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About the PAVE project

The PAVE intervention in Moshi was funded by DANIDA (the Danish International Development Agency) as part of the research project "The Impact of Violence on Reproductive Health in Tanzania and Vietnam (PAVE)." The overall aim of the PAVE project is to assess the associations between intimate partner violence and women's reproductive health in semi-urban areas of Tanzania and Vietnam, with a view to enhancing health sector responses to intimate partner violence.

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PAVE Project Research Update 5

A Safe Space for Sharing:
Informal Support to Mothers Living with the Pressures of Everyday Violence and Distress

Background and context: Women living with intimate partner violence

Across Tanzania, numerous women experience violence and a great deal of that violence occurs at home. Women who live with a husband or a partner who is violent are more likely to be confronted with health problems than women who are not in a violent relationship. They are also more likely to have suicidal thoughts.1 Yet, only few of these women will seek assistance such as counselling from the health sector or legal support from a counsellor. Instead they end up dealing with the violence on their own. These are some of the findings gathered from the PAVE research project conducted in Northern Tanzania on intimate partner violence and women's mental health. However, the PAVE project findings also suggest that many of these women do express a need for more informal assistance and support as well as a wish to change their situation.2,3 The intervention part of the PAVE project was designed to address this unmet need for assistance.

The intervention: Offering semi-structured group sessions to women

As a part of the PAVE project, team members decided to try out an intervention with the aim of offering informal support to mothers who are living with the pressures of everyday violence and distress. The intervention consisted of a number of facilitated, semi-structured group sessions with the ambition of enhancing the participating women's capacities for offering each other mutual, informal support.
In this research update you can read more about the intervention and some insights from the preliminary analysis of the interviews conducted with women who participated in the intervention.

One woman's perception of how the group sessions enhanced her self-confidence so she is now running her own business

Eeeeh! Are you coming again to give anothersession? I need to continue so I can be enlightened; you have opened my eyes. Now I can stand on my own feet. My husband, however, is still the same but he is afraid of abusing me because I can do business now.

I feel strong. I am selling vegetables at the market, and I make money for my child whereas before I was depending on him for everything.

This session really helped me a lot. If you are going to conduct another seminar please invite me again, do not leave me ...

Selection of participants

A group of 200 women living in the Moshi area and involved in the PAVE project research4 were selected by the PAVE researchers to participate in the intervention. The women were all participants in the original PAVE cohort study and in the group there were women who were single, married or living with a partner. There were also women of different socio-economic backgrounds (unemployed and employed) as well as women with different educational backgrounds, ranging from women having attained primary school to secondary school and above.

The women were selected to take part in the intervention based on an analysis of their likelihood to develop postpartum depression. To assess this likelihood the "Edinburgh Postnatal Depression Scale" (EPDS) was used. The women were selected on the basis of their postpartum EPDS scores with a cut-off point of 13 and above. Two hundred women who met the criteria were equally assigned randomly to either participate in the intervention group (the group talks) or the control group (no group talks). That is, 100 women with scores above a cut-off of 13 were invited to take part in the intervention. Another 100 women with the same scores served as control group. The 100 women in the intervention group were divided into 10 sub-groups.

Services offered within the intervention

For a period of nine months, the women who had been selected to take part in the intervention met once per month in groups of 10. The aim of group meetings was to share everyday worries and concerns in a safe and supportive environment. A trained facilitator from a local NGO, Kilimanjaro Women's Information Exchange and Consultancy Organization (KWIECO) guided the discussions and ensured a friendly and supportive climate with the aim of creating a safe space. Topics for discussion were suggested by the facilitator and/or selected by the participants themselves, and included: counselling, experiences with intimate partner violence (IPV), cultural perspectives on IPV, legal implications of IPV, and economic empowerment.

How women experienced their participation in the group talks

After the intervention the women were interviewed about what they got out of their participation in the group sessions. All the interviewed women emphasized that the group talks had constituted a safe space that allowed them to share their feelings in an atmosphere of trust and respect. They all expressed that they had benefitted from the sessions but in different ways. One woman described how she felt that these sessions had helped her build up hope as well as confidence in herself:

It helps a lot! It's like when you have something difficult in your life, you find it less difficult because you get solutions by talking with peers. You feel free, and you get confidence. Before joining this group, I had lost hope; I was feeling that I had no value. And because I was like a "goalkeeper" [a woman how stays at home waiting for the husband to provide for her] we lost hope that one day we can engage ourselves in doing any small businesses and engage in groups of women who strive to help ourselves in doing business. We were few people who benefitted from this [group], but there are many people who need this service; you need to reach other people as well.

The scale was developed to identify women who may have postpartum depression (Cox, Holden and Sagovsky, 1987). The maximum score, indicating a high risk of depression, is 30.

What stands out from this woman's reaction is the importance of thinking ahead in terms of creating a livelihood for oneself in a situation where many women and their children live in very strained economic situations.

Another woman focused on how the group sessions helped her breaking a feeling of being isolated with her problems. Not all women had robust relations with their own families or with the in-laws and they were in a particularly vulnerable situation, emotionally, financially and in terms of practical assistance. In the group she got an opportunity to share her fears and worries with women in a similar situation. The groups formed a small collectivity where new social relations could be formed:

First of all, I was in a bad condition at that time when we started the session but then I found that it was not only me who has problems: even my peers were having problems. I think I was suffering from severe depression but the depression is gone and I feel different now. I wish the seminar would go on and continue because I was feeling fresh and able to do things by myself confidently at home after these sessions.

For women with a thin social network and with signs of depression, participating in structured group talks seemed, in women's own perceptions, to have a positive effect on their mental health status.

Several women emphasized that their participation in the group sessions enabled them to deal differently with their partner at home. They gained a certain level of strength from the group talks so that they felt able to reduce the level of disputes and distress at home:

I got different ideas in life [from the group talks]. At first I did not know what we are going to do, but once we were there, we felt very comfortable talking to each other. Iforgot about the problems we used to have at home, and when we went home after the session we could start afresh. Now my husband is not angry with me as he used to be. Before we used to shout at each other because I got tired with humiliations but now life is starting to be better and I am happy now. I want this program to continue because we learnt good things.

REFERENCES

1.Rogathi J, Manongi R, Mushi D,Rasch V, Sigalla GN, Gammeltoft T, Dan W. Meyrowitsch. Postpartum depression among women who have experienced intimate partner violence: A prospective cohort study at Moshi, Tanzania. Journal Of Affective Disorders (2017) 218: 238-245

2. Katiti V, Sigalla GN, Rogathi J, Manongi R, Mushi D. Factors influencing disclosure among women experiencing intimate partner violence during pregnancy in Moshi Municipality, Tanzania. BMC Public Health [Internet]. BMC Public Health; 2016;16(1):715. Available from: http://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-016-3345-x

3.Sigalla GN, Rasch V, Gammeltoft T, Meyrowitsch DW, Rogathi J, Manongi R, et al. Social support and intimate partner violence during pregnancy among women attending antenatal care in Moshi Municipality , Northern Tanzania. BMC Public Health. BMC Public Health; 2017;17:1–12.

4. PAVE Project Research Updates 1-3. Available at: http://anthropology.ku.dk/research/research-projects/current-projects/pave/research/