence (Figure 4A and 4B). The women in the age group 18-24 years who were exposed to physical or sexual violence had a more than three times higher likelihood of developing depression after delivery as compared to women in the same age group who did not experience these types of violence. Both associations were statistically significant.

In the older age groups (25-34 years and ≥ 35 years), physical and sexual violence did not result in a

statistically significant increase in signs of depression as compared to women in the same age groups who were not exposed to these types of violence. The underlying reasons for the influence of age on the associations between violence and signs of depression will be explored in subsequent studies.

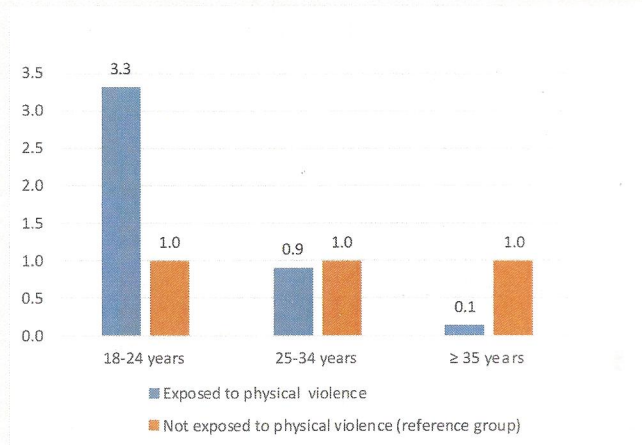


Figure 4A. Association between physical violence and signs of depression after delivery in relation to age (N = 1,013)⁶

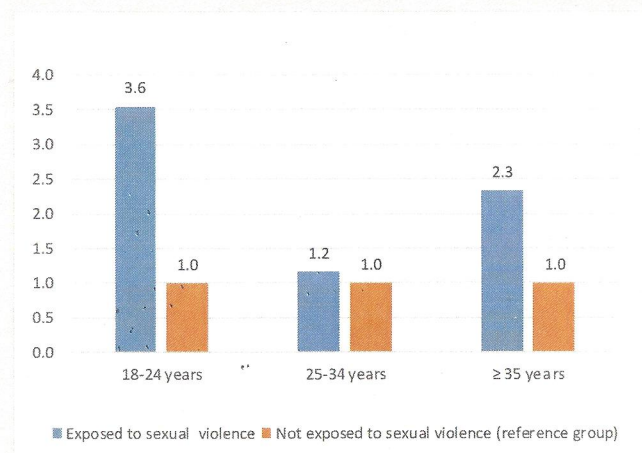


Figure 4B. Association between sexual violence and depression after delivery in relation to age (N = 1,013)⁷

6 *The risks were adjusted for all relevant factors, including who is the women were living with, reported history of depression, history of hypertension, HIV/AIDS diagnosis, and emotional support, social support regarding disclosure of violence, and number of pregnancies.

7 *The risks were adjusted for all relevant factors, including who women were living with, reported history of depression, history of hypertension, HIV/AIDS diagnosis, emotional support, social support regarding disclosure of violence, and number of pregnancies.