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ORIGINAL PAPER

THE EFFECTIVENESS OF A GENDER EQUALITY COURSE IN CHANGING UNDERGRADUATE MIDWIFERY STUDENTS' ATTITUDES TOWARDS DOMESTIC VIOLENCE AND GENDER ROLES

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Abstract

Aim: The aim of the study is to evaluate the effectiveness of a gender equality course in changing undergraduate midwifery students' attitudes towards domestic violence and gender roles. *Design:* A one-group before-after quasi-experimental design was used. *Methods:* First-year undergraduate midwifery students (n = 64) were pre- tested and post- tested for their attitude to domestic violence and gender roles using "The Attitudes Towards Domestic Violence Scale", and "The Gender Roles Attitudes Scale". Data were collected from a health science faculty in Giresun, Turkey. The pre- and post-test results were compared using a paired samples t-test. *Results:* While the mean score of the attitudes towards domestic violence was 55.23 ± 5.84 before the gender equality course, it increased to 57.71 ± 5.07 after the course. The increase in scores was statistically significant ($p < 0.001$). For attitudes to gender roles, the mean total score increased from 154.65 ± 14.16 to 164.72 ± 13.65 after the course ($p < 0.001$). *Conclusion:* The gender equality course helped students develop more positive attitudes towards domestic violence and gender roles. We achieved the aim of the study. We recommend that gender equality courses be integrated into the midwifery curriculum.

Keywords: domestic violence, gender equality, gender roles, midwifery students.

Introduction

The pregnancy and postpartum period are associated both with the initiation of violence within a relationship, or with an increase in the severity or frequency of domestic violence (DV) (Marchant et al., 2001). However, these periods provide many potential opportunities for midwives to identify and help women experiencing DV (Bacchus et al., 2004; Stenson, Sidenvall, Heimer, 2005; McLachlan et al., 2011). Therefore, midwives are crucial in identifying affected women, in providing appropriate care and support (Hindin, 2006; Lauti, Miller, 2008). Sensitivity to DV should also be developed in all midwives, and they should be provided with adequate knowledge and skills (Prime Ministry Directorate General on the Status of Women, 2008a).

DV has negative effects on sexual and reproductive health, as well as on the physical and mental health of women. Some of the effects related to sexual and reproductive health include gynaecological disorders, trauma, unintended and unwanted pregnancy, abortion, HIV and other sexually transmitted infections, maternal mortality, miscarriage, stillbirth, and babies born with low birth weight (World Health Organization, 2012; International Confederation of Midwives, 2014). Midwives also play a crucial role in identifying and managing DV due to women's frequent contact with them. However, they have difficulties in recognising DV because of a limited knowledge of the most common signs and symptoms of violence, lack of training, education, and confidence, time constraints, safety issues, staff shortages, cultural taboos, unwillingness of victims to disclose abuse, lack of privacy for screening, and midwives' personal experiences of DV (Mezey et al., 2003; McCosker-Howard et al., 2005; Lazenbatt, Taylor, Cree, 2009; Finnbogadóttir, Dykes, 2012; Mauri et al., 2015; Pitter, 2016).

A number of studies have been conducted on undergraduate students receiving education in the health field. Kaynar-Tunçel, Dündar, Peşken (2007) pointed out that while a significant number of nursing and midwifery students had positive attitudes, as many as half were undecided on the appropriateness of questioning women about whether they were being

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exposed to violence. According to Kaplan et al. (2014) and Tufan-Kocak, Türkkan, Seren (2014), the attitudes of nursing students towards DV were negative, and they had adopted traditional gender roles. According to some studies, nursing and midwifery students also lacked confidence in recognizing and responding to abuse (Bradbury-Jones, Broadhurst, 2015), were ill-prepared to deal with domestic violence in clinical practice (Beccaria et al., 2013), and had not received sufficient training, practical skills, and classroom knowledge to effectively manage abuse against women (Majumdar, 2004).

Some studies have indicated that attitudes to gender roles of healthcare students are in line with traditional views, with adverse effects on attitudes towards DV (Kanbay et al., 2012; Kaplan et al., 2014; Karabulutlu, 2015). Ben Natan et al. (2016) found that normative beliefs, subjective norms, and behavioural beliefs affected nursing students' inclinations to screen women for DV (24). Coleman and Stith's (1997) study measured nursing students' attitudes towards victims of DV. They found that students with more egalitarian beliefs regarding gender roles were more sympathetic to victims of abuse than those with more traditional attitudes to gender roles.

There is no evidence regarding the effectiveness of midwifery students' training in attitudes towards gender roles and DV. However, there is some evidence regarding the effectiveness of midwives' training in DV. Jayatilleke et al. (2015) conducted a training program for public health midwives. The training program significantly improved midwives' practices, perceived responsibility, and self-confidence in identifying and assisting DV sufferers. Berman, Barlow, Koziol-McLain (2005) interviewed midwives who had participated in the Family violence prevention education programme in the Auckland region, 2002. Most spoke of their increased motivation and emphasized the importance of knowledge in encouraging changes in attitudes. Midwives who have positive attitudes towards DV report greater understanding of DV, recognize signs of DV, ask women what would be helpful for them, and support those who have been abused (Protheroe, Green, Spiby, 2004; Baird et al., 2017). Thus, training in DV is very important, and is associated with gender roles, since midwives with egalitarian attitudes towards gender roles are more likely to have positive attitudes towards DV.

Undergraduate education is also a critical time for developing attitudes towards DV and attitudes to gender roles necessary to identify, prevent, and manage DV, and to create support for victims of violence (Beccaria et al., 2013). Hence, this study evaluated the effectiveness of a gender equality course on the attitudes of undergraduate midwifery students towards DV and gender roles. The research question was as follows: What is the impact of a gender equality course on the attitudes of undergraduate midwifery students towards DV and gender roles?

Aim

The aim of this study was to evaluate the effectiveness of a gender equality course in changing the attitudes of undergraduate midwifery students towards DV and gender roles. Objectives:

1. To evaluate the effectiveness of a gender equality course in changing attitudes of undergraduate midwifery students towards DV.
2. To evaluate the effectiveness of a gender equality course in changing the attitudes of undergraduate midwifery students towards gender roles.

Methods

Design

A one-group before-after quasi-experimental design was used to evaluate the effectiveness of a gender equality course in changing attitudes of undergraduate midwifery students towards DV and gender roles.

Sample

Convenience sampling was used. All the participants were enrolled in the first-year of a Bachelor of Midwifery Degree at the University of Giresun in the academic year 2015–2016. 64 students who participated in the gender equality course in the fall semester were eligible to participate in the study. Students were given the option of participating and assured that their participation was voluntary. The inclusion criteria for the study included: 1) taking the gender equality course, 2) voluntary participation, and 3) competence in understanding and speaking Turkish. The criteria for exclusion from the study were: 1) Non-participation in two or more sessions, and 2) lack of competence in understanding or speaking Turkish. Two students did not have sufficient competence in Turkish, and six students who did not participate in two or more courses were excluded from the study. A flow diagram of the phases of the study is shown in Figure 1. 64 students who participated in the gender equality course in the fall semester were eligible to participate in the study.

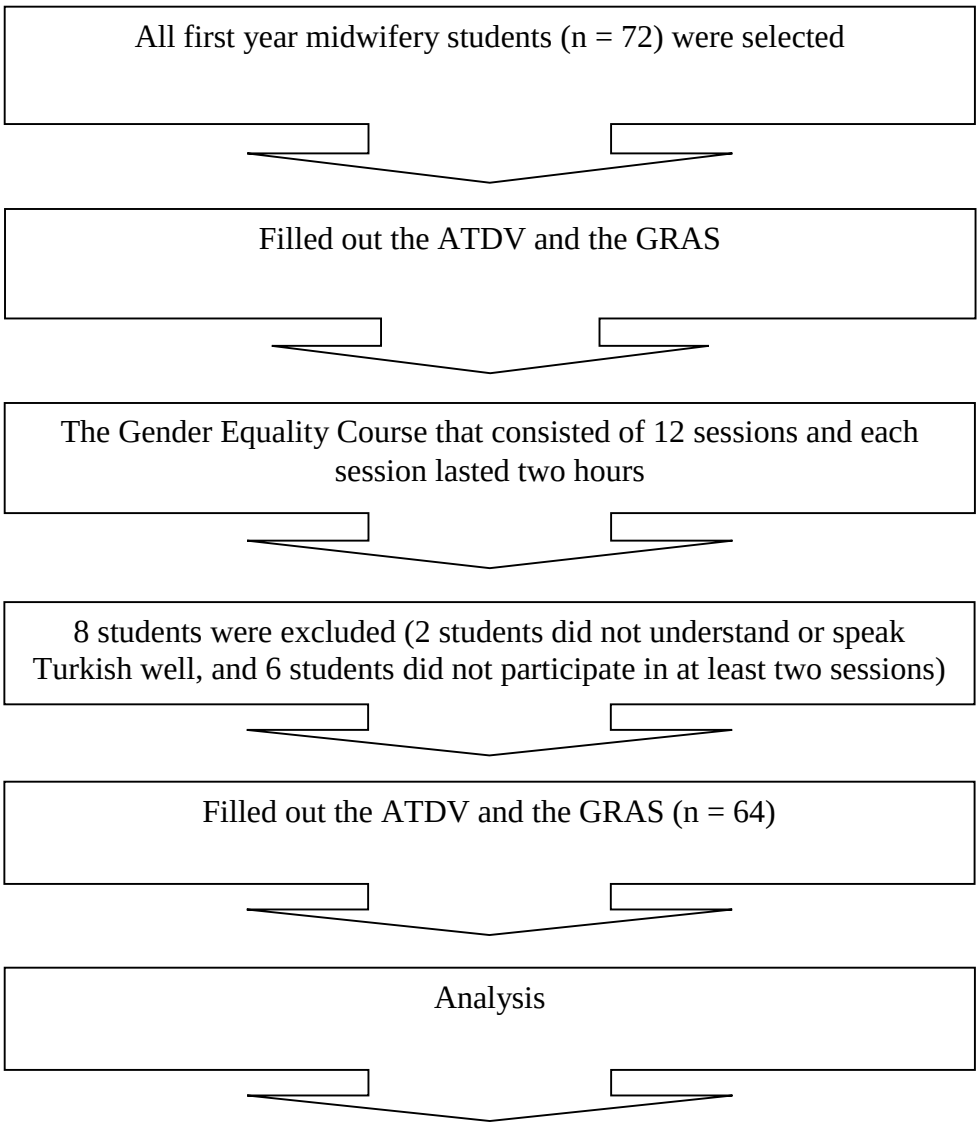

Figure 1 The flow diagram of the study

All were female, and their average age was 18.34 ± 0.80.

Data collection

The study was conducted between September 2015 and January 2016. During the study, the data were collected at two different time points. Before the course started, measurements from the ATDV and GRA scales were taken by a researcher, and the second measurements were collected one week after the course had finished. Official written permission was received from the school management before the study commenced. Students were then informed about the study, and data collection forms were distributed to the students who had voluntarily agreed to participate in the study, during classes. The completion of the data collection forms took about 15–20 minutes.

The data was collected with the "Demographic Information Form (DIF)", "The Attitudes Towards Domestic Violence Scale (ATDV)", and "The Gender Roles Attitudes Scale (GRA)". The DIF included demographic information about the students such as age, family structure, number of siblings, area they lived in, socio-economic status, parents' educational status, and parents' professions.

The ATDV Scale was developed by Şahin, Dişsiz (2009). The ATDV Scale, which consists of 13 items, and assesses interiorized labelling, has four subscales: "The Normalization of Violence", "The Generalization of Violence", "The Causality of Violence", and "The Hiding of Violence". The items of the Likert scale are rated as "absolutely disagree" (1 point), "disagree" (2 points), "undecided" (3 points), "agree" (4 points), and "completely agree" (5 points). The highest possible

score from the scale was 65, and the lowest was 13. Higher scores indicated that attitudes towards domestic violence were positive. The instrument's total Cronbach alpha internal consistency coefficient was found to be 0.72. For this study, the Cronbach alpha internal consistency coefficient was found to be 0.75.

The GRA was developed by Zeyneloğlu and Terzioğlu (2011). The GRA Scale, which consists of 38 items, and assesses interiorized labelling, has five subscales: "Egalitarian Gender Role", "Female Gender Role", "Marriage Gender Role", "Traditional Gender Role", and "Male Gender Role". The egalitarian attitude items of the Likert scale are rated as "absolutely disagree" (1 point), "disagree" (2 points), "undecided" (3 points), "agree" (4 points) and "completely agree" (5 points). The traditional attitudes items of the Scale are rated inversely. The highest possible score from the scale was 190, and the lowest was 38. Higher scores from the scale indicated that the students had more egalitarian attitudes towards gender roles. The instrument's total Cronbach alpha internal consistency coefficient was found to be 0.92. For this study, the Cronbach alpha internal consistency coefficient was found to be 0.86.

Gender Equality Course

The gender equality course consisted of two parts. The first part, which related to gender roles, was structured based on the related literature (World Health Organization, 2006; Prime Ministry Directorate General on the Status of Women, 2008b; World Health Organization, 2009; Ecevit et al., 2011; Dökmen, 2016). The second part related to DV was structured based on the related literature also (Berman, Barlow, Koziol-McLain, 2005; Jayatilleke et al., 2015; Crombie, Hooker, Reisenhofer, 2016). The course was designed to improve the attitudes of undergraduate midwifery students towards domestic violence and gender roles. A summary of the course content is shown in Table 1.

Table 1 The topics of the gender equality course

Sessions	Topics
First session	Preparatory
Second session	Gender, gender role and related theories
Third session	Women in politics
Fourth session	Gender inequality in education
Fifth session	Women's rights in laws
Sixth session	Women in cultural context
Seventh session	Women in media
Eighth session	Women and religion
Nineth session	Definition, causes and types of DV
Tenth session	Effects of DV on women's physical and mental helath
Eleventh session	Relationship between gender role and DV
Twelfth session	Closing

The course spanned ten sessions, and each session lasted two hours. The course was delivered by a researcher, assistant professor in Midwifery Department of Health Science Faculty at the University of Giresun, a RN with advanced education in psychiatric nursing, with a PhD in domestic violence. Using case reports and making visual presentations, the researcher discussed how to define the signs of domestic violence, and improved their awareness and level of knowledge. The researcher debated on the agenda related to DV and gender equality. The students were allowed to share their sexist experiences. During the course, the researcher gave the students written notes about each of the session's content.

Data analysis

The Statistical Package for Social Sciences (SPSS, Chicago, IL) for Windows version 16.0 was used for data entry and analysis. In this research, the gender equality course was the independent variable, and the ATDV and GRA were dependent variables. The midwifery students' demographic variables were evaluated using percentage distribution and mean. As the data showed a normal distribution, the results of the pre- and post-tests were compared using a paired samples t-test. The significance level of the statistical tests was set to 0.05 ($p < 0.05$).

Results

The sample characteristics are shown in Table 2. Of the 64 students that commenced the study, 75.0% came from a nuclear family structure, 42.2%

previously lived in a town, and 37.5% previously lived in the country. 82.8% of the students perceived their socio-economic status as moderate. Only 14 (21.9%) of the students' mothers worked outside the home, and 20.3% of them had graduated from high school or university. Nearly a third of students' fathers (35.9%) had graduated from high school or university, and most (82.8%) were in work.

As indicated in Table 3, the mean ATDV total score of students was 55.23 ± 5.84 before the gender equality course. It increased to 57.71 ± 5.07 one week after the final session. The increase in the scores was statistically significant (t = -4.829, p = 0.000). There were statistically significant increases in ATDV subscale mean scores one week after the last session (t = -5.116, p = 0.000 for normalization of violence; t = -2.708, p = 0.009 for causality of violence; t = -2.797, p = 0.007 for hiding of violence). However, there was no statistically significant increase in generalization of violence subscale mean scores one week after the final session (t = -1.785, p = 0.079).

Table 2 Sample characteristics (n = 64)

Demographic information		n	%
Family structure	nuclear	48	75.0
	extended	14	21.9
	divorced	2	3.1
Place of living	country	24	37.5
	town	27	42.2
	village	13	20.3
Socio-economic status	high	9	14.1
	moderate	53	82.8
	low	2	3.1
Mother's educational level	illiterate	5	7.8
	< high school	46	71.9
	≥ high school	13	20.3
Mother's working status	working	14	21.9
	not working	50	78.1
Father's educational level	< high school	41	64.1
	≥ high school	23	35.9
Father's working status	working	53	82.8
	not working	11	17.2

Table 3 Distribution of students' ATDV subscale mean scores according to pre- and post-test measures (n = 64)

	Pretest X ± SD	Posttest X ± SD	t value	p value
Normalization of violence	21.50 ± 2.5	23.07 ± 2.1	-5.116	< 0.001
Generalization of violence	13.74 ± 1.5	14.18 ± 1.1	-1.785	0.079
Causality of violence	11.22 ± 1.7	11.81 ± 1.7	-2.708	0.009
Hiding of violence	8.05 ± 1.8	8.59 ± 1.8	-2.797	0.007
Total score	55.23 ± 5.8	57.71 ± 5.0	-4.829	< 0.001

X – arithmetic mean; SD – standard deviation

Table 4 shows the students' GRA scores across the subscales. The students' mean "eqalitarian gender role", "female gender role", "marriage gender role", "traditional gender role", and "male gender role" subscale scores increased significantly one week after the final session compared to the scores before the course (egalitarian gender role t = -4.123, p = 0.000; female gender role t = -5.400, p = 0.000; marriage gender role t = -2.733, p = 0.008; traditional gender role t = -5.440, p = 0.000; male gender role t = -4.177, p = 0.000). In the GRA, the mean total score before the course was 154.65 ± 14.16. It increased significantly to 164.72 ± 13.65 one week after the final session (t = -6.633, p = 0.000).

Table 4 Distribution of students' GRA subscale mean scores according to pre- and post-test measures (n = 64)

	Pretest X ± SD	Posttest X ± SD	t value	p value
Egalitarian gender role	35.86 ± 4.4	37.88 ± 2.4	-4.123	< 0.001
Female gender role	26.83 ± 4.5	29.30 ± 4.9	-5.400	< 0.001
Marriage gender role	36.63 ± 2.8	37.56 ± 2.2	-2.733	0.008
Traditional gender role	29.45 ± 4.5	32.37 ± 4.3	-5.440	< 0.001
Male gender role	25.41 ± 2.6	27.12 ± 2.6	-4.177	< 0.001
Total score	154.65 ± 14.1	164.72 ± 13.6	-6.633	< 0.001

X – arithmetic mean; SD – standard deviation

Discussion

The higher scores in the ATDV subscales one week after the last session indicated that the gender equality course was helpful in improving attitudes towards DV. This result provides empirical support for the suggestion that the course promotes improvement in attitudes towards DV of the students. Similar results to our study were obtained in another study consisting of 26 midwives, evaluating the impact on midwives of a training programme designed to increase their awareness and understanding of violence against women (Protheroe, Green, Spiby, 2004). It was demonstrated that after training, the midwives reported greater understanding of DV, and an increased likelihood of identifying and supporting victims of DV. According to Berman, Barlow, Koziol-McLain (2005), The New Zealand College of Midwives organized a workshop to train midwives in how to integrate screening and referral for family violence into their care. Participants later asserted that the training had been of value to their midwifery practice. They described an increasing sense of confidence in routinely screening their clients, and related strategies for doing this safely. Jayatilleke et al. (2015) reported that a DV training programme for public health midwives improved identification of and assistance for DV victims in Sri Lanka. They also suggested that the training programme had the potential to improve midwives' skills in preventing DV.

A study by McLachlan et al. (2011), which evaluated an educational intervention for midwives in order to identify and support women with psychosocial issues during the postnatal period, revealed different results to our study. In this case, the programme did little to change attitudes to DV. However, the reason for the failure of this educational intervention may be that it did not directly attempt to change knowledge of and attitudes to DV. In another study by Ritchie et al. (2013) it was determined that the training and documentation had led to improved assessment of female victims of assault presenting at an emergency department. However, the training alone did not account for the changes. Supporting processes such as a standardized documentation form are required in addition to training. Alongside training, a systematic approach is necessary to promote changes in attitudes towards DV in midwives.

As illustrated in Table 4, it was determined that students' mean "egalitarian gender role", "female gender role", "marriage gender role", "traditional gender role" and "male gender role" subscale scores increased significantly after the gender equality course, compared to the scores before the course. These results indicated that the gender equality course contributed to students' more positive attitudes to gender roles. There were no intervention studies related to gender roles in the literature. Our review of the related literature found that the studies aimed either to assess the association between students' gender roles and undergraduate education, or to determine students' gender roles. Results of a recent study by Kömürcü et al. (2016) which determined the attitudes of first and fourth year nursing and midwifery students to gender roles revealed that attitudes regarding male, female, marriage and traditional gender roles of the students did not change during their nursing and midwifery education. Adana et al. (2011) reported that male nursing students had social gender roles which supported violence against women by men, and that nursing education did not affect the social gender roles of the students. In another study, the attitudes to gender roles of first and fourth year nursing and midwifery female students were compared. A statistically significant difference was found between the two groups (Atış, Alan, 2010). The results of these studies suggest that undergraduate nursing and midwifery education is not particularly effective in changing attitudes towards gender roles, and that these students require specialized training regarding gender roles. To transform gender roles from traditional to equalitarian requires gender equality training.

The differences in these studies may be due to differences in the nursing and midwifery curriculum. Therefore the curriculum in nursing and midwifery schools should be restructured. A review study by Crombie, Hooker, Reisenhofer (2017) demonstrated that undergraduate DV education for nursing/midwifery staff and students was inadequate and unsatisfactory. In accordance with these results, DV education should examine gender roles and the effects of traditional gender roles on attitudes towards DV. A study by Jayatilleke et al. (2015) emphasized that gender roles were an integral part of DV training programmes.

Limitation of study

This study had two limitations. Firstly, the design did not include a control group. For this reason, it was not possible to establish causality between the course and the results. Second, the follow-up assessments of ATDV and GRA after the course had finished were not measured. Hence, we did not determinate whether or not the effects of the course were long-term.

Conclusion

The results of our study confirmed that the gender equality course was successful in improving attitudes towards both gender roles and DV. Aspects influencing the effectiveness of gender equality courses include presenting case reports, making visual presentations, discussion of an agenda related to DV and gender equality, and the length of the training (twelve days, twenty four hours). A final factor might be the integration of DV and gender equality. The results of this study suggest that a gender equality course should be integrated into the midwifery curriculum. After gender equality courses are integrated into the midwifery curriculum, the outcomes of courses should be assessed and shared in scientific environments.

Ethical aspects and conflict of interest

Ethical issues were taken into consideration during all phases of the study. Written consent was obtained from the Dean of Health Sciences Faculty. The study was conducted according to the ethical guidelines set out in the Declaration of Helsinki. Students were informed regarding the aim and design of the study. They were invited to participate, and verbal and written consent was received from the students.

The author has no conflicts of interest to disclose.

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