



Outcomes and sustainability of the pre-service curriculum for health providers to address violence against women and children in Timor-Leste

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Background

In 2016 we began a collaboration between La Trobe University and Universidade Nacional Timor Lorosa'e (UNTIL) which included three research focus areas to support the health system to address the high rates of violence against women and children in Timor-Leste:

1. Research with 56 midwives and community leaders to understand their knowledge and needs
2. A study with 28 women survivors of violence to listen to their experiences and desires for better system supports
3. Development and piloting of a pre-service curriculum for doctors, nurses and midwives to respond to gender-based violence (GBV)

In 2018 we obtained funding from the World Health Organisation (WHO) and a Rotary Global grant to adapt and pilot WHO's new training package for Timor-Leste, incorporating the contextual research with midwives and women survivors of violence. Based on feedback from Universities in Timor-Leste, two versions of the curriculum were produced

- a) 9 module version that be taught as part of an existing subject
- b) 16 module version that can be a whole subject

Methods

The curriculum was implemented and evaluated at UNTIL through two pilot studies¹ in 2019 and 2020. They were led by Dr. Lidia Gomes and Ms. Guilhermina de Araujo and supported by the rest of the working group. The curriculum was evaluated through a questionnaire that tested knowledge, attitudes and confidence in responding to GBV at three time points:

1. Pre-training
2. Immediately post-training
3. 6 months following training²

Evaluation also included observation of classes using a structured observation tool, and qualitative interviews and group discussions with students and lecturers after the training.

Findings

Participants

- 137 students participated in the pilot studies and completed the training

¹ Two additional pilots were conducted with students at Instituto Superior Cristal, and two groups of lecturers and clinical instructors were trained from six universities in Timor-Leste. However, only UNTIL data is presented here.

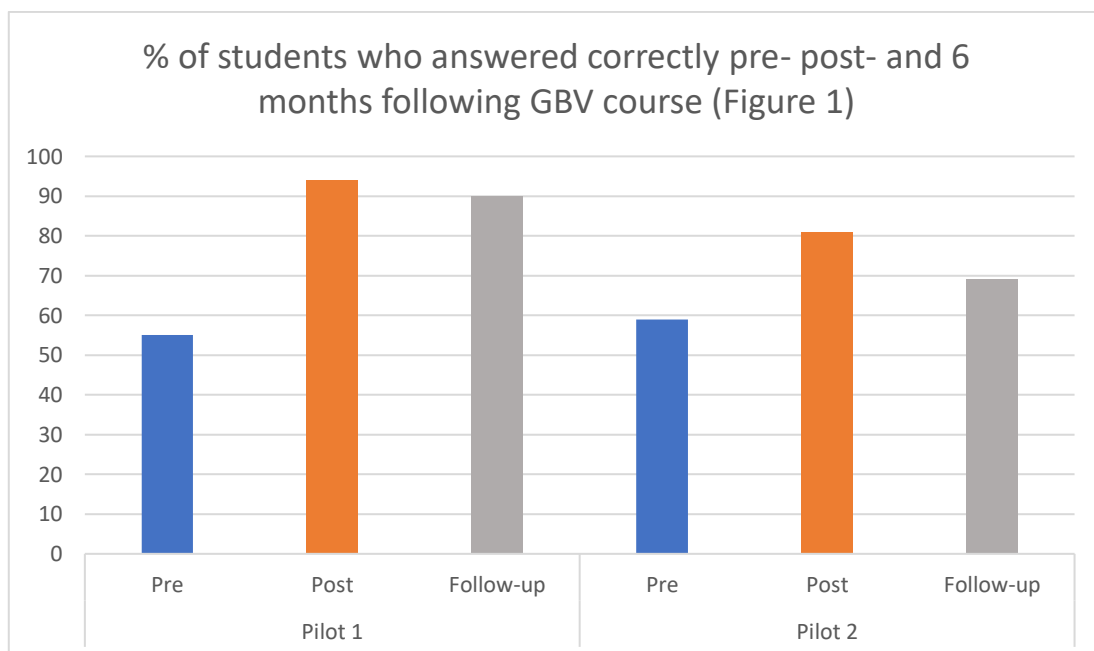
² The follow-up survey for the second pilot was delayed due to the COVID-19 state of emergency, and was administered 10 months following training.

- 24 students in the first pilot
- 113 students in the second pilot
- 134 females and 3 males participated in the pilot studies
- 128 midwives and 9 nurses participated in the pilot studies
- 91% of students from pilot 1 completed the follow-up survey, 71% of students from pilot 2 completed the follow-up survey

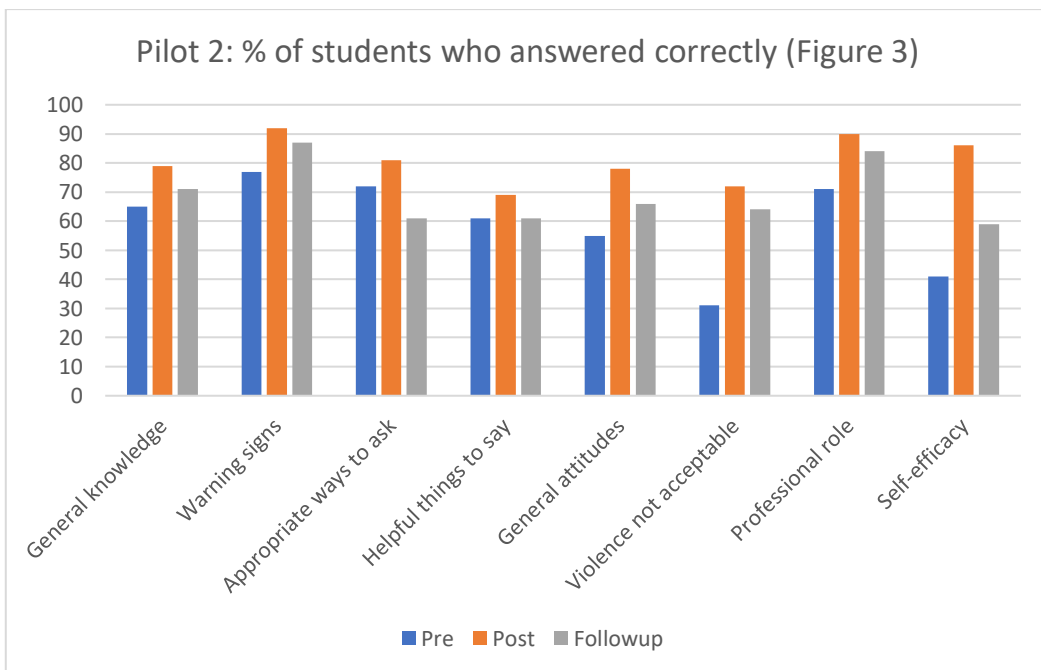
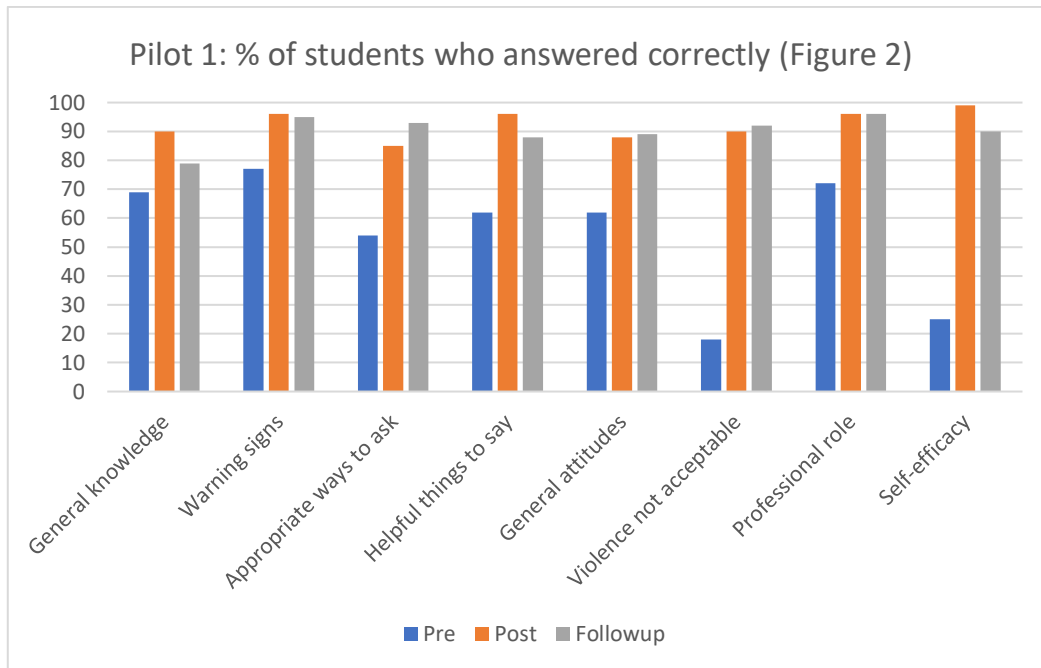
Learning outcomes

- The pre-post training survey showed a significant increase in the percentage of students' who answered the questions correctly across all knowledge areas, in both pilot 1 and pilot 2 (Figure 1).
- In pilot 1 students increased from 55% to 94% of questions answered correctly, and 90% correct at 6 months follow up.
- In pilot 2 students increased from 59% to 81% of questions answered correctly, and 69% correct at 10 months follow up.
- Larger improvement in student results was seen in pilot 1 compared to pilot 2. We believe this was due to the appropriate class size in pilot 1 being 24 students. The very full class of 113 students in the second pilot likely affected the ability of the students to engage in group work and assimilate information and for the lecturer to teach and feedback on group work.
- Information was retained to a greater degree by students in pilot 1. This could be a reflection of the smaller class size, their better learning outcomes or that the follow-up questionnaire was administered at 6 months instead of 10 months (delayed for pilot 2 due to COVID-19).

“This training is helpful because it opened my mind. I am ready to use these skills. Even in the next five years I think I will still remember about this subject” – Midwifery student 2



- When the results were broken down into the different knowledge areas, it was evident in both pilot studies that the greatest gains were in attitudes, where students were much more likely to say violence against women is not acceptable after they did the course (Figure 2-3).
- The large shift in attitudes, and the fact this was sustained over time in both pilots, is a very good outcome given societal attitudes are usually very difficult to change.
- There were also very large gains in self-efficacy, or feeling confident they knew how to respond well to the various needs of women when they have experienced violence.



Memory aid: Hahu Relasaun di'ak

- The WHO curriculum includes a memory aid, L.I.V.E.S in English, to help participants remember the steps in a good response (Table 1).
- We adapted this to make sense in Tetum, Ha.Hu Re.La.S.Au.N, and tested in the survey whether students remembered each of the steps.
- In pilot 1, 100% of the students remembered all seven steps of a good response at 6 months follow up.
- In pilot 2, 99% of the students remembered all seven steps of a good response at 10 months follow up (the other 1% remembered 6 of the steps).

“Sometimes women don’t want to open up to us. It’s important to create a good relationship with our clients. Through this training we now have knowledge to refer women to a place that is safe and provide ongoing support. So this subject is very important” – Midwifery lecturer 2

Table 1: Adaptation of LIVES as a memory aid in Tetum

English memory aid		Tetum direct translation		Tetum adapted memory aid		English translation	
L	Listen	R	<i>Rona</i>	Ha	<i>Hatene sinál ba violénsia</i>	Ha	Know the signs of violence
I	Inquire	H	<i>Husu</i>	Hu	<i>Husu kona-ba problema</i>	Hu	Ask about problems
V	Validate	V	<i>Valida</i>	Re La S	<i>Reasaun empátiku Labele fó sala vítima Segredu profisionál</i>	Re La S	Respond with empathy Don't blame the victim Professional secrecy
E	Enhance safety	A	<i>Aumenta Seguru</i>	Au	<i>Aumenta Seguru</i>	Au	Enhance safety
S	Support	S	<i>Supporta</i>	N	<i>Nafatin tau matan</i>	N	Continue support

Implications

- This curriculum has shown to improve all areas of students' knowledge, attitudes and confidence in responding to violence against women and children, with extremely large improvements in attitudes and confidence.
- Class sizes should be kept small (maximum 30 students), so that they are able to get the most out of the group discussions, activities where they practice how to respond well, and personalised feedback from lecturers. If class sizes are unavoidably large, extra facilitators should be brought in to help with group activities (for example through smaller 'tutorial' groups with each facilitator leading up to 20 students each).
- Being able to assist survivors of violence is a core competency for all nurses, midwives and doctors. This has been recognised by WHO, World Doctors' Association and International Confederation of Midwives.
- The course is currently being taught as a half-subject in the midwifery program at UNTL (under reproductive health). It would be ideal if it were incorporated in nursing and medicine as well, because nurses and doctors also frequently come into contact with survivors of violence and need to know what to do. All health providers need support from their colleagues, especially senior staff and managers, to be able to do this work well.
- Additional lecturers from UNTL may need to be trained to be able to teach the subject to a high standard, so that there is a group of highly skilled lecturers who are able to sustain teaching and meet the needs of growing student numbers.
- We are committed to supporting UNTL if you decide to continue teaching the subject in the midwifery program or expand it for offer in the nursing, medical and public health degrees. The areas we are able to help with are with training lecturers, mentoring lecturers as they begin to teach, assisting with equipment essential to teaching the subject, and supplying the learning materials and resources to lecturers and copies for the library.