

POLICY PAPER

Evidence-based doctor-patient communication on intimate partner violence in medical education in Mozambique

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There is growing evidence that most medical doctors do not recognise the signs and symptoms of intimate partner violence or its impact on women's as well as men's health. It is considered by many as a social or cultural issue. A lack of skills, time constraints, discomfort with the subject, limited referral points, sharing the same cultural and gender norms of survivors, are some of the reasons why there is resistance among medical doctors to address intimate partner violence.

Intimate partner violence, a public health issue in Mozambique

Intimate partner violence is a public health issue that affects both women and men. The most recent data on intimate partner violence in Mozambique shows that 55% of women report being victims of intimate partner violence, compared to 25% of men. One out of three Mozambican women aged 15-49 report having been a survivor of physical violence since the age of 15, their husband or intimate partner being the perpetrator in 62% of cases. Concerning sexual violence, 12% of women report being a victim since the age of 15, and 50% of the reported cases of violence against women are related to sexual abuse. Sexual violence also affects many orphans and other vulnerable children, including boys.

A high prevalence of intimate partner violence against men is reported in the north of Mozambique, where there is a matriarchal culture: 28% of men report being a survivor of intimate partner violence and 20% report being a survivor during the last 12 months, according to a survey conducted in 2011 in one province in the north of Mozambique. Strong beliefs in the role of ancestors and spirits influence gender norms, practices and relationship dynamics. Where initiation rites prevail, domestic violence is used as part of the construction of masculinity, where the man is at the top of the hierarchy as the one who exercises the power of authority; the provider of goods and family decision maker.

Unskilled health professionals

Beatriz Manuel's PhD research, Addressing Intimate Partner Violence: Implications for Medical Curricula in Mozambique, included four sub-studies, two of which were a literature review about key concepts of intimate partner violence response training programmes in medical curricula, and a survey among 387 sixth-year medical students from five medical schools in Mozambique to understand their perceived mastery of knowledge, skills and attitudes related to intimate partner violence. The research showed

that just a few medical schools in Mozambique address skills development on intimate partner violence, and even where it is included in the curriculum, it is not standardised. This results in doctors experiencing a lack of appropriate skills to deal with intimate partner violence. Only 37% of the respondents mastered intimate violence knowledge, skills and attitudes.

Intimate violence survivors agree that the first thing doctors should know is that everyone can be a survivor and that it is not just about sexual assault. It is often seen that medical doctors have different beliefs, values and practices about medicine and health care than what patients may believe, value or practice related to their own illness.

Communicating effectively with patients requires complex skills to enable doctors to take accurate patient histories, consider the patients' perspectives, involve patients in the interview process and attend to their emotional well-being, and initiate a process of clinical reasoning. Mastery of communication competency is critical for medical students to assist patients. In general, little is known about medical students' comprehensive mastery of intimate partner violence curriculum contents and how this sensitive topic should be taught to acquire better doctor-patient communication skills. At the time when this research was conducted, no formal communication skills training related to intimate partner violence existed in the Mozambican setting for medical students.

The lack of training related to intimate partner violence leads to a lack of screening, a lack of confidence in dealing with survivors of intimate partner violence and, therefore, poor follow-up or intervention. It can even cause harm if doctors advocate leaving an abusive relationship while failing to provide survivors with a safety plan or to take into account the survivor's perspectives.

Communication skills curriculum

The final study involved 34 of all fourth-year medical students (59%) from one medical school in Mozambique to study the impact of an innovative intervention to develop critical intimate partner violence knowledge, skills and attitudes, supported by a patient communication script. The study was complemented with analysis of student perceptions. Students reported that a simulation module on doctor-patient communication skills substantially helped them to gain the required attitudes to deal with intimate partner violence victims.

Through this research, medical schools started to recognise the importance of these competencies in their curricula. The research thus provided justification for developing a competency-based, interprofessional curriculum to improve communication skills on sensitive topics in medical education.

Our research also identified new content that would be appropriately incorporated into education and training to produce these competencies in medical students, as well as specific educational approaches that could be used in delivering this content.

Policy recommendations

- Integrate the following skills throughout the existing curricula for medical students:
 - Listening in a non-judgemental way and leaving out prejudice and bias (e.g. cultural norms on sexual and gender issues, discrimination, etc.)
 - Using appropriate communication styles when talking about sensitive health issues in a medical setting - Assessing the patient's and family's risks, intentions and expectations when making a decision - Conducting appropriate clinical inquiry
 - Documenting and keeping a record of what the patient says
- Set up an evaluation system for the curriculum based on advice of key stakeholders.
- Set up a platform to share experiences about inappropriate behaviour of medical staff around sensitive topics.

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