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Addressing violence against women within the midwifery curriculum in Bangladesh. A focus group discussion inquiry

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Abstract

Background: Violence against women is a significant problem affecting public health and human rights worldwide. The midwife profession is identified as a key profession in identifying violence against women and to provide first line support. In Bangladesh, there is a national plan aiming for a society free from violence against women and children by 2025. Midwifery is relatively new to Bangladesh and it is central to investigate how the topic is addressed within midwifery education.

Objective: To examine how violence against women is addressed in midwifery education in Bangladesh and identify potential needs for improvement, from the perspective of midwifery educators and clinical midwives.

Methods: Five focus group discussions were conducted with 29 midwifery educators and clinical midwives from different parts of the country, with a topic guide based on the WHO clinical and policy guidelines for response to intimate partner violence and sexual violence against women. The data were analysed by qualitative content analysis.

Results: The need to linking theory and practice was highlighted. A broad base of theoretical knowledge and possibilities for clinical practice will enable future midwives to identify, communicate and support women subjected to violence, and to link with available services. An improved curriculum, aligned to the needs of the women among whom future midwives will work is essential, as are knowledgeable midwifery educators, in relation to the topic and to varied pedagogics.

Conclusions: Educators need to be innovative when finding ways for midwifery students to link theory about violence against women to practice. To highlight the unique contribution midwifery can make to the field, networking with local and community authorities is central. If space was provided for midwifery educators to improve the content related to violence against women in the midwifery curriculum the confidence of both midwifery educators and future midwives would be strengthened.

Keywords: *Violence against women (VAW), Midwifery education, Focus group discussion, Bangladesh*

Background

Bangladesh is a low middle-income country situated in the South Asia. While the proportion of Bangladeshis living under the poverty line has decreased from 43.8% to 14.8% during the last three decades, with significant increases in life expectancy and literacy rates, the country is still facing challenges. With an estimated population of 165 million residents, and a small geographical area, Bangladesh has one of the highest population densities in the world. Alongside repeated climate-related emergencies, approximately 39 million people live below the national poverty line and the country hosts a large refugee population. The maternal mortality rate is 173 per 100,000 live births (1). As a means of improving maternal and newborn health, in 2007 the government launched initiatives to support the development of a new profession: professional midwives educated according to international standards (2). To date, 1149 registered midwives have been deployed and midwifery education is established in 82 institutes and colleges throughout the country.

A nationwide survey in 2015 revealed that over 70% of married women in Bangladesh have reported some form of intimate partner violence during their lifetime. About 50% of respondents reported physical violence and 27% sexual violence by their spouse (Bangladesh Violence against Women (VAW) Survey 2015). In addition, sexual violence outside intimate

relationships - so called non partner sexual violence, has been identified as a human rights and public health concern in the country and has received increased public attention (3, 4). In 2013, the government launched a national plan aiming for a society free from violence against women and children in 2025 (5). As part of a multi-sectoral response to VAW in line with international evidence (6), One-Stop Crisis Centres (OCC) have been established in medical college hospitals across the country to provide all services for a woman subjected to violence, such as police assistance, DNA test, social services, legal assistance, psychological counseling and shelter (7-9). A national help line has been set up, and non-governmental organizations (NGOs) offer similar services. Recent surveys convey there has been an increase of VAW and victimization of women during lockdowns and turmoil created by the covid-19 pandemic (4, 10).

VAW is a significant public health concern globally (11). VAW can take many forms; physical, sexual, emotional, economical or as neglect and it can be perpetrated both within and outside intimate relationships (12). Numerous adverse health effects are associated with VAW, including both psychological ill-health (12, 13) and acute and chronic physical complications (12, 14). To this can be added the likelihood of increased health risks during pregnancy and childbirth (15-18). Therefore, active and appropriate responses from the healthcare sector in cases of violence are crucial for women's health (11, 16, 19). Due to the extent of these health consequences, calls for increased health sector awareness of and response to VAW have been raised (19-21). As someone working close to women, and often with continuity for a sustained period with them, the midwife has been indentified as belonging to a key profession in the detection of VAW and in the provision of first line support in cases of violence against fertile women (19, 22). In addition, midwives often work with families and in dialouge with communities. A policy guideline providing evidence-based advices for health care workers regarding awareness and appropriate care was developed by the World Health Organization (WHO) in 2013 (19). Nevertheless, studies from different national contexts show that midwifery and nursing students continue to be unprepared for VAW-related cases and to exhibit preconceived ideas about it (23-25). Educators have expressed a need for more time and space within their midwifery and nursing training programmes to be devoted to VAW (26). These findings are in line with a scoping review carried out in 2016 that reveals low levels and a varied quality of VAW-related education within many existing midwifery and nursing training programmes (27). In response, the WHO has recently, in collaboration with several stakeholders globally, developed a curriculum for addressing VAW in trainings and educations

for health care providers, to build skills and address attitudes towards survivors of violence (28). By focusing on the views of midwifery educators and practicing clinical midwives in Bangladesh, this study will add a local and regional perspective that will be useful when integrating VAW training into the midwifery education, not only in Bangladesh, but also in other similar low- or middle-income settings. The aim is to examine how violence against women is addressed in midwifery education in Bangladesh and identify potential needs for improvement, from the perspective of midwifery educators and clinical midwives.

Methods

Study design

A qualitative research design was used with data collected through semi-structured focus group discussions that included midwifery educators and clinical midwives. Data were analysed using content analysis as described by Elo and Kyngäs (29). Ethical permission was obtained from the Bangladesh Directorate General of Nursing and Midwifery in February 2017.

Setting and participants

Data were collected from 29 clinical midwives and nursing/midwifery educators, who were divided into five focus groups. With permission from the heads of the departments at the institutions and colleges where the data collections were to take place, an invitation letter was provided to potential participants who were subsequently and purposively recruited and enrolled. The sampling strategy was designed to include participants who could contribute with as varied a perspective as possible with regard to their: a) experience of both clinical and educational midwifery; b) experience from different parts of the country; and c) years of working experiences. Since the midwifery profession is new in Bangladesh and it is an ongoing process to develop and deploy midwifery educators, both midwifery and nursing educators, together with clinically active midwives were included in the study. This increased the relevance of the responses and the possibilities to achieve also up-to-date clinical perspectives. Some of the clinical midwives and the midwifery educators included in this study were part of a master programme in sexual and reproductive health that had drawn participants from the Bangladeshi divisions of Rajshahi, Chittagong, Khulna and Dhaka; participation in this study was organized within the frame of that program. Three of the focus groups were held with participants in the programme, who were gathered in the capital city

for course activities. Obtaining participants in this way enabled perspectives from different parts of the country to be achieved. The two remaining focus group discussions were held with nursing/midwifery educators at two other teaching institutes, one situated in Dhaka and one in a sub-district in central Bangladesh. All participants were women and working in Bangladeshi public institutions and represented a wide variety of age and working experiences.

Data collection

Data were collected between May and June 2018. Three master students within sexual and reproductive health facilitated the focus group discussions. Verbal and written information was distributed to all participants and verbal and written consent obtained from each participant before commencement of the discussions. A topic guide with open-ended questions was developed based on the WHO clinical and policy guidelines on how to respond to intimate partner violence and sexual violence against women (19) and the current Bangladesh Midwifery Diploma Curriculum (Table 1). It invited participants to reflect on the VAW content in their midwifery programme, the opportunities educators had to include VAW in the programme in relevant ways, and how this could be improved if needed (Table 1).

Table 1. Focus areas and examples of questions in the topic guide

Focus area	Examples of questions
Part A	
Violence against women in the current midwifery education and curricula	**A1.** How do you address violence against women in the midwifery education? **A2**. When you hear and think of the content of the topic of violence in the current curricula, what are your spontaneous thoughts? **A3.** How have you been prepared to lecture violence against women in the midwifery program?
Part B	
Violence against women in the midwifery education and the WHO clinical guidelines	**B1**. **Knowledge** How do the students learn about the different kinds of violence against women? How do the students learn about the health effects of violence? **B2. Human rights, gender, women's status** How and what do the midwifery students learn about human rights, gender, women's status and violence? **B3. When and how to ask about violence** How do your midwifery students achieve skills in *when* to ask about violence? In *how* to ask about violence? **B4. Offering first line support** How do the midwifery students achieve skills and training in providing support to women subjected to violence with appropriate attitudes? What do the midwifery students learn about how to give immediate and emergency physical care to a woman subjected to violence? What do the midwifery students learn about how to give immediate psychological care to a woman subjected to violence?
Part C	
Violence against women in the Bangladeshi setting and midwives possibilities to support women	**C1.** What do you think about your possibilities to address violence against women in the midwifery education so it can be relevant for the clinical reality the midwives later will face? **C2**. Is there a gap between what should be taught, according to the curricula or WHO guidelines, and the clinical reality the midwifery students face? **C3**. Is there anything that you think should be changed in the way you address violence against women in the midwifery education, as you see it? **C4.** Is there something you are missing in the curricula in relation to violence which should be important to address as well?

A pilot focus group discussion was held with a number of midwifery educators and clinical midwives, after which small adjustments were made to the topic guide. These changes were minor, so, with the permission of the participants, the data collected in this discussion were included in the analysis. Each focus group discussion included between five to eight participants and were conducted in both English and Bengali so that a better discussion and understanding between the participants would be achieved. Each discussion was conducted in a private space at the respective institution to protect confidentiality, lasted approximately one hour and was, with the participants' permission, recorded using a digital recorder. Focus group discussions were arranged subsequently up to the point at which they produced only previously discovered perspectives (i.e. they reached saturation).

Analysis

The Bengali parts of the recorded data were first transcribed word-by-word in Bengali and then translated into English by an experienced bilingual translator. The English parts of the recordings were transcribed word-for-word. The transcripts were analysed by inductive content analysis inspired by Elo and Kyngäs (29), in a manual process. The content in all transcriptions was first read by the authors. In the next rounds of readings, meaning units (29), consisting of key-phrases responding to the aim, were identified and highlighted. The meaning units were thereafter grouped together to find similar or diverging assumptions and patterns, which then were condensed and categorised as sub-categories under preliminary generic categories. These were adjusted and thereafter revised in dialogue between the authors in several rounds. Finally, the analysis resulted in one main category, two generic categories and five sub-categories. See Table 2 for these subcategories and categories.

Results

The importance of *bridging gaps between theory and practice* was a red thread throughout the analysis process and constitute the overall main category in the result. The generic categories, *Education for practice* and *Reflecting on key competencies and skills* with sub-categories, capture the participants perceptions of how violence against women is currently addressed in the midwifery education and what is needed to prepare future midwives for their encounters with women exposed to violence.

Table 2. *Main- generic- and sub-categories describing midwifery/nursing educators' perspectives of how VAW is addressed in the midwifery education, and needs for improvements.*

Bridging theory and practice	
Education for practice	**Reflecting on key competencies and skills**
Providing a solid foundation Using a variety of teaching methods Networking is crucial	Experienced and skilled educators and midwives Developing trust building skills

Education for practice

<u>Providing a solid foundation</u>

The participants stated that, in the current curriculum VAW is addressed in one single lesson, that focus on human rights, the impact of violence in the society and how it affects health. Most participants did not consider this to be enough.

> "We have to prepare our students with a solid base and enabling environment for learning so they can perform accordingly and they will be able to face the challenges working in the community". *(FGD 2)*

Since midwives work closely with women, participants pointed to the need for knowledge about how to read the signs of violence in a clinical encounter, which could enable the future midwives to identify the problem of VAW. The participants explained the benefit of knowing how to communicate with the woman and stated that in the current curricula, communication and enquiring about violence was not in focus. Highlighted was also the need for more content within the curricula related to the consequences of violence and about both physical and psychological care to violence survivors. Linked was a need for knowledge on availability of services related to violence against women in the Bangladeshi society.

> "The student will know the existing services against violence in Bangladesh through the lectures."(*FGD1).*

In addition, while there are existing laws in Bangladesh against violence, the participants stated that if women did not know how these laws could be utilized properly, they may not want to take action. If the midwifery students, however, had received sufficient training and understood the laws in relation to violence against women, they could be a good means of encouraging women to actually seek out legal support. This could be particularly complex in cases where a child was exposed to violence.

> "If the victim is a child, then we should communicate with their parents and we should create a bonding with them and once we build trust, they might let us know the whole story. We have to keep the story confidential and should not disclose to anyone who can harm them. We should actively be listening the information and interact with effective communication" (*FGD 1*).

They stated that alongside having theoretical knowledge included in the curriculum, this type of sensitivity was also something that had to be learned in practice. Learning from books was important but encountering and dealing with real victims or meeting with community people involved an additional set of skills.

Using a variety of teaching methods

When addressing a topic such as violence, the participants stated that using only traditional

classroom lectures was not enough. They suggested several different teaching methods and exemplified these from their own experiences. For example, seminars and discussions could be organized and opportunities provided to share study reports and learn how to search for evidence-based articles.

> "Midwifery teachers can teach the midwifery students on searching different websites and or e-journals for evidence based documents. The websites of journals and research and student will be able to know about national and international developments." (*FGD 4).*

Students could learn about violence by watching or creating posters, role-plays and videos, which also would equip them to communicate messages through social media. Arranging participatory workshops and presentations with feedback sessions would make the learning more effective. To address the needs of both their midwifery students and the community, some educators had in their institutions by themselves initiated workshops and clinical outreaches involving both students and people in the community.

> "Students will be benefitted if we organize workshops and seminars regularly. Some already use workshop once a year; it would be good if workshop is arranged every three month and provide updated information on violence against women". *(FGD 4).*

Listening to stories from victims would be another level and reflecting on clinical practice would increase bot confidence and inter-personal skills such as communication and building trust.

> "To improve the communication skill and to develop confidence to tackle situations, there is a need to provide facilities of practice and training" (FGD 5).

Networking is crucial

The importance of networking so that midwifery students could learn about different resources regarding VAW was raised from different angles.

The participants identified One-Stop Crisis Centres (OCC) as suitable places for clinical practice. These centres are located at medical college hospitals and provide medical and

juridical assistance for victims of physical and sexual violence by multi-disciplinary professionals. By locating a placement here, for example, future midwives could gain confidence and experience as well as deepening their skills in health and counselling related to violence.

> "The students must practice in the One-Stop Crisis Support Centre and they can learn through hands-on training and doing so will make them confident to tackle situations and improve the communication skill. It is the best way to practice in clinic and community where they can interact with people and know their scar" (FGD 3).

The participants were, however, aware of the insecurities expressed by health care workers at the centres about midwifery students taking up possible clinical placements. Restrictions related to safety and confidentiality, they felt, would make clinical placements at an OCC difficult. The participants, however, felt that functioning networks and dialogue between the relevant authorities could help to overcome these security issues while at the same time enabling student's opportunities to gain practical training.

> "This may be decided by the higher authority and we can ask their permission. We should sensitize these higher officials that it is very crucial for our students to learn to serve the victims*". (FGD1).*

Having proper networks would benefit not only midwifery students, the participants further argued, but also the midwives already engaged in clinical work, as well as women in need of care and support, by creating functioning referral chains. Cooperation networks with professionals, non-governmental organizations and human rights organizations could further open up for providing quality care for the victims through increased awareness on the laws against violence.

> "The midwives should gain sound knowledge on the laws against violence and they should be connected through a network with the professionals that can help her to provide quality care for the victims. They must memorize the clauses and sections of the law against violence and they have to be connected with the non-governmental organizations and human rights organizations" (*FGD 3).*

Even if there was no opportunity to place students at the OCCs, networking in the

community could help them to turn theory into practice. The participants gave examples of how they had engaged midwifery students in community outreach work designed to create awareness about the negative effects of violence and at the same time to link women to ante- and postnatal care. Future midwives, they argued, needed to be aware of the different community resources, such as health-related organizations, schools, mosques, support centres, and financial donors. In particular, this could lead to midwives building up contacts with mosques, madrasas and the United Nations Population Fund (UNFPA) for ongoing health education to young people where awareness about the risks of VAW could be included.

Reflecting on key competencies and skills

Experienced and skilled educators and midwives

It is the responsibility of an educator to provide the enabling learning environment needed to increase the number of experienced midwives. To be able to address violence in the midwifery curriculum, the participants saw a need for experienced and qualified educators and, by extension, midwives.

Closely connected to being experienced was to be skilled. Skilled educators, according to the participants, are able to use effective teaching methods for teaching the student. Experienced and skilled educators can arrange group work and presentations and provide sessions to get feedback. They are able to handle the sensitivities associated with talking about VAW in a professional manner. With experience educators are able to show students how to identify women subjected to violence and how to build up awareness in relation to potential survivors. In order to ensure quality in the curriculum and to develop the expertise of the educators, the participants highlighted a need for improved training for themselves, with support from an updated curriculum.

> "Trained teachers can help the students in understanding of gender-based violence, and elaborated contents should be placed in the curriculum." *(FGD 3*).

Once midwives have been trained and have gained some practical experience, participants thought that they could bridge the gap between theory with practice. Their role was felt to be particularly important because of the silence and stigma associated with VAW in Bangladesh. The midwife's occupational role – to meet privately with women to discuss issues surrounding pregnancy and childbirth - was considered important for raising awareness

of the issue of silence. Total silence could make it impossible for midwives to take the first step towards detecting violence. The participants concluded that although there are laws in Bangladesh against violence, the prevalence of partial silence meant that women often did not want to take action against their abuser. This could happen even if the violence had become known in the extended family. Family members could influence the women not to take any firm action against the perpetrator and instead persuade them to take part in a social negotiation process that involved forgiving them. In such cases the midwife would not be able to link the woman to the support mechanisms available to her but would only be able to provide emergency care before being obliged to then drop the case.

> "Recently a woman came with severe bleeding and treated by us in the hospital. She has two children aged 10 and 8 and this was her third pregnancy which was around four months. Her husband wanted to have sex and she denied, she got beaten by her husband for the denial and several punches and kicks to her abdomen and the pregnancy aborted. She came for the treatment. We treated her and asked if she need any further support but she did not agree with any steps against her husband and went back to her home". *(FGD1).*

For the participants, this tradition of silence and the influence it had on its victims meant that midwives were not able to provide sufficient support to their patients. It also meant that midwifery students could not gain experience in the full public health responsibility that is part of their scope of practice. Practicing midwives working in clinical settings that took student placements, then, had to have a broad range of knowledge and skills so that they in turn could provide the midwifery students with the information and advice they needed to handle cases they encountered of VAW.

Developing trust building skills

In order to establish and safeguard human rights midwives need to build good communication with affected women. Listening to personal experiences and accounts is crucial for identifying the different faces of violence, providing treatment and offering legal support.

To enable women to reach the point of disclosure, the participants highlighted the importance of trust building. They concluded that students can be taught, and in turn provide,

the care required if adequate communication and trust is established, since this will be the starting point for the information needed in a care encounter.

> "To focus on building a relationship with trust, and in this way, students can learn and provide required care."(FGD 2).

The participants stated that a midwife may encounter many different forms of violence and shared examples which they themselves had encountered or heard. They described cases where school-age girls had been raped by their teacher, where young boys had been sexually abused by other men and the account, mentioned earlier, where a woman had suffered an abortion after being beaten by her husband. Furthermore, they acknowledged that violence in the work place could also be an issue for midwives themselves, and that safe working environments could not always be guaranteed. Thus, midwives needed to be active listeners and effective communicators, which included creating spaces to talk and supporting women to talk openly, using open-ended questions and other communicative techniques. For example, at the beginning of a conversation or care encounter, the midwife needed to be careful when asking her questions. If she suspected violence had occurred, she needed to speak in a calm voice using low tones and responding to the patient in a supportive manner. Thus she would be able to build trust in a careful way. These nuances and skills in communication had to be transferred to the midwifery students, together with conveying the absolute importance of confidentiality and not disclosing information to anyone.

Discussion

This focus group discussion inquiry with nursing/midwifery educators and clinical midwives aimed to examine how VAW is addressed in the midwifery curriculum in Bangladesh, and to identify potenital needs for improvements. The results underscore the importance of linking theory to practice, if future midwives are to fulfil the obligations of a key profession that regularly deals with VAW. These highlight the need for a well thought out and carefully elaborated curriculum, which is aligned to core aspects of women's sexual health that future midwives will encounter. Alongside this, the findings also indicate the importance of providing midwifery educators with up-to-date knowledge about the topic of violence itself and the most effective pedagogies necessary to teach it effectively.

The participants articulated the need for an updated curriculum that reflected the actual needs of society. Because future midwives are increasingly likely to encounter women who

have been exposed to violence of one kind or another, it was vital that more time in the midwifery curriculum be devoted to the topic of violence against women. This is essential if educators are to live up to the standard of "facilitating effective learning and the development of competence within an area of practice by correctly teaching students the process of assessment" (30). Similar needs have been expressed by educators in other settings (26, 27). Findings in the current study reveal a gap between theory and practice which may lead new practicing midwives to avoid the topic of violence. Training programs including practical components are essential for increasing midwives' knowledge, their sense of responsibility, and their self-confidence in identifying and assisting VAW sufferers, as well as exposing them to practices that reduce perceived barriers to comprehensive care (31). The main barriers of midwives for addressing VAW and care for subjected women have previously been found to include lack of training, and appropriate resources (32). A core competency of skilled midwifery educators is to be able to revise educational courses and to collaborate with external actors in this process (30). If time and opportunity were made available for educators to pursue such as process, the recently developed global curriculum for addressing VAW in trainings and education for health care providers could be a welcome and useful tool which, in part or in full, could be integrated in the midwifery curriculum (28). At the same time, the need the educators interviewed here have expressed for professional development within their subject, and within the pedagogies associated with teaching in the field of VAW could be met. This need is confirmed by a scoping review by (27) who states that using multiple education strategies, and further, a comprehensive approach related to VAW are likely to be effective.

The skill of enabling students to relate theory to practice in reflective ways, is linked to the facilitation of a safe and effective learning environment in the clinical setting (30). The gap between theory and practice in the midwifery curriculum in Bangladesh has been identified as a structural shortcoming (33) and is in this study exemplified by the topic of violence, where issues of safety and disclosure surrounding VAW can make it a problematic site for placements or in-service training. The One-stop Crisis Centres (8, 9) were identified as a golden - but mostly missed - opportunity to serve as practical placement sites where midwifery students could receive comprehensive knowledge and practical skills related to VAW. To some extent, granting access to OCCs for midwifery students might not be a priority for the authorities because they are not aware of the crucial role a midwife can play in supporting women in violent situations. This too can be seen as a result of the structural

problems that lie behind the turning of theory into practice (33). Of course, the midwifery profession is still relatively new in Bangladesh (2). As midwives become more visible and respected in society, more efforts will be needed to utilize them as a resource for women's sexual and reproductive health and rights in a sufficient way to reach the 2030 Sustainable Development Goals (SDGs) related to health and equality for a sustainable future (SDG 3 & 5) (34) for the period extending beyond the COVID-19 pandemic. Midwifery educational institutions can, therefore, pave the way to quality care (35) by taking a lead in linking theory into practice. Moreover, midwifery educators can advocate for better practical opportunities by networking with central authorities and community associations (30) to provide opportunities for midwifery students to take part in community-based anti-VAW campaigns. Such suggestions have been inspired by the examples provided by some of the participants in our study. Taking part in community-based initiatives could allow midwifery students, through their contact with a broad range of women, to raise awareness of the importance of antenatal care. This could be one way of addressing the delayed antenatal care pattern seen among women subjected to VAW, both in Bangladesh (36) and elsewhere (37-39). The safety risks related to VAW, which can put women, students and health care staff in vulnerable situations and inhibit timely and effective treatment and support is, however, a real and serious concern (40) which requires management to be particularly mindful when introducing violence-related services in health care settings. In the meantime, midwifery educators need to be innovative and find alternative ways for midwifery students to gain practical experience of dealing with VAW.

Among the participants in the current study, there was no hesitation that midwives, despite the current obstacles, have an important role to play in relation to VAW. They saw clearly the links between violence, women's health and human rights and the role that midwives could play in tackling this problem. Many of the participants shared practical examples of VAW that they had heard of or encountered in the course of their own work experience. Even though midwives can and should play a central role in detecting violence against women and could be an effective part of any first line support, alongside governmental and non-governmental actions, it is important not to ignore the need for a fundamental change in the underlying social norms shaping the views of women's value and worth more generally (41-44).

Methodological considerations

A strength of this study was that it included participants from three diverse settings. This enabled us to gather opinions from a number of varied perspectives. The fact that the data collectors were midwifery educators themselves and understood the perspective of the participants enabled the discussions to take place on equal terms. This strengthens the credibility of our findings. A limitation which might have influenced the richness of the data was that not all of the study participants were midwifery educators. Because in Bangladesh midwifery is part of the nursing faculty, some of the participants were from a nursing background. A potential limitation in terms of transferability is that the study was limited to Bangladesh and, consequently, the findings should be transferred to other settings with caution. On the other hand, the strength of qualitative research is not to generalize findings but to reveal unique perspectives. To address transferability, a detailed description of the data collection tool, procedure and analysis process is provided and content analysis according to Elo and Kyngäs (26) was chosen, which is a well-described and structured analysis method.

Conclusions and implications for practice

Midwifery educators need to be innovative in finding ways for midwifery students to link theory and practice. They need to come up with good ways for students to transfer their general knowledge of violence against women into the handling of that in practical situations. Networking with authorities, professional and community associations and NGOs to highlight the unique contribution midwifery can make in this area is also crucial. If midwifery educators had the time and opportunity to improve the content related to VAW in the midwifery curriculum in line with the WHO guidelines, the confidence of both midwifery educators and future midwives, and in the long run, the support provided to women exposed to violence, would be strengthened and the achievement of SDGs beyond the Covid-19 pandemic a serious possibility.

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Conflict of interest

They authors have no conflicts of interest to declare.

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