

Active screening for sexual and gender-based violence in Nairobi, Kenya

Augusto Llosa, Epicentre, France

Background

Despite the high physical and psychological burden of sexual and gender-based violence (SGBV), survivors often do not disclose to service providers. SGBV active screening is being piloted in two MSF-supported Ministry of Health facilities in Nairobi to increase service uptake. We aimed to evaluate its feasibility, acceptability and resulting service uptake.

Methods

A mixed methods study assessed SGBV active screening and related service use at Mama Lucy Kibaki Hospital and Makadara Health Center between November 2018 and March 2019. Data on screening and service use was collected alongside structured questionnaires with patients screened positive and linked to services. In-depth interviews explored the perspectives of 26 screened patients and health workers. Interviews were transcribed, translated and analysed thematically.

Results

Among 6033 people screened, 421 (7%) had experienced SGBV in the previous year, 168 (40%) agreed to a referral to services; 100 (60%) accessed SGBV services and 89 (89%) enrolled in the study. Of the 89 participants, 81 (91%) were adult women and three quarters had experienced intimate partner violence. Screening was viewed as acceptable by 84/89 (94%) participants.

Survivors reported persistent barriers to seeking help including community norms condoning violence, fear of retribution or economic consequences from their partner, concerns about confidentiality of services, and lack of social support for care-seeking. Many survivors were unaware that IPV services existed suggesting that screening also raised awareness. Whilst one-off counselling sessions and other support services were valued by participants, various patient needs especially around IPV remained inadequately addressed.

Conclusions

Clinic level active screening for SGBV was feasible and acceptable in this high prevalence setting, and increased related-service utilization. However, most participants were survivors of intimate partner violence and faced specific challenges in accessing services, some of which were not adapted to their needs.

SGBV active screening was acceptable, and increased identification of survivors and uptake of services. Challenges in accessing services remain.