［課程-2］

審査の結果の要旨

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Being a pioneer among developing countries to train health workers on intimate partner violence (IPV), the Sri Lankan Ministry of Health (MOH) trained its public health midwives (PHMs) in Kandy district on IPV, in 2009. I evaluated that training's efficacy in improving the midwives' knowledge and skills in identifying and managing IPV sufferers in Kandy, Sri Lanka.

I conducted a pre-and post-intervention study between August 2009 and September 2010; I conducted the pre-intervention surveys just before the commencement of each IPV training program, and conducted the post-intervention surveys six months after. Using a self-administered structured questionnaire, I examined PHMs' ($n = 408$) IPV prevention knowledge, perceived barriers, perceived responsibility, and self-confidence in identifying and managing IPV sufferers. Additionally, I observed six (out of total 11) complete training programs, and assessed how the MOH delivered the training to the PHMs.

The results of the study revealed that:

1. After receiving the IPV training, PHMs' ($n = 408$) median total IPV prevention knowledge score increased significantly from 0.62 to 0.88 ($p < 0.001$). Their median total perceived barrier score decreased significantly from 2.43 to 1.14 ($p < 0.001$). While the median total perceived responsibility score increased significantly from 3.20 to 4.60 ($p < 0.001$), the median total self-confidence score increased from 1.81 to 2.75 ($p < 0.001$).
2. At the individual level, out of all the 408 PHMs who received the training, 327 (80.1%) reduced their perceived barriers reliably, exceeding the reliable change index (RCI).

While 263 PHMs (64.5%) improved their perceived responsibility, 382 (93.6%) improved their self-confidence score, exceeding the RCI.

3. Only 173 PHMs (42.4%) showed a reliable improvement in their IPV prevention knowledge score exceeding the RCI.
4. The observations of the six training programs revealed that the MOH conducted a comprehensive IPV training to PHMs, using participatory learning techniques. However, the training did not provide sufferer management protocols to PHMs, and did not include non-medical professionals (eg. lawyers, police officers) as trainers.

In conclusion, the intimate partner violence training to the midwives was positively associated with improvements in the midwives' perceived responsibility, barrier reduction, and self-confidence in managing partner violence sufferers in Sri Lanka. However, midwives' partner violence prevention knowledge did not improve in a similar manner.

The MOH may improve the training by addressing its limitations. After making the improvements, the MOH may use the training and train Sri Lankan PHMs on IPV more effectively.