



THE EFFECT OF EDUCATION GIVEN TO UNIVERSITY STUDENTS ON ATTITUDE TOWARDS VIOLENCE AGAINST WOMEN CONFLICT AND AWARENESS LEVELS¹

ÜNİVERSİTE ÖĞRENCİLERİNE VERİLEN EĞİTİMİN KADINA YÖNELİK ŞİDDETE İLİŞKİN TUTUM, ÇATIŞMA VE FARKINDALIK DÜZEYLERİ ÜZERİNE ETKİSİ

Sevde ÖZDEMİR¹ Şükran ERTEKİN PINAR²

¹ MSc., Sivas Numune Hospital, Sivas, Türkiye.

² Assoc. Prof. Dr., Sivas Cumhuriyet University, Health Services Vocational School, Sivas, Türkiye.

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**Corresponding
author/Sorumlu
yazar:**
sepinar09@gmail.com

ABSTRACT

The study was conducted to investigate the effects of education given to women university students on their attitudes towards violence against women, and their conflict and awareness levels. The sample of this quasi-experimental study comprised 87 (experimental group = 45; control group = 42) students studying in health-related fields. The students in the experimental group received in one session education on violence against women and conflict, whereas the students in the control group did not receive any education. The study data were collected with the Personal Information Form, the Attitudes towards Violence Scale among University Students, and the Conflict and Violent Awareness Scale. No statistically significant difference was found between the experimental and control groups in terms of the mean scores they obtained from the overall the Attitudes towards Violence Scale among University Students and its sub-dimensions ($p>0.05$). However, a statistically significant difference was found between the mean scores of the Conflict and Violent Awareness Scale ($p<0.05$). It is recommended to plan the studies that to raise the awareness of violence.

ÖZET

Araştırma kadın üniversite öğrencilerine verilen eğitimin kadına yönelik şiddete ilişkin tutum, çatışma ve farkındalık düzeyleri üzerine etkisinin araştırılması amacıyla yapılmıştır. Bu yarı deneysel çalışmanın örneklemini sağlık ile ilgili alanlarda öğrenim gören 87 (deney grubu = 45; kontrol grubu = 42) üniversite öğrencisi oluşturmuştur. Deney grubundaki öğrenciler kadına yönelik şiddet ve çatışma konularını içeren eğitim almış, kontrol grubundaki öğrenciler ise eğitim almamıştır. Araştırma verileri Kişisel Bilgi Formu, Üniversite Öğrencilerinde Şiddete Yönelik Tutum Ölçeği, Çatışma ve Şiddete İlişkin Farkındalık Ölçeği ile toplanmıştır. Eğitim sonrası deney ve kontrol grubu arasında Üniversite Öğrencilerinde Şiddete Yönelik Tutum Ölçeği tüm alt boyutlarda ve toplam puan ortalamaları arasında istatistiksel olarak anlamlı farklılık bulunmamıştır ($p>0.05$). Ancak Çatışma ve Şiddete İlişkin Farkındalık Ölçeği puan ortalamaları arasında istatistiksel olarak anlamlı farklılık saptanmıştır ($p<0.05$). Bu sonuçlar doğrultusunda şiddetle ilgili farkındalık yaratan çalışmaların planlanması önerilir.

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INTRODUCTION

Violence against women is the violation of human rights faced by women of all ages, cultures, and education levels everywhere (Silva et al., 2015). According to the report released by the World Health Organization in 2016, one out of every three women in the world is exposed to physical or sexual violence perpetrated by their partners or other people (World Health Organization, 2016). The prevalence of physical or sexual intimate partner violence or both varies between 15% and 71% in different cultures (Djikanovic et al., 2010). In a study conducted in Türkiye, of the women, 36% were exposed to physical violence, 12% to sexual violence, 44% to emotional violence, and 24% to economic violence (Republic of Türkiye Ministry of Family and Social Policies, 2015).

Millions of women all over the world are exposed to violence, from which victims of violence, their families and society suffer severely (Krahé, 2018). Women exposed to violence suffer physically and may experience physical and mental problems such as chronic pain, sexually transmitted diseases, depression, anxiety, somatization, post-traumatic stress disorder, suicidal ideation, and sleep disorders (Bahadır Yılmaz & Yücel, 2023; Bradbury-Jones & Broadhurst, 2015; Di Giacomo et al., 2017). Therefore, violence experienced by women is an important public health problem (Di Giacomo et al., 2017; Doran & Hutchinson, 2017; Rigol-Cuadra et al., 2015).

One of the most important factors causing violence is conflict and the lack of problem-solving skills. Conflict is a state of tension caused by problems that prevents the person from being satisfied physiologically and psychosocially. It is the challenge of an individual to another individual with their actions and expressions resulting from the conflicting goals of individuals and groups (Sargin, 2010). It is also a process in which a person feels hostile to another person (Choi & Ahn, 2021). Awareness, on the other hand, is to notice what and how one does while interacting with another individual or his environment with his or her sense organs. Differences

in the perception of the same stimuli can turn into conflicts, and conflicts can turn into violence. Conflicts that cannot be resolved with positive and constructive methods can easily turn into violence (Sargin, 2010). Violence is one response to conflict. It is striking that in recent years, conflicts have increased at all levels and easily turned into violence (Erem, 2008; Sargin, 2010). When a conflict arises, one of the parties tries to solve or eliminate the problem by using force on the other party, and to reach a solution by using violence instead of talking and using communication (Erem, 2008).

It is important to recognize conflicts that arise as violence and cannot be resolved at an early stage and to be addressed as a priority by health professionals to protect women's physical, social, and mental health. In addition, since violence against women is widespread and causes serious health problems, it should be addressed by health professionals. Recognizing violence, providing care, appropriate services, and counseling to victims of violence, and educating individuals on violence are among the important roles of all health professionals (Kara et al., 2018). Therefore, health professionals play a key role in diagnosing women exposed to violence, determining their needs, and providing care, support, and counseling services to them (Bradbury-Jones & Broadhurst, 2015). According to the education given to midwives and nurses in a study, a decrease was observed in their traditional attitudes and professional roles towards violence against women (Sis Çelik et al., 2015). In this respect, raising women's awareness of violence and conflict resolution through education is of great importance (Bradbury-Jones & Broadhurst, 2015; Rigol-Cuadra et al., 2015). In another study, in which the conflict resolution-education program was determined to improve nursing students' problem solving and conflict resolution skills, the importance of educational and counseling role of health professionals was demonstrated (Choi & Ahn, 2021).

Our review of the literature highlighted that although several studies on violence have been conducted with university students in Turkey (Can Gürkan, 2020; Durmaz et al., 2016; Er

Güneri, 2016; Erenoğlu & Can, 2020; Kara et al., 2018; Sis Çelik et al., 2015; Sis Çelik & Aydın, 2019), the number of studies conducted on conflict resolution and awareness raising is very few (Karahana, 2008; Şahin Altun & Ekinçi, 2015; Uysal & Bayık Temel, 2009). Conflict and problem-solving ability are a skill that can be developed with continuous learning and practice (Choi & Ahn, 2021). Since violence is considered an important public health problem and conflict resolution can be learned, it is thought that premarital students can be protected from physical, mental, and social harm by raising their awareness of conflict and violence and teaching them how to cope with such issues. The findings obtained from the present study may also contribute to prospective health professionals so that they can provide the best care for their patients. The study is also expected to contribute to the literature and to provide guidance to studies aimed at preventing violence and increasing the level of protection. In this context, the present study was conducted to investigate the effect of the education given to women university students on their attitudes towards violence against women, and their conflict and awareness levels.

Research Questions

1. Is there any effect of the education on women students' levels of attitudes towards violence?
2. Is there any effect of the education on women students' conflict and awareness levels?

MATERIAL AND METHOD

Study Type

This research is a quasi-experimental study.

Population and Sampling

All the students studying at the Vocational School of Health Services of a state university in the Central Anatolia Region of Turkey in the first semester of the 2019-2020 academic year comprised the population of this study. There are 15 departments in the Vocational School of

Health Services. As of the 2019-2020 academic year, the number of the students registered at the school was 3682. The study sample included female students who were studying in health-related fields in the first semester of the 2019-2020 academic year and volunteered to participate in the research. To prevent students studying in the same department from affecting each other and from the results of the study, training groups were formed from students studying in different departments.

As a result of the power analysis performed based on Adıbelli, Saçan and Türkoğlu study in 2018 (Adıbelli et al., 2018), when at least 80 students were included in the experimental ($n = 40$) and control ($n = 40$) groups, α was calculated as 0.05, effect size d as 0.83, and the power of the test as $p(1-\beta) = 0.9790517$ (97.9%). By the researcher, students who met the criteria for inclusion in the study were into groups as one experiment and one control, respectively. To increase the power of the study and to prevent possible losses, 50 students were included in each of the experimental and control groups and the study was started. In the experimental group, five students who participated in the education did not take the post-test. In the control group, eight students who took the pre-test did not take the post-test. Therefore, the study was completed with 87 students (experimental: 45; control: 42).

The inclusion criteria were studying at the Vocational School of Health Services, being female and agreeing to participate in the research. The exclusion criteria were to study at faculties and higher schools other than the Vocational School of Health Services, being male and refusal to participate in the research.

Data Collection Tools

The personal information form, The Attitudes towards Violence Scale among University Students (ATVSAUS) and Conflict and Violence Awareness Scale (CVAS) was used to collect of data.

The Personal Information Form

This form consisted of 12 items questioning the socio-demographic characteristics of the students such as age, family type, parental education and employment status, place of residence before starting education, and income perception. The form also included 17 items questioning the following: receiving education about violence, awareness of violence, thoughts on whether violence should be included as a subject in the courses, being able to provide counseling in case of violence, and the characteristics of violence.

The Attitudes towards Violence Scale among University Students (ATVSAUS)

Adıbelli et al. in 2018 developed and performed its validity and reliability study (Adıbelli et al., 2018). The scale consists of 52 items whose responses are rated on a five-point Likert-type scale, with the following five sub-dimensions: types of violence (14 items), normalization of violence (13 items), violence against women (11 items), disapproval of violence (7 items) and different dimensions of violence (7 items). Each negative item is scored as strongly agree (one point), agree (two points), undecided (three points), disagree (four points) and strongly disagree (five points). The scale contains 25 negative and 27 positive items and there is no cut-off score. The minimum and maximum possible scores to be obtained from the scale are 52 and 260 respectively. In terms of not approving or accepting violence, the higher the total score is the more positive the attitudes are. The Cronbach's alpha value for the overall scale was 0.91 in the validity and reliability study (Adıbelli et al., 2018), and 0.84 in the pre-test and 0.90 in the post-test in the present study.

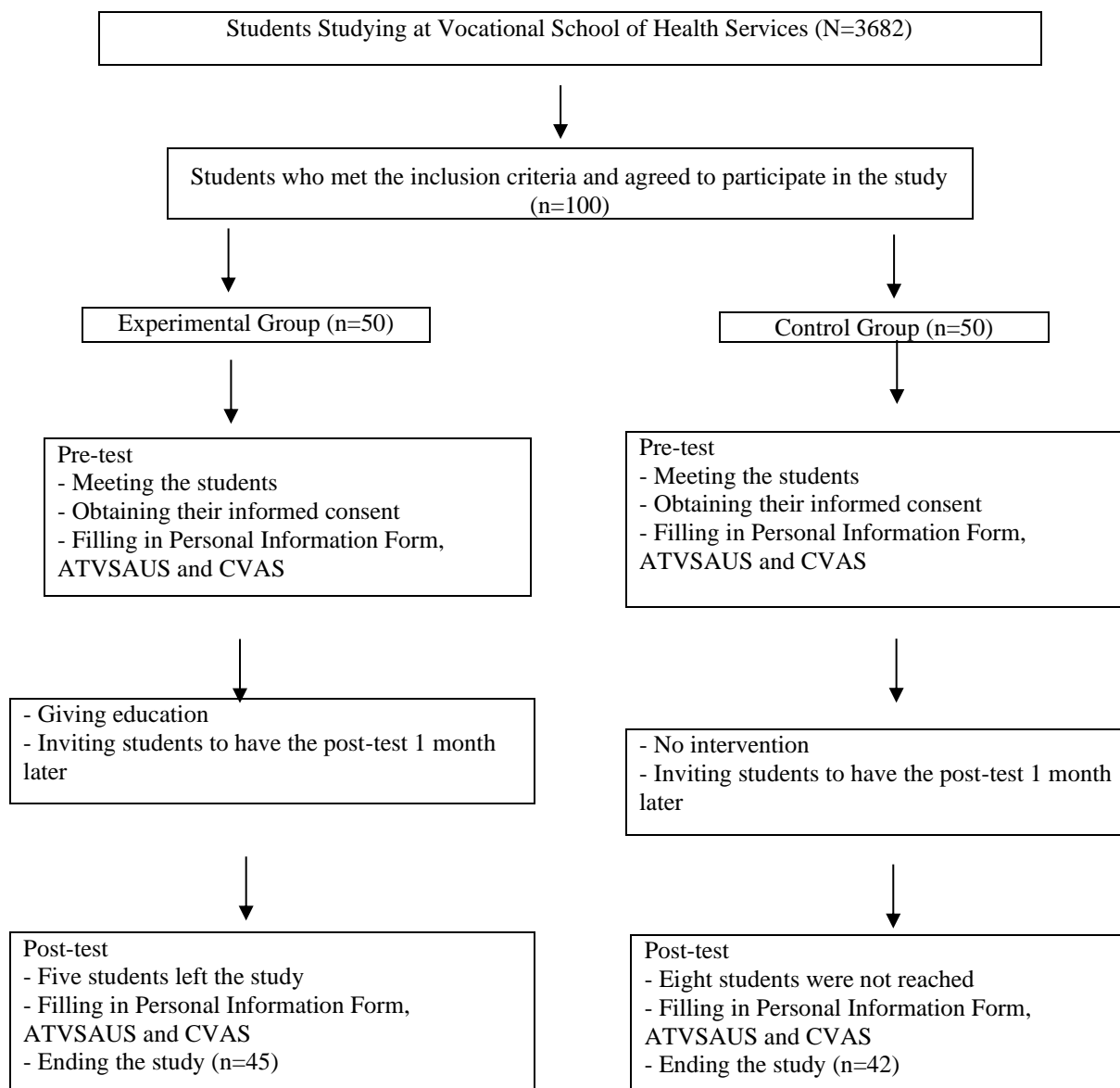
Conflict and Violence Awareness Scale (CVAS)

This scale was developed by the Ohio Education Commission in 2002. The validity and reliability study of the Turkish version of the CVAS was conducted by Sargın in 2010. The five-point Likert-type scale contains 27 categorical symptoms. The scale is evaluated as strongly disagree (one point), disagree (two points), partially agree (three points), agree (four

points), and strongly agree (five points). The scale does not have a cut-off score or reversed item. The lowest and highest possible scores to be obtained from the scale are 27 and 135 respectively. The higher the score is the higher the person's level of awareness of conflict and violence. The scale has the following eight sub-dimensions: awareness of conflict (six items), awareness of violence (four items), awareness of factors affecting conflict and its resolution (five items), awareness of empathy (three items), awareness of physical reactions in conflict (two items), awareness of the effects and dimensions of violence (two items), awareness of emotions in conflict (two items), and awareness of the nature of conflict and violence (three items). The Cronbach's alpha value for the overall scale was 0.87 in the validity and reliability study (Sargin, 2010), and 0.91 in the pre-test and 0.95 in the post-test in the present study.

Figure 1

Flowchart of the study

**Data Collection**

The data was collected in first semester of 2019-2020 academic year. Of the students in the control and experimental group, those who met the inclusion criteria were met and the purpose of the study was explained to them. Then the students who accepted to participate in the study gave their written informed consent. The students in the experimental group were asked to fill in the personal information form, ATVSAUS and CVAS themselves. Then, the education

whose content (definition and importance of violence and conflict, violence against women, the cycle of violence, who is at risk for violence, characteristics of perpetrators and the victims of violence, types of violence against women, consequences of violence and conflict on individuals, legal aspects of violence, positive coping with violence and conflict, empowering women against violence, conflict resolution) was prepared by the researcher in line with the adult education principles and pertinent literature was given in the school prepared for education beforehand (Adibelli et al., 2018; Er Güneri, 2016; Sargın, 2010; World Health Organization, 2016). In accordance with the adult education principles, the students were educated in groups of 12-15 students. During the education, methods such as narration, discussion, question-answer, brainstorming, problem-solving and summarizing, data shows, brochures, posters and visual materials were used. The duration of the education lasted 30-40 minutes. After the education, the students in the experimental group were re-interviewed a month later, and the personal information form, ATVSAUS, and CVAS were administered to them.

The students in the control group were not given any education. They were asked to fill in the personal information form, ATVSAUS and CVAS at the pre-test, and the personal information form, ATVSAUS and CVAS at the post-test given one month later (Figure 1). It took them 15-20 minutes to fill in the forms.

Data Analysis

The study data were analyzed using the SPSS 23.0 program. Kolmogorov-Smirnov and Shapiro Wilk tests were used to find out whether the data were distributed normally. The number and percentage distribution were used in the analysis of some socio-demographic and violence-related characteristics of the participants, and the chi-square test was used for the intergroup comparisons of these characteristics. The independent samples t-test, arithmetic mean and standard deviation were used for the comparison of the mean scores obtained by the

groups in the follow-ups. Additionally, paired samples t-test was used for intra-group comparisons. The results were analyzed at a 95% confidence interval and a significance level of $p<0.05$.

Limitations of the Study

The present study has some limitations. First, the results obtained from this study are applicable only to the university students surveyed and they cannot be generalized to all university students. Another limitation is that the study was conducted in a single center. In addition, since all the students included in the sample studied at the same school, they may have transferred the education to each other. This created another limitation of the research.

Ethical Committee Approval

Our study was approved by the Non-Interventional Clinical Ethics Committee (Date: 04/07/2019, decision no: 2019-07/10) and written permission from the institution where the study was to be conducted. The study data were collected between December 10, 2019 and January 10, 2020. The study was conducted in accordance with the Principles of the Declaration of Helsinki.

RESULTS

The mean age of the students was 19.17 ± 0.88 (min:18; max:21) years in the experimental group and 19.78 ± 0.97 (min:18; max:21) years in the control group. Some socio-demographic characteristics of the students included in the experimental and control groups (place of residence before starting the education, family type, mother's education, father's education, perceived income, and academic achievement) were similar and there was no statistically significant difference between them. ($p>0.05$; Table 1)

Table 1

Comparison of the Socio-Demographic Characteristics of the Students in the Experimental and Control Groups (n = 87)

Characteristics	Experimental (n=45)	Control (n=42)	χ^2 / p^*
	n (%)	n (%)	
Mean age (years)	19.17±0.88 (18-21)	19.78±0.97 (18-21)	
Place of residence before education			
City	30 (66.7)	31 (73.8)	0.683 /
District	8 (17.7)	5 (11.9)	0.711
Village / Town	7 (15.6)	6 (14.3)	
Family type			
Nuclear	35 (77.8)	36 (85.7)	0.912 /
Extended	10 (22.2)	6 (14.3)	0.340
Mother's education status			
Primary school / Junior high school	34 (75.6)	35 (83.3)	0.801 /
Senior high school and higher	11 (24.4)	7 (16.7)	0.371
Father's education status			
Primary school / Junior high school	26 (57.8)	28 (66.7)	0.729 /
Senior high school and higher	19 (42.2)	14 (33.3)	0.393
Perceived income level			
Income less than expenses	13 (28.8)	7 (16.7)	2.072 /
Income equal to expenses	25 (55.6)	29 (69.0)	0.355
Income more than expenses	7 (15.6)	6 (14.3)	
Perceived academic achievement			
Good	15 (33.3)	10 (23.8)	0.962 /
Moderate	30 (66.7)	32 (76.2)	0.327

χ^2 = chi-square test; *p > 0.05

In the post-test after the education, given their awareness of violence and their ability to provide counseling in case of violence, a statistically significant difference was determined between the students in the experimental and control groups. After the education, the students in the experimental group were significantly more aware of violence and were able to provide counseling better. (p<0.05; Table 2)

Table 2

Comparison of the Violence-Related Characteristics of the Students in the Experimental and Control Groups at the Pre and Post-tests (n=87)

Characteristics	Experimental (n=45)	Control (n=42)	χ^2 / p
	n (%)	n (%)	
Pre-test			
Receiving education about violence			
Yes	4 (8.9)	5 (11.9)	0.213 /
No	41 (91.1)	37 (88.1)	0.644
Awareness level of violence			
Adequate	16 (35.6)	8 (19.0)	3.567 /
Inadequate	10 (22.2)	15 (35.7)	0.168
Partly adequate	19 (42.2)	19 (45.2)	
Being able to provide counseling in case of violence			
Yes	16 (35.6)	8 (19.0)	2.964 /
No	29 (64.4)	34 (81.0)	0.098
Post-test			
Awareness level of violence			
Adequate	37 (82.2)	13 (31.0)	23.444 /
Inadequate	3 (6.7)	9 (21.4)	0.001*
Partly adequate	5 (11.1)	20 (47.6)	
Being able to provide counseling in case of violence			
Yes	42 (93.3)	14 (33.3)	34.098 /
No	3 (6.7)	28 (66.7)	0.001*

χ^2 = chi-square test; *p < 0.05

There were no statistically significant differences between the mean scores the participants in the experimental and control groups obtained from the overall ATVSAUS and its types of violence, normalization of violence, violence against women, disapproval of violence, and different dimensions of violence dimensions both before and after the education. In addition, no statistically significant differences were found in the total ATVSAUS and all its subscales in intra-group comparisons ($p > 0.05$; Table 3). The mean scores the participants obtained from the ATVSAUS did not change after the education.

Table 3*Comparison of the ATVSAUS and its Sub-dimensions in the Experimental and Control Groups**(n = 87)*

ATVSAUS	Experimental (n=45) X±SD	Control (n=42) X±SD	Test*
Types of violence			
Pre-test	64.37±4.47	64.42±4.59	-0.052 / 0.958
Post-test	63.42±5.67	64.04±5.36	-0.528 / 0.599
Test**	1.353 / 0.183	0.543 / 0.590	
Normalization of violence			
Pre-test	59.15±4.27	59.09±4.62	-0.063 / 0.950
Post-test	58.97±4.86	59.30±4.49	-0.329 / 0.743
Test**	0.261 / 0.795	-0.390 / 0.698	
Violence against women			
Pre-test	46.22±5.04	45.38±5.80	0.722 / 0.472
Post-test	46.62±4.40	45.64±5.80	0.890 / 0.376
Test	-0.610 / 0.545	-0.457 / 0.650	
Disapproval of violence			
Pre-test	33.06±2.14	34.02±1.61	-2.337 / 0.022
Post-test	33.33±2.21	33.95±2.11	-1.330 / 0.187
Test**	-0.738 / 0.465	0.213 / 0.832	
Different dimensions of violence			
Pre-test	31.62±2.77	30.71±2.90	1.140 / 0.060
Post-test	31.37±2.97	31.78±3.03	-0.634 / 0.528
Test**	0.564 / 0.576	-1.983 / 0.054	
Total ATVSAUS			
Pre-test	234.44±12.70	233.64±14.70	0.273 / 0.786
Post-test	233.73±15.85	234.74±16.77	-0.287 / 0.775
Test**	0.367 / 0.716	-0.609 / 0.546	

*Independent samples t test; **Paired samples t test; ATVSAUS: Attitudes towards Violence Scale among University Students

Inter-group comparisons demonstrated that there were statistically significant differences between the mean scores the participants in the experimental and control groups obtained from the overall CVAS and its awareness of conflict, awareness of violence, awareness of factors affecting conflict and its resolution, awareness of empathy, awareness of physical reactions in conflict, awareness of the effects and dimensions of violence, and awareness of the nature of conflict and violence sub-dimensions. Additionally, intra-group comparisons demonstrated that there were statistically significant differences between the mean scores the participants in the experimental groups obtained from the overall CVAS and its awareness of conflict, awareness of violence, awareness of factors affecting conflict and its resolution, awareness of empathy, awareness of physical reactions in conflict, awareness of the nature of conflict and violence ($p < 0.05$; Table 4). This difference stemmed from the increase in the scores of the students in the experimental group after the education.

Table 4

Comparison of the Mean Scores of the Conflict and Violent Awareness Scale and its Sub-dimensions in the Experimental and Control Groups (n = 87)

CVAS	Experimental (n=45)	Control (n=42)	Test**
	X±SD	X±SD	
Awareness of conflict			
Pre-test	24.40±2.85	23.95±3.23	0.686 / 0.495
Post-test	25.75±2.84	23.59±3.88	2.974 / 0.004*
Test***	-2.992 / 0.005*	0.563 / 0.577	
Awareness of violence			
Pre-test	16.35±2.07	15.47±2.65	1.727 / 0.088
Post-test	17.11±2.07	15.45±2.69	3.212 / 0.002*
Test***	-2.527 / 0.015*	0.054 / 0.957	
Awareness of factors affecting conflict and its resolution			
Pre-test	19.37±2.68	19.90±3.03	-0.859 / 0.392
Post-test	21.48±2.35	18.85±3.63	4.038 / 0.001*
Test***	-4.804 / 0.001*	1.625 / 0.112	
Awareness of empathy			
Pre-test	12.08±1.68	11.83±1.76	0.690 / 0.492
Post-test	12.64±1.53	11.64±2.11	2.536 / 0.013*
Test***	-2.111 / 0.040*	0.461 / 0.648	

Table 4 (continued)

Comparison of the Mean Scores of the Conflict and Violent Awareness Scale and its Sub-dimensions in the Experimental and Control Groups (n = 87)

Awareness of physical reactions in conflict			
Pre-test	8.35±1.31	8.33±1.42	0.076 / 0.940
Post-test	8.77±1.04	7.83±1.48	3.460 / 0.001*
Test***	-2.170 / 0.035*	1.703 / 0.096	
Awareness of the effects and dimensions of violence			
Pre-test	8.57±1.07	8.11±1.45	1.682 / 0.096
Post-test	8.88±1.13	7.97±1.65	3.013 / 0.003*
Test***	-1.735 / 0.090	0.495 / 0.623	
Awareness of emotions in conflict			
Pre-test	7.82±1.40	7.71±1.36	0.363 / 0.717
Post-test	8.06±1.51	7.73±1.43	1.038 / 0.302
Test***	-0.819 / 0.417	-0.084 / 0.934	
Awareness of the nature of conflict and violence			
Pre-test	9.77±1.89	9.85±1.94	-0.193 / 0.848
Post-test	11.66±1.74	10.38±1.75	3.427 / 0.001*
Test***	-5.269 / 0.001*	-1.438 / 0.158	
Total CVAS			
Pre-test	106.76±11.13	105.19±13.24	0.598 / 0.551
Post-test	114.47±11.57	103.48±15.23	3.805 / 0.001*
Test***	-4.325 / 0.001*	0.641 / 0.525	

*p < 0.05; **Independent Samples t test; ***Paired samples t test; CVAS: Conflict and Violent Awareness Scale

DISCUSSION

Violence is an important public health problem faced by women of all ages, cultures and everywhere around the world. Lack of skills in conflict resolution is one of the factors that cause violence. Therefore, resolving conflicts before violence occurs is important for protecting the mental and physical health of women. After the education, the awareness levels of the students in the experimental group about violence increased significantly compared to those of the students in the control group. While most of the students in the experimental group (82.2%) chose the "sufficient" option regarding their awareness of violence after education, the rate of those who chose the "sufficient" option was only 31% in the control group. In his study conducted with nursing students, Can Gürkan (2020) evaluated the domestic violence course given to the students, and found that the students who took the course had a significantly higher level of knowledge about domestic violence against women than the students in the control group. The results of our study and Can Gürkan's (2020) study are similar. The reason for this is both studies were explained by the similar gender of the students in both groups. In Er Güneri's (2016) study carried out with nursing students, it is noteworthy that 38.2% of the students did not receive any education on violence against women, and nearly half of them (44.7%) stated that they needed more information on this issue. In another study conducted with nursing students, more than half of the students (62.8%) had no knowledge about violence against women, and most of them (82.6%) wanted to receive education on violence against women, which suggests that they needed education on violence (Erenoğlu & Can, 2020). According to another study, more than a quarter (35.0%) of the nurses working in public hospitals received education on violence during their education and they were informed about violence while working in the institution (31.7%). However, in the same study, the nurses' level of recognizing the signs of violence was insufficient, and it was stated that they should be given education more frequently, especially during their working life (Durmaz et al., 2016). In

international studies, the knowledge level of health workers was also determined as insufficient (Alhalal, 2020; Crombie et al., 2016; Rigol-Cuadra et al., 2015). These findings are consistent with the findings of our study, and that the students' awareness levels regarding violence increased after the education given is noteworthy.

After the education, the ability of the students in the experimental group to provide counseling about violence increased significantly compared to that of the students in the control group. While almost all the students in the experimental group (93.3%) stated that they were able to provide counseling on violence after the education, only 33.3% of the students in the control group stated that they were able to provide counseling. Consistent with our study finding, in Connor et al.'s (2013) study conducted with students, nursing students who received education on violence before their postgraduate education were better at screening and intervening in violence victims than were students who did not receive such education. Obtaining similar findings in research has shown the effectiveness of the education given to students. In a descriptive study conducted at the national level, like our study findings, most of the participants (85.8%) stated that they could report violence cases (Durmaz et al., 2016). In another descriptive study, while half (51.1%) of the healthcare professionals had difficulty in reporting violence to relevant institutions, one-fourth (24.5%) had difficulty in taking the history of violence, and more than half (69.6%) reported violence cases when they were faced with the suspicion of violence (Kara et al., 2018). This situation emphasizes the importance of providing training to health professionals on recognizing violence, especially starting from their student years. In another descriptive study conducted with nursing students by Beccaria et al., (2013) the students had prejudices about women exposed to violence or perpetrators of the violence, and they could not provide the appropriate health services because they were not knowledgeable enough. In the present study, the increase in the level of providing counseling after education reveals the importance of the education provided to them.

In our study, there was no change in the students' attitudes towards violence after the education compared to those of the students in the control group. In addition, there was no significant change in students' attitudes towards violence after the training compared to before the training. This is probably since they were knowledgeable about violence because they effectively used social media, and they were more conscious about violence when they started university. It is difficult to change attitudes because there are emotions, beliefs and behavioral tendencies that are organized and related to personality (Bahadır Yılmaz & Yüksel, 2023). For this reason, it is thought that the training provided does not change attitudes. In their study, Sis Çelik et al. (2015) investigated the effect of education given to midwives and nurses, and they determined that education changed their attitudes and professional roles towards violence, unlike our study finding. In the same study, a decrease was observed in the traditional attitudes of the midwives and nurses in the education group towards violence and women who were subjected to violence while they performed their professional roles. Another study found that violence against women education did not affect nursing students' attitudes towards their professional role in violence, which was similar to our finding (Bahadır Yılmaz & Yüksel, 2023). In some studies, conducted at the national level in Türkiye, it is reported that students tend to move away from traditionalism and have contemporary views regarding attitudes towards violence (Er Güneri, 2016; Erenoğlu & Can, 2020). These findings about the positive attitudes of the students participating in our study may explain why their attitude scores did not change. Unlike our study, in the literature, there are several studies in which the positive effect of education on the attitude score was determined (Can Gürkan & Kömürcü, 2017; Can Gürkan, 2020; Khazaienejad et al., 2019; Koohestani et al., 2023; Öztürk, 2021; Sis Çelik & Aydın, 2019; Tokur Kesgin & Hançer Tok, 2023). These differences probably stemmed from the differences between the sample groups and their cultural characteristics.

In our study, the conflict resolution and awareness levels of the students after the education increased significantly compared to those of the students in the control group, which indicates that the education given to them had a positive effect on their conflict and awareness levels. In addition, it was determined that there was a significant increase in the students' conflict resolution and awareness levels after the training when compared to pre-training. In a study, students' approaches towards conflict resolution before education were investigated, and 19% of the students "did not know what to do" in such a circumstance, which clearly revealed the need for education on this subject. However, the decrease at this rate from 19% to 2.4% after the education showed the effectiveness of the education, consistent with our study. In the same study, that the rate of the students who displayed passive behaviors such as withdrawal, resentment, and ignorance due to feeling inadequate in conflict resolution dropped from 38.1% to 26.1% after the education revealed the importance of education. The students who were educated displayed more positive/constructive conflict resolution approaches (Uysal & Bayık Temel, 2009). These positive changes detected in the research show that individuals have started to use the information they have acquired in their lives. In another study conducted based on the situated learning theory, eight 90-minute-session conflict resolution education programs improved nursing students' problem solving and conflict resolution skills (Choi & Ahn, 2021). In several national and international studies, conflict resolution education was determined to affect the participants' skills, which supports our study result and demonstrates the importance of such education (Ahmed et al., 2019; Ahmady & Shahbazi, 2020; Akan, 2020; Akgün Çıtak & Çam, 2011; Ay Çeviker et al., 2019; Karahan, 2008; Park, 2017; Şahin Altun & Ekinçi, 2015; Pines et al., 2014).

CONCLUSION

As a result, the training provided did not cause any change in the students' attitudes towards violence. However, their awareness towards conflict and violence improved after the training.

In line with these results, it is recommended that studies be planned to raise awareness about violence in society, that the subject of violence be included in the curricula in the field of health education, and that similar studies be repeated in different sample groups including male students.

ETHICAL COMMITTEE APPROVAL

Our study was approved by the Non-Interventional Clinical Ethics Committee (Date: 04/07/2019, decision no: 2019-07/10) and written permission from the institution where the study was to be conducted.

AUTHOR CONTRIBUTION

Idea/concept: SÖ, ŞEP; Design: SÖ, ŞEP; Consultancy: SÖ, ŞEP; Data collection: SÖ; Data processing: SÖ; Analysis and/or Interpretation: SÖ, ŞEP; Literature review: SÖ; Writing of the article: SÖ, ŞEP; Critical review: ŞEP

CONFLICT OF INTEREST

The authors declare that they have no conflict of interest.

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