CASE STUDY

Integrating Gender and Gender-based Violence in Medical and Nursing Curricula in Nicaraguan Universities

Summary

In Nicaragua, the USAID ASSIST Project supports the application of continuous quality improvement to integrate HIV prevention and treatment topics in the medical and nursing training programs in nine universities. Baseline data clearly revealed strong sentiments of discrimination and stigma towards people living with HIV (PLHIV) and sexual diversity among both students and faculty. To address this, the project worked with faculty to integrate training on HIV prevention, stigma, discrimination, sexual diversity, and gender-based violence (GBV) in epidemiology and health research classes, drawing on national laws promoting equal rights and non-discrimination. ASSIST hypothesized that by engaging medical and nursing students in discussions around human rights and respect for sexual diversity based on national legal protections, efforts to reduce stigma, discrimination, and GBV would be more effective. After receiving training and technical assistance, 96 faculty from seven universities have developed capabilities to teach and promote gender equity in the university and detect and respond appropriately to students experiencing GBV. These faculty are now addressing these gender- and HIV-related topics in classes for Nicaragua’s next generation of health care providers, contributing to the national HIV response in new and sustainable ways.

Background

During 2014-2016, the USAID ASSIST Project worked with nine universities in Nicaragua to integrate HIV-related topics into the medical and nursing curricula in order to ensure that physicians and nurses graduating from these institutions would have a solid foundation in HIV prevention and care. Nicaragua has a concentrated HIV epidemic which disproportionately affects people with sexual diversity, raising both gender and human rights issues since exclusion and social inequality persist based on sexual orientation and/or gender identity.

Universities and higher education institutions in Nicaragua are committed to promoting equal opportunities between men and women in their internal operational regulations and in society, consistent with national laws. Consequently, institutions providing higher education are interested in promoting gender equality in all of their operations and programs and in incorporating a gender perspective to assess the implications for women and men of any activity.

Anthropologist Gayle Rubin defines the sex-gender system as "the set of rules by which a society transforms biological sexuality into products of human activity, and in which these transformed human needs are satisfied." The sex-gender system is one of the fundamental pillars of patriarchal society,

1 Especially Law 648 "Law on equal rights and opportunities" and Law 779 "Comprehensive Law against violence towards women and amendments to Law No. 641 or Criminal Code."

SEPTEMBER 2016

This case study was authored by Ivonne Gomez of University Research Co., LLC (URC) and Megan Ivankovich of WI-HER, LLC and produced by the USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project, funded by the American people through USAID’s Bureau for Global Health, Office of Health Systems. The work to support HIV training in medical and nursing schools in Nicaragua was supported by the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR). The project is managed by URC under the terms of Cooperative Agreement Number AID-OAA-A-12-00101. URC’s global partners for USAID ASSIST include: EnCompass LLC; FHI 360; Harvard T. H. Chan School of Public Health; HEALTHQUAL International; Initiatives Inc.; Institute for Healthcare Improvement; Johns Hopkins Center for Communication Programs; and WI-HER, LLC. For more information on the work of the USAID ASSIST Project, please visit www.usaidassist.org or write assist-info@urc-chs.com.
which is a society structured around a set of practices, values, and norms that legitimize the unequal power relations and methods of male dominance and female subordination, as is found in Nicaragua. It is important to recognize that gender identities are constructed and vary over time, depending on the space in which a person develops. The particular way in which gender is expressed in each person depends on factors such as their socio-economic class; their racial or ethnic identity, age, profession, religion and taste; and their personal experiences regarding family, social traditions, and national laws.

Gender equality includes basic human dignity and the right to equality and non-discrimination, and is necessary to achieve sustainable economic and social development. In Nicaragua, despite important legal protections, exclusion and social inequality persist on the grounds of sexual orientation and/or gender identity.

Through an initial knowledge, attitudes, and practice survey, strong sentiments of discrimination and stigma directed towards PLHIV and sexual diversity were identified among students and faculty at the participating universities. To address this issue, the ASSIST team developed and implemented a series of interventions to help change attitudes among teachers and students. They introduced a new paradigm to enable students and facility to understand and reflect on linkages between HIV prevention, stigma, discrimination, sexual diversity, GBV, and person-centered care for PLHIV. The team hypothesized that by teaching students to identify the direct link between social determinants and issues such as GBV towards PLHIV, universities’ efforts to reduce stigma, discrimination, and GBV—while promoting human rights and respect for sexual diversity—would be more effective.

Integrating gender and GBV topics in medical and nursing programs

The baseline survey uncovered a number of knowledge gaps among teachers related to gender. Survey results showed that most of the teaching staff did not clearly understand concepts such as sex, gender, the gender-sex system, sexuality, sexual identity, sexual diversity, sexual orientation, and gender identity. Teachers did not know how to discuss or address gender issues in the University community. Teaching staff persistently stigmatized and discriminated against people of sexual diversity and the lesbian, bisexual, gay, transgender, and intersex (LGBTI) community. Most teachers were not aware of the magnitude of GBV affecting children, adolescents, and women, nor were they familiar with standards and protocols for GBV prevention and care for survivors of GBV. At the university level, the survey found that universities do not monitor the risks of GBV and human trafficking that students (especially young women originally from remote areas) face. Finally, there was almost total ignorance of the legal framework for gender equality and prevention of GBV (e.g., national laws and international treaties).

In response to the range of knowledge gaps and harmful practices identified in the baseline survey, the ASSIST team worked to engage teachers in knowledge transfer about the legal and regulatory framework of gender and GBV. Specifically, ASSIST staff:

- Designed a training module on gender and GBV\(^3\) to strengthen capacity in health human resources training institutions. The module was designed based on the USAID Gender Equality and Female Empowerment policy and national laws, and has two parts. Ten classroom hours cover what gender is and its relation to development; gender analyses to identify and understand gender gaps at individual,  

---

\(^3\) The **Módulo sobre género, violencia basada en género y trata de personas, dirigido al personal de las ONG y las instituciones formadoras de recursos humanos de la salud** is available at: https://www.usaidassist.org/resources/m%C3%B3dulo-sobre-g%C3%A9nero-violencia-basada-en-g%C3%A9nero-y-trata-de-personas-dirigido-al-personal-de.

Professors of Medicine from UNAN Leon and UCAN universities during a training. *Photo by Ivonne Gomez, URC.*
familial, and community levels; and tips and challenges to mainstream gender and the empowerment of women. Another 10 classroom hours cover the magnitude and frequency of GBV in Nicaragua, as well as risk factors, institutional roles, and resources for addressing it. The module introduced new methodologies to teach gender and GBV (e.g., participatory discussions, case studies, testimonials, film-forums). It also included group work on GBV towards vulnerable populations and people of sexual diversity in Nicaragua, including analyzing magnitude and frequency. In addition, the standards and protocols for GBV prevention and care for survivors of GBV, particularly children, adolescents, and women, were introduced.

- Organized training workshops utilizing this training module to build the capacity of medical and nursing faculty to deliver the same content to students during their university courses.
- Promoted inclusion of gender and GBV in the nursing and medicine curricula by including relevant content.
- Incorporate gender and GBV questions in surveys on Knowledge, Attitudes, and Practices (KAP) for medicine and nursing students.
- Designed informational and educational materials on legal aspects and resolutions, which were distributed to teachers and students.
- Developed competencies among "Guide Teachers" who actively promote gender equality and establish mechanisms to identify and report GBV in a timely manner.
- Supported communication activities to motivate teachers and students to change attitudes, promoting gender equality. These included:
  - Teachers and students working on a campaign against stigma and discrimination towards people of sexual diversity and the LGBTI community, which included creating murals and banners on respect for the human rights of people of sexual diversity, with students and teachers actively working together.
  - 5-minute reflections in the syllabus during the first hour of class to motivate the promotion of gender equality and respect for the rights of PLHIV and the LGBTI community.
  - Analyzing situations that support or hinder actions to drive gender equality.
  - Including gender as a research topic for students.

**Challenges**

During implementation, the team faced some difficulties. It was clear that teachers did not have more than four hours for training; therefore, methodologies had to be adapted to this timeframe. Additionally, only teachers participated in training activities; students were not able to be included. Another limitation was that few universities and majors formally contain one or more classes with gender-related topics; when gender is not included in study plans, the topic will only be presented according to the teacher’s interest.

**Results**

ASSIST developed competencies in 96 teachers (25 male, 71 female) to teach these subjects at seven universities. Learning was assessed during training workshops through pre- and post-tests. Results showed changes in ownership and clarification of concepts related to gender (see Table 1). In addition, the training enabled collective reflection from experiences on the intrapersonal and interpersonal dimensions of gender and its relation with development. It also enabled identification of the main gender gaps and challenges for addressing gender inequality in the actions taken by universities as human resources training entities that work closely with the community.

<table>
<thead>
<tr>
<th>University</th>
<th>Initial Score (%)</th>
<th>Final Score (%)</th>
<th>Increase (% points)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BICU</td>
<td>58</td>
<td>98</td>
<td>40</td>
</tr>
<tr>
<td>UCAN</td>
<td>78</td>
<td>91</td>
<td>13</td>
</tr>
<tr>
<td>UNAN León</td>
<td>78</td>
<td>96</td>
<td>18</td>
</tr>
<tr>
<td>UNAN Managua</td>
<td>75</td>
<td>93</td>
<td>18</td>
</tr>
<tr>
<td>POLISAL</td>
<td>61</td>
<td>87</td>
<td>26</td>
</tr>
<tr>
<td>UNICA</td>
<td>63</td>
<td>84</td>
<td>21</td>
</tr>
<tr>
<td>UPOLI</td>
<td>67</td>
<td>91</td>
<td>24</td>
</tr>
<tr>
<td><strong>Global</strong></td>
<td><strong>70</strong></td>
<td><strong>92</strong></td>
<td><strong>22</strong></td>
</tr>
</tbody>
</table>
These teachers made the commitment to face various situations that threaten gender equality in their environment in a reflective and transformative way and in the actions they take with students. Since the trainings, teachers have developed competencies to identify cases of GBV and gender discrimination, they understand the process to report these cases, and they guide students to follow the proper process. This is especially relevant at state universities in student dormitories. At times, students in these dorms are stalked by people offering them night jobs to take care of “patients,” but then they are sexually harassed. Upon becoming aware of this situation, the teaching team has implemented the following mechanisms:

- Report any proposals for “home patient” care to Guide Teachers
- If it is deemed as a real case, documenting the name of the patient, family members, exact address, phone numbers, etc.
- Provide care in groups or pairs, never alone
- Share the process of filing a complaint for harassment or GBV and phone numbers to report suspect cases to corresponding authorities with students

The main impact at the university level is guaranteeing respect for human rights of the LGBTI population. Teachers who used to discriminate against students for expressing their gender identity report that they have experienced attitudinal changes towards these students. For example, one teacher at UNAN Leon stated that teachers now have more acceptance and respect towards students who openly express their gender identity and they try to protect them when other students discriminate them against. There are now more spaces open for participation of LGBTI people at the universities, with greater presence in student activities (e.g., film-forums, educational fairs, cultural activities).

Lessons learned

This work has yielded important lessons that others can benefit from. First, addressing gender and GBV requires continuous work to contribute to structural change at the individual and institutional levels to help overcome inequality and discrimination. We found that developing methodologies and content using legal aspects and national statistics to raise awareness among teachers on the importance of such topics was critical to facilitate teaching on gender-related topics. Drafting educational materials on ministry resolutions and laws around gender and GBV to facilitate sharing these topics among students and teachers complements these efforts.

In addition, group activities and dynamic, reflective learning methodologies based on the principles of adult education must be used to facilitate analysis and understanding of gender-related topics. In addition, gender integration cannot be limited to one training activity; it must be a continuous process during student training and be designed and implemented with all those involved—men, women, students and teachers. Delivering the content in short sessions helped increase teachers’ participation; developing online training modules is also a good option so that the greatest number of teachers can participate. Finally, discussion of gender includes analysis of diverse identities, the role women have played throughout history, and GBV. All of these elements contribute to training future professionals by giving them skills to address diverse forms of discrimination that exist in society and transmitting values of equality, equity, and respect for different gender identities and other differences existing in the university community.

The gender and GBV module has been incorporated into an interactive, DVD-based Teaching Package on HIV that ASSIST developed for university faculty and students. The Teaching Package includes clearly defined learning objectives and competencies that it seeks to develop in teachers and future health professionals on gender, sexual diversity, and GBV, and provides tools for learning assessment and support materials for teaching, including technical notes and visual aids.

This case study was made possible by the support of the American people through USAID. The contents of this case study are the sole responsibility of URC and do not necessarily reflect the views of USAID or United States Government.