Improving the curriculum for health providers to respond to GBV: Evaluation outcomes for continuous improvement

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Background

In 2018 the World Health Organisation (WHO) curriculum was adapted for training health providers to respond to violence against women and children (VAWC) in Timor-Leste. The curriculum was piloted with nursing and midwifery students at two universities in Timor-Leste (four pilot studies). In addition, two sets of training were done with lecturers and clinical instructors.

The pilot studies included a questionnaire of knowledge, attitudes and confidence in responding to VAWC, administered pre- and post-training. The two pilot studies at Universidade Nasional Timor Lorosa'e (UNTL) also included follow-up data six months after training.[1]

Aim

This report outlines findings from the two UNTL pilot studies to examine the change in correct scores in each of the knowledge domains. It also looks at specific questions in which we did not observe a large change in student responses. The aim of this analysis is to understand specific areas that can be addressed in the revision of the curriculum content so that hard-to-shift attitudes and practices can be more directly targeted within the learning modules.

Findings

Participants

- 137 students participated in the pilot studies and completed the 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

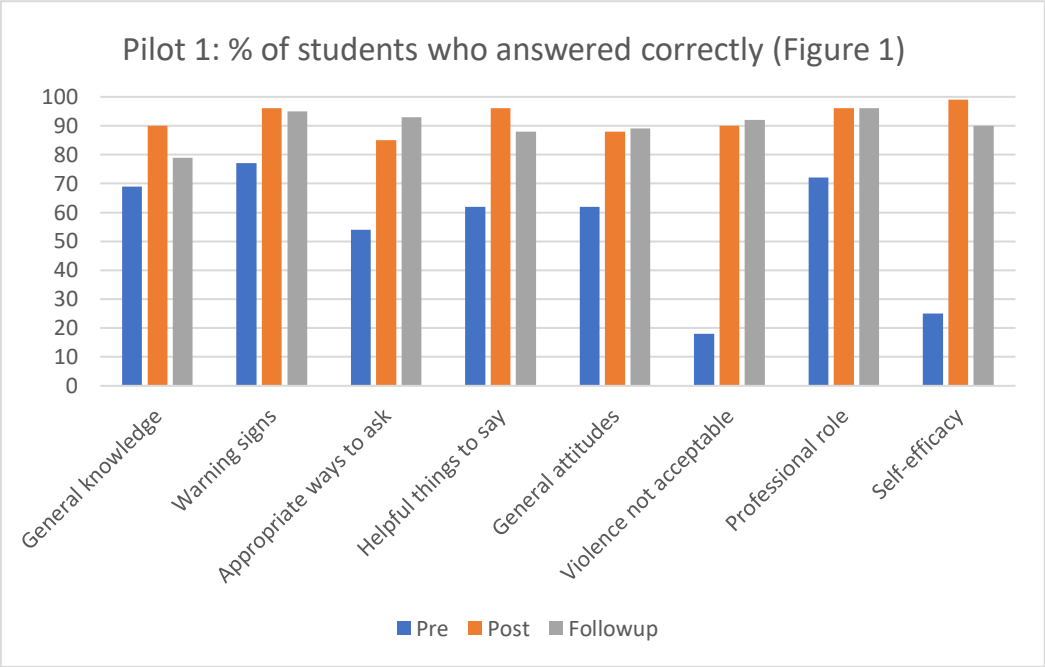
Learning outcomes

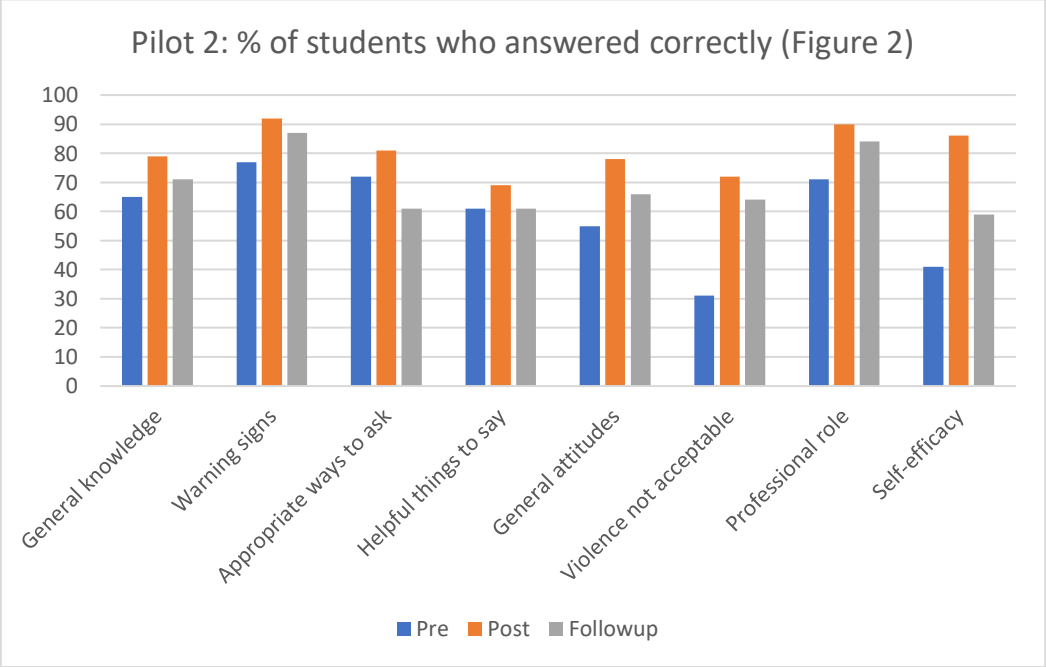
- The pre-post training survey showed a significant increase in the percentage of students' who answered the questions correctly across all knowledge areas. Overall, pilot 1 students increased from 55% to 94% of questions answered correctly, and 90% correct at 6 months follow up. Pilot 2 students increased from 59% to 81% of questions answered correctly, and 69% correct at 10 months follow up.[2]

[1] 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.

[2] Larger improvement in student results was seen in pilot 1 compared to pilot 2. The lecturer was the same. We believe the difference was due to the appropriate class size in pilot 1 being 24 students. The very full class of 113 students in

- 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 1-2). 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.





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.

Improving the curriculum content

- Despite the excellent learning outcomes, there were some particular questions within the survey where we saw very little improvement[3] across pre- post- and/or follow-up surveys (Table 1)
- It is important to reflect on these points of resistance to change and to improve future versions of the curriculum so that it can better meet the learning needs of participants and the social context of Timor-Leste.

No.	Question	% of students with correct answer		
		Pre-training	Post-training	Follow-up
General Knowledge				
5b	For cases of rape in Timor-Leste, the perpetrator is most likely to be a stranger (Correct answer: False)			
	Pilot 1	40%	96%	81%
	Pilot 2	31%	61%	29%
5g	If a healthcare provider suspects violence but the woman does not open up about it, there is nothing he/she could do to help (Correct answer: False)			
	Pilot 1	56%	50%	57%
	Pilot 2	42%	48%	38%
5i	If you suspect the husband is being violent, it is advisable to talk to both the woman and her husband together (Correct answer: False)			
	Pilot 1	0%	79%	43%
	Pilot 2	1%	45%	13%
5k	The health worker must verify how accurate a woman's story is by asking the alleged abuser or the woman's friends and family (Correct answer: False)			
	Pilot 1	8%	33%	0%
	Pilot 2	15%	19%	6%
5o	It is a health care provider's legal duty to help the woman subjected to violence to report it to the police (Correct answer: True)			
	Pilot 1	92%	83%	33%
	Pilot 2	76%	89%	78%
Helpful things to say				
8c	"Why did you go there alone, don't you know it's dangerous?" (Correct answer: False)			
	Pilot 1	56%	96%	100%
	Pilot 2	46%	60%	46%
8d	"Tell me exactly what he did, you must describe to me all the details" (Correct answer: False)			
	Pilot 1	20%	83%	76%
	Pilot 2	29%	53%	43%
8e	"You should not feel so sad, you should feel luck you have survived" (Correct answer: False)			
	Pilot 1	48%	92%	95%
	Pilot 2	46%	58%	49%
8h	"Trust me, I know that this option will be the best for you" (Correct answer: False)			
	Pilot 1	32%	54%	62%

[3] Questions where fewer than 50% of participants answered correctly in the post-test or follow-up were considered areas that need improving and are marked in amber. Questions lower than 25% answered correctly were considered very low and are marked in red.

	Pilot 2	40%	30%	30%
8j	"You should go back home and try not to provoke him in the future" (Correct answer: False)			
	Pilot 1	36%	100%	81%
	Pilot 2	31%	63%	36%
General attitudes				
9d	If the woman had defended herself, she could have avoided being raped (Correct answer: False)			
	Pilot 1	8%	54%	29%
	Pilot 2	11%	17%	11%
Self-efficacy				
12d	I know how to offer supportive statements to a woman subjected to violence (Correct answer: Yes I can)			
	Pilot 1	20%	100%	86%
	Pilot 2	40%	79%	47%
12e	I have the ability to assess the immediate level of danger for a woman after sexual assault or domestic violence (Correct answer: Yes I can)			
	Pilot 1	12%	92%	81%
	Pilot 2	13%	82%	48%
12i	I know how to document the history of assault and physical examination findings in a patient's records (Correct answer: Yes I can)			
	Pilot 1	20%	100%	81%
	Pilot 2	26%	88%	48%

Implications

- By looking at the questions in which students scored the lowest (5i, 5k, 9d), there are three priority areas for improvement in the revised curriculum:
    1. Emphasise that health providers should not talk to the victim and the perpetrator together (Q5i) (note: a section on engaging with men who use violence has subsequently been added to the module on danger assessment and safety planning. Assess this for adequacy in addressing this issue)
    2. Emphasise that a health provider should never check the accuracy of a woman's story (Q5k), that this will break confidentiality and could put her life in danger. It is the health provider's role to believe her and provide assistance, they should not take the role of police or judge (note: this is already in the curriculum but obviously needs to be strengthened)
    3. Reinforce that no woman can prevent being raped because no woman has ever chosen to be raped (Q9d). Saying a woman could have defended herself is blaming the victim. When people are being sexually assaulted a common trauma response is for the body to freeze. If a woman is confident enough and physically strong enough to fight back (perhaps she has studied martial arts), there are no guarantees that this would stop him. It may also cause the aggressor to become more violent. The only person who can prevent rape is the rapist, and it is up to all of us to make sure we do not blame women for the terrible thing someone has done to them. Also reinforce that sexual assault is most likely to be perpetrated by someone the woman knows, including her husband or boyfriend (Q5b). (Note: these points are included in part, in Module 1 and 2, perhaps another activity specifically on this?)
- Emphasise what health providers can do if a woman does not want to talk about violence (Q5g) (i.e. offer supportive statements, mention information about different services that could help, provide medical care and follow up appointment, talk about mental health and offer emotional support).

- Have participants practise helpful things to say (Q8) (note: helpful statements are included in several modules but perhaps adding an activity reciting them and practising using in context).
- It would be good to double-check translation of these questions in the table to ensure the correct meaning is coming across.