

**COMPARATIVE EVALUATION OF PSYCHOSEXUAL AND
PHYSICAL DIMENSIONS OF MALE SPOUSE PERPETRATED
ABUSE AMONG HIV INFECTED AND UNINFECTED
PREGNANT WOMEN IN NAIROBI.**

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ABSTRACT

Psychosexual and physical abuse during pregnancy can cause serious consequences on the health of both the mother and her unborn baby. Recent report by the World Bank puts Kenya's maternal mortality rate at 400 per 100,000 live births. This is almost twice that of global maternal mortality rate (210 per 100,000). While the contribution of pathogenic and non-communicable illnesses are well documented, little research from Kenya has explored the contribution of male spouse perpetrated psychological, sexual and physical abuse of pregnant women to this unacceptable high maternal morbidity and mortality. The purpose of this comparative retrospective study was to evaluate the nature of male spouse-perpetrated psychosexual and physical abuse during pregnancy. The objectives of the study included to establish whether diagnosis of HIV infection during pregnancy mitigates or exacerbates male spouse perpetrated psychological, sexual and physical abuse, and to determine the type of gender based violence (GBV) services that are rendered during pregnancy. Case group comprising 96 HIV infected pregnant women, and comparison group (96 uninfected), all in their third trimester of pregnancy were interviewed upon consenting. The Conflict Tactics Scale 2 was administered to compare the two groups in terms of psychological negotiation, psychological aggression, physical assault, injury and sexual coercion. A key informant interview on GBV management issues during pregnancy was conducted on hospital unit administrators. This study found prevalence of spouse perpetrated violence to be 19.9% among HIV positive pregnant women, and 7.4% among HIV negative participants. Notably, when study participants were asked whether her male spouse had; called her ugly, destroyed something that belonged to her, accused her of being a lousy lover, and whether he had threatened to hit or throw something at her (severe psychological aggression), while the comparison group minimally endorsed these items (5.2% to 9.4% for any of the four items), about a third (31.3% to 34.7%) of HIV positive pregnant women endorsed each of these items. Furthermore, almost all case group participants who had endorsed these items indicated that the situation had actually deteriorated since the couple's mutual knowledge of pregnancy and their HIV positive status. The differences between the case and comparison groups in endorsement of severe psychological aggression were significant for all the four items ($p < 0.001$, $\chi^2 = 23.8, 23.1, 16.4, 15.9$ respectively). The odds of male spouse perpetrated violence was 6.64-fold higher in HIV positive pregnant women compared to HIV negative pregnant women (OR = 6.64, 95% CI 1.56-28.27, $p = 0.010$).

Thus, diagnosis of pregnancy and absence of HIV infection was associated with mitigated occurrence and severity of male spouse perpetrated abuse, while diagnosis of HIV infection during pregnancy exacerbated the same. The investigator recommends routine GBV screening of all antenatal women, and immediate sensitization of health and social workers attending to these pregnant women on the escalative effect of HIV positive diagnosis on male-spouse perpetrated psychosexual and physical abuse. Intensive couple counselling and follow up care need to be specially designed and implemented for such couple whether they are concordant positive or discordant. Also healthcare institutions need to expedite the development and implementation of institutional policies and protocols on management of GBV during pregnancy.