



DETERMINATION OF LEVELS OF RECOGNITION SIGNS OF VIOLENCE AGAINST WOMEN OF HEALTH SCHOOL STUDENTS

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ARTICLE INFO

RESEARCH ARTICLE

Article history:

Received: 19 January 2021

Accepted: 21 March 2021

Available : 07 April 2021

Key Words:

Nursing, violence against women, emergency relief and disaster management, diagnosis

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Turkish Journal of Health Science and Life
2021, Vol.4, No.1, 33-39

ABSTRACT

Aim: It is to determine the level of recognition of the signs of violence against women of health school students.

Method: Our study is cross-sectional descriptive. The population of the study consisted of 170 nursing and emergency relief and disaster management (ERDM) students studying in the 2016-2017 academic year, while the sample was 140 students. The data were collected using the Personal Information Form and the "The Scale of Recognizing The Signs of Violence Against Women of Nurse, Midwifery and Doctors" (SRSAWNMD). Mean, standard deviation, percentage distribution, Mann Whitney U test and ANOVA were used to analyze the data.

Results: Participating students of 106 were studying in the nursing department and 34 were in the Emergency Relief and Disaster Management department. The total scale score was 18.90 ± 2.99 . According to gender, women's physical ($p = 0.001$), emotional ($p = 0.045$) violence symptoms sub-scale and total scale scores ($p = 0.001$) were found to be significantly higher than male students. There was no statistically significant difference between the total score of the scale according to the training, witnessing violence against women or departments ($p > 0.05$).

Conclusion: The level of defining the signs of violence against women of health school students was found to be insufficient. It has been suggested to include the issue of violence and the roles of healthcare professionals in the curriculum.

1. INTRODUCTION

Violence against women is one of the social problems that we hear every day in the media, with judicial events around us, and that can appear in any society and at any age, regardless of any language or religion (1-3).

In the report of the European Human Rights Agency (2014), it was reported that 52% of women in Denmark and 46% of women in Finland were subjected to physical violence (5). As in other countries in our country, violence against women is also a common problem, and it has been determined that 36% of women in our country are subjected to physical violence, 12% to sexual violence, and 44% to emotional violence (4).

Violence against women brings with it important women's health problems (reproductive, psychological, physical) and negatively affects the quality of life of women and those around them (3,6,7,8). When women are subjected to violence, they first apply to emergency services and health centers; Then, they apply to the relevant polyclinics due to mental complaints or health problems related to other systems, and healthcare workers are faced with cases of violence (9).

Healthcare professionals have opportunities and responsibilities to reduce violence by identifying, preventing and informing (10,11). However, the problems experienced due to concealing the violence or not reporting the incident due to the health personnel's lack of knowledge and time, lack of skills,

prejudice or abstention are an important obstacle in preventing and reducing violence (8,11). Studies have shown that violence against women skills and training are insufficient (12-14). Tambağ and Turan (2015) stated that students who will graduate from the field of nursing do not have violence diagnosis skills.

Again, the graduates of the emergency relief and management program working in 112 centers are health professionals who are expected to be highly aware of the cycle of violence, knowing how to behave to the victim and the perpetrator of violence, and being trained in preventing violence (15). It is very important to increase the awareness of the personnel who will work in this field and to eliminate their deficiencies.

In our study, it was aimed to determine the level of recognition of the symptoms of violence against women, to raise awareness among students, and to identify the gaps in the curriculum of the students who will graduate from nursing and emergency relief and disaster management.

2. METHODS

Study Design

The aim of this study is to determine the level of recognition of the signs of violence against women in nursing, emergency relief and disaster management students, to raise awareness among students and to identify gaps in students' curriculum.

Setting and sample

The universe of the descriptive cross-sectional study consisted of 170 students studying at Bucak Health School in the 2016-2017 academic year in nursing (N: 120) and in the emergency relief and disaster department (N: 50). In the study, it was aimed to reach the whole population by not choosing the sample and our sample consisted of 140 students on a voluntary basis.

Ethical consideration

Verbal and written informed consents were obtained

from the students participating in the study, explaining the purpose of the study. Approval from Burdur Mehmet Akif Ersoy University Ethics Committee and written permission from the institution where the research conducted was obtained.

Instruments

"Personal information form" containing socio-demographic characteristics and expressions on violence of students and "The Scale of Recognizing The Signs of Violence Against Women of Nurse, Midwifery And Doctors" were used to collect the data.

Personel Information: In this form created as a result of the relevant literature review by the researcher. There are a total of seven questions including the socio-demographic data of (department, class, age, gender, place of residence) and the other two questions information about witnessing violence and receiving education.

The Scale of Recognizing The Signs of Violence Against Women of Nurse, Midwifery and Doctors")

(SRSVAWNMD): The scale developed by Arabacı and Karadağlı (2006) consists of 31 items (16). Each question is answered correctly or incorrectly. It consists of two subscales: "Physical Symptoms" and "Emotional Symptoms". In the scale, "1" point was given for the "true" and "0" point was given for the "false" option in items 1, 3, 4, 5, 7, 10, 12, 16, 17, 18, 20, 21, 22, 24, 25, 26, 27, 28, 29. Evaluation has been made by giving "0" point to "true" option and "1" point to "false" option in articles 2, 6, 8, 9, 11, 13, 14, 15, 19, 23, 30, 31. The highest total score to be obtained from the scale is "31" and the lowest score is "0". Scoring is "0-13" for the physical subscale score and "0-18" for the emotional subscale score. High scores indicate high level of knowledge.

Data analysis

The data were collected in the 2016-2017 academic year. After the permission processes, the students were informed about the study and volunteering students were included in the study. The data were evaluated using the Statistical Package for Social

Science for Windows version 21. Mean, standard deviation, percentage distribution, Mann Whitney U test and ANOVA were used to analyze the data. Statistical significance was accepted as $p < 0.05$.

3. RESULTS

The average age of the students is 19.24 ± 1.2 (min: 18 - max: 28), and the median is 19. The most common place of residence was town-village (55.7%). 75.7% of the students are students of the nursing department, 87.1% did not receive training in violence against women, 88.6% did not witness violence, and the majority of those who witnessed it (7.9%) will express violence against their mother from their father (Table 1).

Students' total SRSVAWNMD score was 18.97 ± 3.06 (min: 11 - max: 27 Median: 19.00), physical symptom subscale score 7.59 ± 1.63 (min: 3 - max: 12 Median: 8.00) emotional subscale score 11.31 ± 2.07 (min: 5 - max: 16, median: 11.00). It was determined that the total scale by gender and the sub-scale scores of recognizing physical symptoms are higher in women and this difference is statistically more significant ($p < 0.05$). There was no significant difference in scale scores according to department, place of residence, witnessing violence, and receiving training on violence against women ($p > 0.05$). However, according to the mean scores, it was determined that the scores were higher for women, students of emergency relief and disaster departments, those living in cities and those who did not receive violence education (Table 2).

Table 1: Socio-demographic characteristics of the participants and their statements about violence (n=140)

		n	%
Department	Nursing	106	75.7
	ERDM	34	24.3
Gender	Female	98	70
	Male	41	29.3
	Not answered	1	0.7
Living Place	Big city	34	24.3
	city	27	20.0
	county-village	79	55.7
Receiving VAW training	Yes	18	12.9
	No	122	87.1
Witnessing violence	Yes	16	11.4
	No	122	88.6
Violence practitioner*	From father to mother	11	7.9
	From father to brothers	4	2.9
	From mother to brothers	1	0.7
	From mother to father	0	0
	From my father to me	6	4.3
	From my mother to me	3	2.1
	Others	1	0.7

* It was calculated on the participants who said that they had witnessed the violence and they were given the right to mark more than one option.

VAW: Violence against women

ERDM: Emergency relief and disaster management

Table 2: Comparison of the descriptive characteristics of the participants and their SRSVAWNMD scores

		Physical symptoms subscale scores			Emotional symptoms subscale scores			Total scale score		
		X±Sd	Test value	p	X ±Sd	Test value	p	X±Sd	Test value	p
Department	Nursing	7.57±1.71	U=1731.0	0.725	11.22±1.95	U=1644.0	0.437	18.78±3.05	U=1690.0	0.584
	ERDM	7.68±1.39			11.59±2.44			19.26±2.80		
Gender	Female	7.90±1.55	U=1293.0	0.001	11.53±2.11	U=1599.5	0.056	19.43±2.88	U=1336.5	0.002
	Male	6.85±1.64			10.76±1.93			17.61±2.91		
Living Place	Big city	7.26±1.86	F=1.416	0.246	11.15±2.35	F=0.138	0.871	18.41±3.41	F=0.707	0.495
	City	7.96±1.50			11.32±1.85			19.29±2.54		
	County-village	7.60±1.56			11.37±2.05			18.97±2.95		
Witnessing violence	Yes	7.50±1.93	U=988.5	0.981	10.69±2.36	U=811.5	0.231	18.19±3.56	U=843.0	0.326
	No	7.60±1.60			11.39±2.03			18.99±2.91		
Receiving VAW training	Yes	7.22±1.18	U= 1062.0	0.819	11.28±2.30	U= 1096.5	0.992	19.00±3.12	U=1062.5	0.824
	No	7.57±1.69			11.31±2.05			18.88±2.98		

4. DISCUSSION

In our study, the relationship between the socio-demographic characteristics of 140 students who are studying in the departments of nursing and emergency relief and disaster management in a state university and who meet the criteria for participation in the study, without making any difference between departments, and their level of knowledge in recognizing the symptoms of violence against women was examined.

Violence, which we encounter a lot in our daily life and news sources, has become a health problem that healthcare professionals frequently encounter in hospitals, especially in emergency services. In this case; before starting working life, it is very important to determine the level of knowledge of students about recognizing the symptoms of violence against women during their education process and to determine their educational needs in this regard (3,9).

In our study, it was observed that the knowledge levels of recognizing violence against women were insufficient among nursing and ERDM (Emergency Relief and Disaster Management) students, regardless of class difference. Similar to our study, it was stated in the studies of Üstüner (2020) and Tambağ and Turan

(2014) that the knowledge level of the students in recognizing violence against women is insufficient (9,11). In the study of Üstüner (2020), it was stated that socio-demographic factors could have effects on these levels of knowledge (9). However, in our study, it was determined that 87.1% of the students did not receive training on violence against women during their education. Therefore, this situation had a direct effect on their knowledge level. Studies have shown that healthcare personnel trained on violence against women have higher frequency of screening, informing and referring to violence, and feeling themselves more ready, competent and responsible to ask questions about the issue. (10,14, 16-21). It is important to ensure that health school students take an active role in attempts to prevent violence after graduation, identify violence, protect against violence and early intervention in violence against women (22).

In similar with the results of our study, Tambağ and Turan (2014), Sis Çelik and Aydın (2019), and Üstüner (2020) found that nursing students had low scores on both subscale and total violence scale, and were inadequate to recognize the signs of violence (9,11,20). In the study of Kara et al., (2018), it was found that the total score average of the nurses for SRSVAWNMD

was 18.30 ± 3.85 , the physical symptoms sub-dimension mean score was 7.84 ± 2.30 , the emotional symptoms sub-dimension mean score was 10.46 ± 2.14 (23). The fact that there is little difference between the scores of the participant students who have not yet started their professional career strikingly reveals the importance of sensitivity to violence, education and awareness. In nurse-midwife studies conducted on this subject, they often state that they do not know what to do and how, even though they often encounter violence. The results of research conducted on students on the subject in the literature show that education on violence against women in nursing, ERDM and other programs is insufficient (7, 20, 24, 25).

By strengthening the training of healthcare professionals, who have an important place in the reporting process as well as diagnosing violence, their reluctance will be reduced and a serious contribution will be made to the judicial process. In addition, negative consequences on society and individual basis can be minimized.

As a result of our study, it was determined that the total scale by gender and the subscale of physical symptoms are higher in women, and this difference is statistically more significant ($p < 0.05$). This result shows that gender is one of the important factors in recognizing the symptoms of violence against women. The difference in female students' level of recognizing the symptoms of violence against women compared to male students can be associated with students' evaluation of violence against women from a gender perspective. Similarly, Sabancıoğulları and Pınar (2019) found that average scores were higher in girls in their study. (18.42 ± 3.13 in girls, 17.13 ± 3.14 in boys, $p < 0.001$). In some studies conducted with students, it is stated that female students have an egalitarian perspective. In addition, it is stated that it reflects the traditional view on violence against women (9, 26, 27, 28, 29).

In all these studies, a common inadequacy is observed in both students and working health professionals in recognizing violence against women.

It is important to focus on violence against women, especially in undergraduate education, as the healthcare personnel who will carry out health services in the following years will be comprised of today's students. In addition, within the scope of in-service training, the attention of working healthcare personnel should always be kept alive and their knowledge should be refreshed (3, 10, 30, 31, 32).

5. CONCLUSION

It was determined that students' level of identification of violence against women was insufficient and their level of education was low. Including the subjects of violence against women in the curriculum in order to increase the awareness, skills and awareness of the students will be a great contribution. In addition, it will be an important approach to increase the training hours according to the needs, to provide training, to recognize the violence against women in the professional lives of healthcare personnel and to eliminate the deficiencies in the intervention stages.

Limitations

It is based on students' self-report, and students are first year students.

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