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Enhancing Self-Awareness to Prevent Gender-Based and Sexual Violence on Campus through Interprofessional Education Intervention

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ABSTRACT

Gender-based sexual violence on campus is a serious issue and is a less serious concern. Students tend to lack an understanding of sexual issues caused by the culture on campus that disfavours the victim by the theory of power relations and a feminist perspective. Students' knowledge and awareness of gender-based sexual violence on campuses need to be improved. This study assesses students' self-awareness as a result of health promotion provided through the Interprofessional Education (IPE) approach. A quasi-experiment with a pre-post-test design was conducted to evaluate 144 students through purposive sampling. The questionnaire adapted from the Situational Self-Awareness Scale (SSAS) was utilized to collect the data. There was a significant improvement in self-awareness ($p < 0.001$ and $t\text{-value} = 25.68$) after receiving IPE among students. Providing health education with an IPE approach is an effective strategy for raising undergraduate students' awareness of gender-based sexual violence on campus. This intervention may help develop the concept of cooperation and collaboration between health professionals to prepare and create standard measures for preventing and addressing cases of gender-based sexual violence on campus.

Keywords: Sexual violence; campus; student; self-awareness; interprofessional education

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INTRODUCTION

Reproductive health is not new, but it is still interesting because it leaves many problems. One form of violation of reproductive rights is sexual violence.¹ The current trending issue is acts of violence that are based on specific gender and sexual assumptions, known as gender and sexual-based violence.² Even society, in general, recognizes sexual violence as an immoral act, not a crime that violates the rights and humanity of victims. Still, this form of sexual violence can have a traumatic impact on victims.³

Violence in sexual settings is a violation of human rights. It causes physical, sexual, and psychological distress for the victims and has a legal impact, such as unwanted sexual contact (i.e., fondling, kissing, saying, or other sexual touching).⁴ The National Commission on Women explained that from 2015-2020, 27% of sexual assault incidents occurred on campus.⁵ According to a 2020 survey by the Ministry of Education and Culture, 77% of lecturers said that there had been incidents of sexual assault at their campus. Among these cases, 63% were never reported because survivors were afraid of being negatively stigmatized.⁶

The government issued Permendikbudristek No. 30 of 2021 on preventing and controlling sexual violence in higher education. Higher education institutions are required to have regulations in place to prevent and overcome sexual violence as a form of commitment.⁷ Rules are made to create a gender-friendly environment on campus and free from sexual violence so that it can be used as a legal defense. The academic community and stakeholders must understand their duties and roles regarding sexual violence prevention in higher education settings.⁸

However, the stipulation of Permendikbudristek and campus regulations on sexual violence is not enough to guarantee student safety. Another fact shows that several universities in East Java, including in Mojokerto district and city, still do not have sufficient information on health, sexual reproductive rights, and Gender-Based Sexual Violence (GBSV). This condition has an impact on the limited level of knowledge and awareness and the high level of sexual violence, especially among students.⁹ The position of students in the gap of power relations, gender relations, and attempted forced rape culture puts students in a weak position or as victims of sexual violence on campus.⁴ However, they lack sufficient information from trustworthy sources to cultivate a more favorable and respectful understanding of sexuality and sexual relationships.¹⁰

Research studies on sexual violence are limited to understanding students of sexual assault,¹¹ and the effects of sexual harassment on campus.¹² The Legal Protection of Victims of Sexual Harassment was carried out as an educational intervention study to increase the understanding and self-efficacy of schools concerning sexual assault.^{13,14} Given the importance of prevention and the overall impact of sexual assault, training should be provided to students on campus for a variety of professions, particularly nurses, psychologists, and law enforcement.

Handling violence on campus is done by building collectivity to remind each other about the issue. In relation to the natural environment, sexual education may happen place in different settings.

Sexual health promotion and the dissemination of sexual education were carried out mainly in school environments.⁹ Prevention of GBSV requires interventions that can change the perpetrator's perspective on gender and sexual relations with victims through Interprofessional education (IPE) activities provided by health professionals, psychologists, and law enforcement officials, considering that GBSV is a holistic problem that involves physical, psychological and social.^{15,16} Previous studies indicate that IPE can enhance students' attributions regarding sexual violence issues and foster positive behavioral changes that contribute to GBSV prevention.^{17,18} One of the efforts that can be made in health education with an IPE approach regarding GBSV so that students know more deeply about the variety of sexual violence on campuses, which impacts both physically related health, psychological, social, and legal aspects.¹⁹ While specific data on the prevalence of sexual violence at the research site is not provided, empirical evidence suggests that similar intervention programs have been effective in reducing incidents of sexual violence within higher education settings¹⁸. Thus, students will be aware of the potential incidents and sexual violence on campus so that GBSV on campus can be prevented.

The importance of awareness in students about gender-based and sexual violence is of interest to researchers to find out how IPE influences increasing students' understanding and awareness to prevent gender-based and sexual violence on campus. IPE experiences from various professions encourage students to realize the potential dangers of violence from multiple perspectives.²⁰ Awareness will encourage students to be conscious and independent in preventing GBSV. Several studies have shown that applying IPE can improve the ability and competence of collaboration between health professionals to create professional health workers who can work together and have good communication skills.^{19,21} Therefore, health education with an IPE approach can be an effective strategy for increasing students' self-awareness about gender-based sexual violence on campus. Consequently, it is essential to examine IPE intervention's effect in improving student self-awareness in Indonesia.

METHODS

The study used a single-group pre-posttest design to assess IPE's effect on college students' self-awareness. This study's population consisted of undergraduate nursing and midwifery students in Universitas Bina Sehat PPNI Mojokerto, totaling 153 students. The sample size estimation was based on a significant result of the previous study,²² which was an adequate sample. They recruited 125 participants in total. To anticipate participant attrition and decrease the actual power of this study, a 10% attrition rate was considered. Eventually, the required minimum of total participants in this study was 144 participants.

The study utilized a questionnaire that evaluated the characteristics of participants and self-awareness levels. The Indonesian version of the questionnaire was originally derived from the Situational Self-Awareness Scale (SSAS) and later revised to reflect research objectives, with a total of 20 items tested reliably using Cronbach's alpha (0.880), and the validity value was 0.89. In the original order, nine items were shown and then assessed based on their scores using a 5-point Likert scale system,

with responses ranging from 1 (strongly disagree) to 5 (strongly agree)²³. The total number of positive responses was considered to be the level of this outcome.

This study was conducted in June 2023. The ethics committee of Wahidin Sudiro Husodo General Hospital has no: 06/KEPK.RSWH/NS/2023 was approved for this research. After participants had completed informed consent forms, they were asked to fill out questionnaires consisting of demographic and SSAS questionnaires. Baseline data collection was conducted through the pre-test conducted before the intervention. One week after the intervention, the post-test was given. Each process, both baseline and post-test, took around 15-20 minutes.

All data were stored in Ms. Excel (Microsoft Corp) and transformed into SPSS by IBM Corp. The researcher reviewed all survey forms within the questionnaire to ensure that all questions were fully answered. During the research process, the participant who dropped out, the data will be withdrawn at any time. The statistical analyses in this study were based on descriptive and inferential methods. A paired t-test was carried out to examine the numerical data. A p-value of <0.05 was considered significant—data analysis using SPSS by IBM version 28 for WindowsOS.

Intervention is provided three times a week with a duration of 90 minutes per meeting. The first topic on how to prevent gender-based sexual violence was presented by a maternity nursing lecturer at the first meeting. The second meeting with the theme of the psychological impact and protection of victims of sexual violence was delivered by a psychologist from the Mojokerto Regency Population Control, Family Planning, and Women's Empowerment Service (DP2KBP2). At the third meeting, the topic was related to legal protection for victims of sexual violence, which relevant law enforcement officials conveyed. Data was collected using a questionnaire to assess students' self-awareness before and after being given education using the IPE approach (Table 1).

Table 1. Summaries of material

| Part | Thema | Substance | Expert | Time |
|------|---|---|--|---------|
| 1 | Prevention of Gender-Based and Sexual Violence. | Pre-test. Sub-thema 1: Introduction to Gender-Based and Sexual Violence. Sub-thema 2: Important Statistics and Facts. Sub-thema 3: Factors Causing Gender and Sexual Based Violence. Sub-thema 4: Interprofessional Education in Preventing Gender-Based Violence. Sub-thema 5: Prevention and Response to Gender-Based Violence on Campus. Sub-thema 6: Tips for Preventing Sexual and Gender-Based Violence. Sub-thema 7: Resources and Victims Support. | Lecturers of reproductive health | 90 mins |
| 2 | Psychological Impact and Protection | Sub-thema 1: Psychological Impact on Victims. Sub-thema 2: Prevention of Harmful Sexual Behavior. Sub-thema 3: Psychological Impact on Victims including Trauma and Coping, Post Traumatic | Psychologists from DP2KBP2 Mojokerto Regency | 90 mins |

| | | | | |
|---|---|---|--------------------------|---------|
| | for Victims. | Stress (PTSD), and Psychological Support for Victims. Sub-thema 4: Building Awareness and Empathy. Sub-thema 5: Healthy Counseling. Sub-thema 6: The Role of Students in Prevention. | | |
| 3 | Gender-Based and Sexual Violence from a Legal Perspective | Sub-thema 1: International and National Legal Framework. Sub-thema 2: The Elimination of Discrimination Against Women-Related National Laws & Regulations. Sub-thema 3: Human Rights and the Role of Law in Protecting Victims. Sub-thema 4: Campus Policies and Legal Actions for Preventing Gender-Based Violence in the Campus Environment. Sub-thema 5: Reporting Obligations and Case Handling. Sub-thema 6: Prevention and Legal Awareness. Sub-thema 7: Case Studies and Legal Analysis. Post-test. | Law enforcement officers | 90 mins |

RESULTS

Characteristics of The Participants

Table 2 shows information about the characteristics of the participants. The average age of participants is 20.07 years old, with a maximum age of 24 years and a minimum of 18 years old. The majority of participants that the majority were 115 female (79.95%), have ever received “the handling and prevention of sexual violence” information (96.5%), and the highest source of related information obtained was from social media and lecturers (26.4%), with the age average of 20.07 years old.

Table 2. Participants’ Characteristics (n=144)

| Characteristic | n | % | Min | Max | Mean | SD |
|--|-----|-------|-------|-------|-------|------|
| Age | | | | | | |
| 18-24 | 144 | 100 | 18.00 | 24.00 | 20.07 | 0.69 |
| Sex | | | | | | |
| Female | 115 | 79.9 | | | | |
| Male | 29 | 20.1 | | | | |
| Information about preventing sexual violence | | | | | | |
| Never | 5 | 3.5 | | | | |
| Ever | 139 | 96.5 | | | | |
| Source of information about preventing sexual violence | | | | | | |
| Lecturer or expert | 27 | 18.75 | | | | |
| Friend | 2 | 1.39 | | | | |
| Social media | 30 | 20.83 | | | | |
| Lecturer and friend | 2 | 1.39 | | | | |
| Social media and lecturer | 38 | 26.39 | | | | |
| Social media and friend | 9 | 6.25 | | | | |
| Social media, lecturer, and friend | 36 | 25.00 | | | | |

Effect of IPE intervention on Self-Awareness

Based on Table 3, a significance value of $p < 0.001$ and $t = 25.65$ was observed on self-awareness. It can be indicated that there was a significant difference in the effect of IPE intervention in the post-test compared to the pretest value, with a mean difference of 20.32. The confidence interval (18.76 to 21.89) suggests that this difference is robust and unlikely due to chance. It can be concluded that, on average, the students' scores after receiving the IPE material led to a significant improvement in Self-Awareness.

Table 3. The Comparison SASS Score Time by Time (n=144)

| Pre-test | | Post-test | | Difference | | 95% CI | | t | p |
|----------|------|-----------|------|------------|------|--------|-------|-------|--------|
| M | SD | M | SD | M | SD | Lower | Upper | | |
| 69.33 | 6.76 | 89.65 | 6.67 | 20.32 | 9.51 | 18.76 | 21.89 | 25.65 | < .001 |

DISCUSSION

This is a single pre-post-test design study aimed at evaluating the effectiveness of the IPE approach as an educational intervention for students on campus. The IPE approach is now acknowledged as essential to providing informational and practical sexual protection support to interprofessional educators. Our findings showed that students who participated in the IPE intervention showed improvements in self-awareness scores for sexual violence prevention in a campus-based context.

Interprofessional Education (IPE) benefitted students' understanding and confidence in this subject and its potential impact on creating a safer and more inclusive campus environment. It was similar to the previous explanation. The IPE approach to students' self-awareness regarding gender-based sexual violence on campus is an essential issue in the current higher education setting.^{24,25} Our IPE provides a unique platform that allows students from different disciplines to learn together and work on solving complex social problems, which can enhance detained youths' belief in their capabilities to safely address a sexual encounter and their attitudes toward sexual violence.¹⁸ The issue of sexual violence is a prevalent problem on campus. As a responsibility, the institution provided the IPE and offered students a diverse viewpoint on sexual violence, including medical, psychological, legal, and social perspectives.²⁶ Collaboration between experts from different fields also leads to richer and more profound knowledge exchange.²⁶ It may contribute to better comprehension, outcomes, and measures taken to prevent sexual violence by students. Better understanding can equip students with more effective tools to identify, report, and address incidents of violence on campus. Students might deepen their understanding of sexual violence and create a more welcoming and safe campus environment. Previous studies have highlighted that improving campus environments for sexually and gender-diverse individuals can help reduce the prevalence of sexual violence on campus.^{18,27} They could be more inclined to assist with prevention efforts, promote awareness campaigns, and serve their friends. Over time, this will contribute to a decrease in sexual violence on campus.

In addition to the potential to increase their understanding after receiving the material, ultimately improving self-awareness. This could be legitimated that health promotion is a promising strategy to

improve knowledge and change health behavior.²⁸ By addressing knowledge gaps, overcoming barriers to health literacy, fostering supportive environments, and employing evidence-based interventions, health promotion emerged as a promising initiative to enhance awareness and drive sustainable improvements in health behavior.²⁹ Thus, the IPE intervention may improve students' self-awareness of sexual violence prevention. The IPE intervention can enhance a deeper understanding of each individual's role in preventing sexual violence. A sexual education approach can help them be more sensitive to suspicious situations and more willing to take an active role in supporting victims.¹⁸ The ability to view the issue from multiple perspectives can also foster greater empathy towards victims and stimulate motivation to action. Sex education on teenagers has the potential to contribute to the delivery of content to teachers, health care providers, or stakeholder educators within schools and incorporated into the curriculum.^{15,30}

The influence of education using an IPE approach on students' self-awareness can also influence the campus environment. Students can contribute to establishing a protective and more inclusive campus culture by having better knowledge about sexual violence.²⁰ They may be more likely to participate in awareness campaigns, support prevention policies, and act as a resource for their friends. In the long term, this can help reduce incidents of sexual violence on campus.⁷ Comprehensive sexual education programs promote sexual health by addressing biological, sexual, and psychological to have safe and satisfying sexual experiences among young people.¹⁶

The influence of IPE on students' self-awareness about gender-based sexual assault in campus settings is an important social aspect and cultural change. IPE may produce students who are more informed, aware, and ready to contribute to efforts to prevent sexual violence by providing opportunities for students from various disciplines to work together and learn together. Higher education must continue to encourage interdisciplinary collaboration and utilize IPE to create safer and more inclusive campus environments.

Clinical implication

Implementing health education with an IPE approach offers a holistic, collaborative, and empowering strategy for raising students' awareness of gender-based sexual violence in the campus environment, with potential long-term positive effects on the campus atmosphere.

Limitations

Although this study employs the IPE approach to elucidate the benefits of health education on campus, there are several limitations to consider. The findings may only be relevant to specific campus communities and not be applicable to all campuses. Furthermore, contextual factors and institutional policies can influence the implementation of health education and the outcomes achieved. Additionally, restrictions on participant engagement and desired social responses may also affect the external validity of research findings. Finally, although IPE is considered an effective approach, challenges can arise in integrating the various disciplines that influence program implementation. Therefore, the results should

keep these limitations in mind to understand the broader context of the impact of health education on campus sexual violence prevention.

CONCLUSIONS AND RECOMMENDATIONS

Health education through the IPE approach has great potential to prevent sexual assault in higher education. The results showed that incorporating different disciplines and integrating knowledge from various fields increases students' understanding and self-awareness of sexual assault issues. Additionally, approaching health education using an IPE approach can increase student engagement, foster supportive attitudes, and improve their ability to prevent and respond to sexual assault. However, it should be noted that the implementation of IPE health education also involves challenges, such as integrating complex disciplines and ensuring the active participation of all stakeholders. Therefore, this conclusion highlights the importance of continually developing and adapting health education strategies to ensure effectiveness in achieving sexual violence prevention goals on campus.

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