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Original Research

Intimate partner violence education for medical students in the USA, Vietnam and China

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ABSTRACT

Objectives: While intimate partner violence (IPV) is a global concern for women's health, there are few comparative studies of IPV training in medical schools. The aim of this study was to investigate medical students' knowledge of, and training in, IPV in the USA, Vietnam and China.

Study design: Cross-national, cross-sectional study.

Methods: US ($n = 60$), Vietnamese ($n = 232$) and Chinese ($n = 174$) medical students participated in a cross-sectional self-administered survey that included demographic characteristics; opinions, training and knowledge regarding IPV against women; and personal experience with IPV victims.

Results: Attitudes, knowledge and training about IPV among medical students varied between the three countries. US participants reported higher levels of knowledge of IPV, were more likely to believe that IPV was a serious problem, and were more likely to consider IPV to be a healthcare problem compared with Vietnamese and Chinese participants. Chinese participants, in particular, did not appear to appreciate the importance of addressing IPV. Differences were found between the Vietnamese and Chinese students.

Conclusions: While most medical schools in the USA include IPV training within their core medical curricula, education throughout medical school seems to be necessary to improve medical education regarding treatment of patients with a history of IPV. Vietnamese and Chinese medical schools should consider including IPV education in the training of their future physicians to improve the health of women who have experienced IPV. Practical opportunities for medical students to interact with women who have experienced IPV are essential to develop effective IPV education.

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Introduction

Intimate partner violence (IPV) is a significant public health threat that causes injury, and acute and chronic physical and mental health problems.^{1–3} IPV includes physical, sexual and/or psychological harm inflicted by a current or former intimate partner.⁴ Violence by an intimate partner is a common experience for women throughout the world, with global lifetime rates ranging from 15% to 71%.⁵

Women and children who have experienced IPV suffer from a wide range of health problems, and use healthcare services more often than women and children who have never experienced IPV.^{6–8} To ensure the health and safety of women who have experienced IPV, future physicians and healthcare professionals need training regarding identification and interventions for these patients.⁹ In the USA, efforts to improve IPV education of medical students and residents have been implemented.¹⁰ Active learning strategies are commonly used in family medicine residency curricula to teach residents how to manage IPV cases.¹¹ For medical students to develop the clinical skills necessary to address IPV victimization in the healthcare setting, training should: occur during preclinical and clinical rotations; include outreach experiences with victims and community agencies; include education regarding the regulatory standards for addressing IPV in health care; and provide knowledge about culturally appropriate interventions.¹² However, there are a number of barriers to implementing an IPV curriculum in medical schools, including lack of funding, limited curriculum time, discomfort in discussing IPV with patients, perception of relevance, training opportunities and resources.¹³

While IPV is a global health concern, particularly for women,¹⁴ few comparative studies of IPV education in medical schools have been undertaken. The purpose of this study was to investigate medical students' knowledge of, and training in, IPV in the USA, Vietnam and China through a cross-national comparative study in order to improve IPV education of future doctors. Comparing these countries helps to elucidate the potential sociocontextual effects of IPV training for medical students. The selection of the countries in this study was not random. Rather, the authors worked with collaborators who were interested in the issue of violence against women in the USA, Vietnam and China.

Women in the USA, Vietnam and China have similar lifetime prevalence rates of IPV of 35.6%, 32.7% and 34%, respectively.^{15–17} While medical schools in the USA often include IPV education,¹⁸ to the best of the authors' knowledge, there are no formal IPV curricula at medical schools in Vietnam and China. Studies in Vietnam,¹⁶ China¹⁹ and the USA^{15,20,21} have shown that IPV victims are more likely to be diagnosed with injuries, chronic pain syndromes, mental health problems, reproductive health issues, cardiovascular disease and poorer health overall than individuals who have never experienced IPV. Educating future physicians about the health effects of IPV is essential to improve their skills in addressing this important healthcare issue for women.

Methods

Study participants and data collection

The cross-sectional data were collected from July to September 2013 at three public medical schools in the USA, Vietnam and China. The US medical school included in this study is the only medical school in a western state with a population of approximately three million people. The Vietnamese medical school included in this study is one of two medical schools in a city with a population of approximately nine million people. The Chinese medical school included in this study is one of 10 medical schools in a city with a population of approximately 100 million people. In addition to differences in population size, the three countries also differ with respect to length of medical training. In the US, medical students are college graduates and generally spend four years in medical school. In Vietnam and China, medical education starts after high school and varies from three to five years in China to six years in Vietnam.

Prior to data collection, this study was approved as an exempt protocol by the Institutional Review Board of the University of Utah, USA. Consent was obtained from each participant before starting the survey. In July 2013, third- and fourth-year medical students at the US medical school received an email with a link to an online survey. A reminder email was sent out in September 2013. Fifth- and sixth-year medical students in Vietnam and third- or fifth-year (last year at medical school depending on the programme) medical students in China were handed a consent cover letter and a paper survey in September 2013, and were asked to complete it in class or at a meeting. The survey instrument was translated into Vietnamese and Chinese from English. The survey was translated by a native Vietnamese/Chinese speaker who is fluent in Vietnamese/ Chinese and English, and was back-translated by another translator into English. The accuracy of the translation was checked by both translators.

At the US medical school, students are required to take a two-semester course that includes IPV education in the first and second years. This four credit hour course provides community experience related to several social issues including IPV, death and dying, mental health, human immunodeficiency virus/acquired immunodeficiency syndrome, homelessness and substance abuse. The students are assigned to a community agency in one of the topics. After their community experience, the students meet back in the classroom during the second semester, listen to lectures on the topic, and then break up into smaller groups for student presentations on their experiences in the community. At the Vietnamese and Chinese medical schools, to the best of the authors' knowledge, there are no medical-related IPV courses. In Vietnam, medical students learn about laws related to IPV through a lecture course.

Measures

Demographics

Standard demographic questions regarding sex and age were developed. The participants were also asked whether they had

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