

A randomised, controlled feasibility trial of problem-solving therapy for pregnant women experiencing depressive symptoms and intimate partner violence (IPV) in rural Ethiopia



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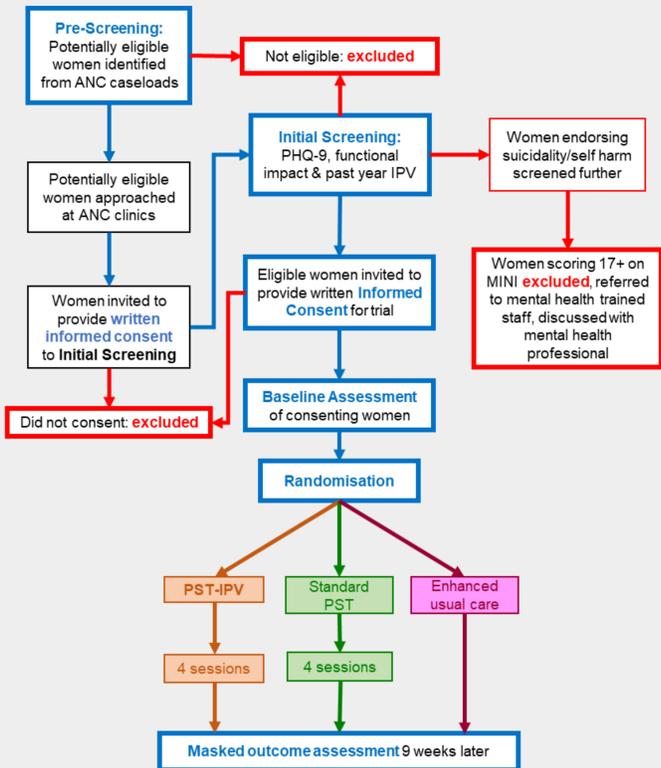
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Background

- There is a **bidirectional relationship** between mental ill-health and IPV.
- The 61% lifetime IPV exposure among women in rural Ethiopia may be **even higher** during the perinatal period.
- Brief psychological interventions are effective in low and middle-income countries (LMICs) but **few studies** enrol women who are pregnant or experiencing IPV.
- Antenatal care (ANC) is an important **opportunity** for mental health interventions, as it constitutes some women's only healthcare contact.

Methods

- We conducted a randomised, controlled feasibility trial comparing:
 1. 4 sessions of brief problem-solving therapy (PST) **adapted for pregnant women experiencing IPV** in rural Ethiopia (PST-IPV)
 2. 4 sessions of **standard PST** (not adapted for women experiencing IPV)
 3. Enhanced usual care (EUC): **information about sources of support**.
- Amharic-speaking pregnant women screening positive for depressive symptoms, functional impact and past-year IPV exposure were eligible.
- **KCL** (#HR-18/19-9230) & **AAU** (#032/19/CDT) provided ethical approval.



Findings

4 PST-IPV sessions and the randomised trial were **acceptable and feasible**:

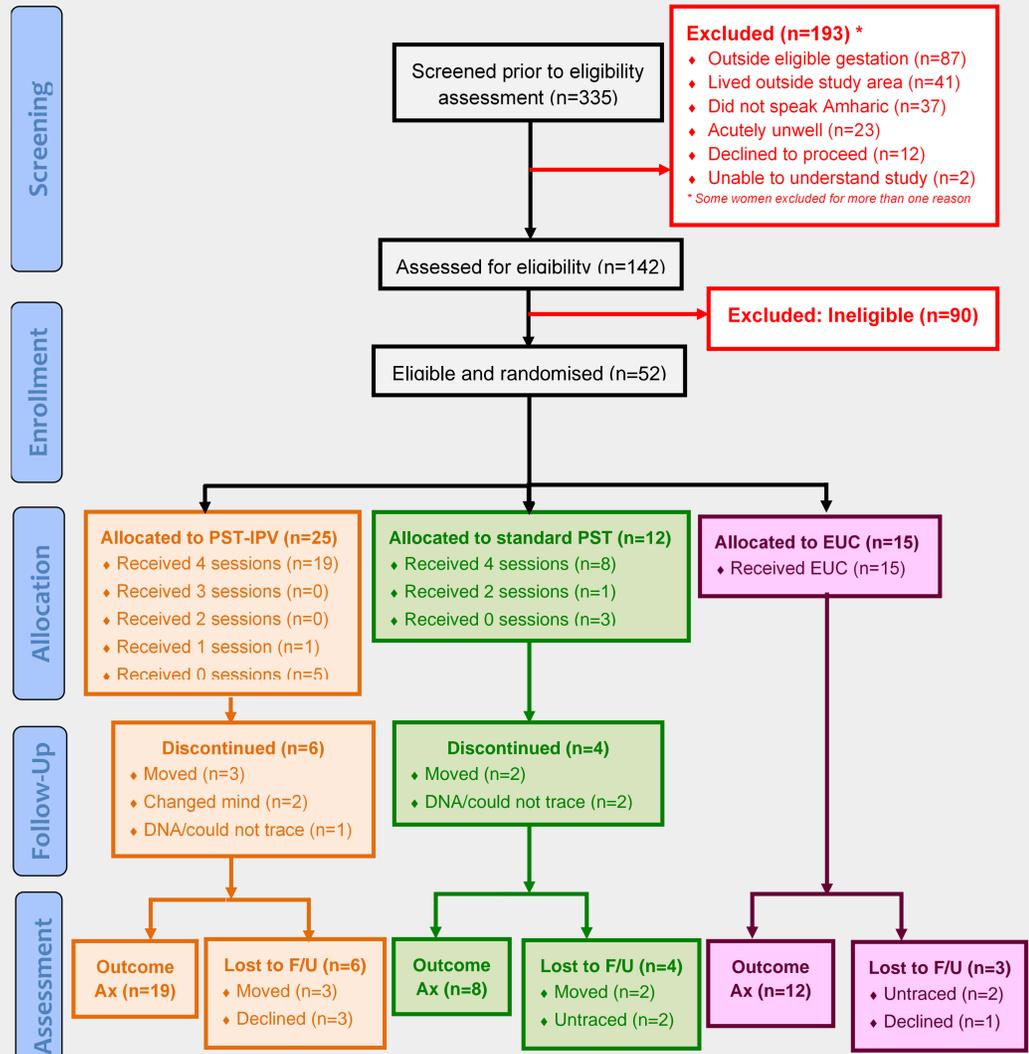
- **Recruitment rate:** 10 participants per week across two ANC services.
- **PST-IPV completion rate:** 76%.
- **Drop out rate:** 24% (most moved away/entered postnatal confinement.)

Future randomised controlled trial (RCT) should:

- **Stagger recruitment** in line with therapist availability (to address unexpectedly high recruitment rate).
- Train staff in **communication skills**.
- **Automate randomisation** decisions (to prevent protocol deviations).
- **Cascade supervision** (to address specialists' centralisation in Addis).
- Conduct outcome assessments **immediately** post-participation and **longer-term** (to address difficulty with postpartum follow-up).

Interpretation

- Brief **problem-solving therapy** tailored for pregnant women experiencing depressive symptoms and IPV was acceptable and feasible in rural Ethiopia.
- **Screening** pregnant women for depressive symptoms and IPV in ANC was acceptable and feasible (faster than expected recruitment rate).
- Our randomised, controlled study design requires **adjustment** for a future, fully-powered RCT.



Wider Implications

- This PhD contributes evidence of **adapting and piloting** a brief psychological intervention, following new MRC/NIHR complex interventions guidance (Skivington et al., 2021).
- Entrenched preconceptions that psychological or emotional abuse do not 'count' as IPV led to a **protocol deviation**: key learning for studies of IPV.
- A single serious adverse event enabled the **safety protocol** to be assessed before a fully powered RCT.
- Our findings support calls for **research** into gendered risk factors and mental health RCTs that measure IPV exposure.
- Few perinatal psychological interventions for women experiencing IPV have been evaluated in low-income rural contexts. Studying **efficacy and scalability** is a key priority.

Funding Sources

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Contributions

- RK led study inception, conduct, analysis and writing up.
- TB was the primary research partner, co-leading a nested trial.
- AM worked on the trial as a research assistant.
- EF worked on the trial as a trial coordinator.
- BM and KS originally developed PST and collaborated on the adaptation of the intervention model.
- SH, ND, GM, WT and NS were collaborators.
- LH and CH were 2nd and 1st PhD supervisors.

Open Access Trial Documents and Published Papers:

