Integrating Violence Against Women in Medical Education in Mozambique

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### Intimate Partner Violence

<table>
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<tr>
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<th>Women victims of IPV</th>
<th>Men victims of IPV</th>
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<tbody>
<tr>
<td><strong>Globally</strong></td>
<td>35%</td>
<td>14%</td>
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<tr>
<td><strong>Mozambique</strong></td>
<td>55%-71%</td>
<td>25%-28%</td>
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The role of the healthcare sector

✔ Increase awareness;

✔ Advice in primary prevention;

✔ Train of personnel and community workers.
Background

During their medical training, medical students should master communication skills and professional competencies to foster the best possible patient-physician relationship.

This is especially necessary when dealing with sensitive topics.
Competences in IPV needed for MD

**Knowledge:** define IPV, understand the magnitude, risk factors and the effect on the survivor, family members and community, legal options and reporting requirements.

**Skills:** identification, documentation and referral strategies.

**Attitudes:** IPV treatment and intervention.
Why this research?

✔ Public health issue

✔ Few studies available especially in Mozambique;

✔ Curricula not standardized;

✔ Ineffective or no training on IPV;

✔ Little is known on comprehensive mastery of IPV competences.
Aims

Description and Analysis

✔ Simulation-based training module on clinical communication competencies through interacting with simulated intimate partner violence (IPV) survivors.

✔ IPV training module within a Gynaecology and Obstetrics Bachelor of Medicine and Bachelor of Surgery of Medicine (MBBS).
Study Sites

Five medical schools: south (Maputo), centre (Sofala) and north (Nampula) of Mozambique

Study period

March 2016 and March 2020

Mixed methods

Participants

✔ 304, 3rd and 4th years’ students (RR 66%)
✔ 4 curriculum developers
✔ 34, 4th year’ students
To describe and analyze the outcomes of a simulation-based training module on clinical communication competences when interacting with IPV victims.

One group pre-test/post-test design

34 4th year’ medical students

Descriptive analysis

Learning and teaching strategies, evaluation and assessment, background structure
Results

✔  Role-plays helped to understand better the attitudes when facing an IPV victim;

✔  Significant and positive change in post-test values at the general IPV self-efficacy score (IPV SE) – mainly in attitudes;

✔  Desire for additional IPV communication competence;
Results

✔ Training was very interactive;

✔ Students also suggested that this topic can be part of the curriculum of healthcare providers.
Conclusion

✔ Sensitive issue, simulation activities as a method to be used in a safe environment to develop clinical skills;

✔ Students feel more competent after participating in this training in a safe environment;

✔ Gender bias, or a personal history may affect the outcomes of the training.
Implications

Help identify ways to **strengthen the role of medical schools** in the prevention and provision of care for IPV survivors, considering current **developments in teaching methods**, the **content of the teaching program** and **scientific basis of the medical school’s curriculum** in Mozambique.
Implications

Increase the **use of updated information** on IPV and **coordinated integration of national policies** within the curricula and to help **integrate IPV-related content** in a more in-depth and consistent way in the **undergraduate medical curriculum**.
Kanimambo
Reference