

Attitudes of students studying in various fields related to health services toward gender roles and intimate partner violence

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Abstract

Purpose: This study's purpose was to determine the attitudes of students studying in various fields related to health services towards gender roles and intimate partner violence.

Design and Methods: The descriptive study sample was composed of 441 volunteer students. The data were collected by the Intimate Partner Violence Attitude Scale-Revised (IPVAS-R) and Gender Roles Attitude Scale (GRAS).

Findings: The GRAS and IPVAS-R mean scores were 114.10 (18.00) and 57.77 (4.45), respectively. A statistically significant negative relationship was found between the IPVAS-R and GRAS total mean score.

Practice Implications: The participants with negative attitudes allowing the violence also had more traditional attitudes towards gender roles. It is important to train health professionals with attitudes that believe in gender equality and reject violence to improve the quality of health services.

KEYWORDS

attitude, gender, partner, student, violence

1 | INTRODUCTION

Intimate partner violence is a term that involves formal and informal relationships.¹ Intimate partner violence can be defined as all attempts that can cause a person to be harmed mentally, socially, and physically by using power and force^{2,3}; perpetrators of intimate partner violence are often men and aggrieved ones are women. Throughout the world, 30% of women experience physical or sexual violence from their partner.¹ According to the European Union study report, 22% of women have experienced violence from their current or past spouses.⁴ In a study conducted in India, the frequency of women experiencing partner violence was found to be 51.5%.^{5,6} Dartnall and Jewkes⁷ also states that 6%–59% of women are exposed to sexual violence by their boyfriends or spouses. However, another fact is that victims of violence are not only women. Today, intimate partner violence against men is also an important problem

area. Many studies offer striking data on this subject. For example, in Sweden, men are exposed to more partner violence (11%) than women (8%); men were frequently exposed to physical violence and women to sexual violence.⁸ In a state of America, 17% of students were found to be exposed to intimate partner violence, and most students were afraid of an ex-boyfriend/girlfriend.⁹

Attitude towards intimate partner violence can be defined as the tendency to react positively or negatively to the phenomenon of violence. Attitudes that approve/excuse intimate partner violence are common in sexist societies. In these societies, there is an understanding that the main authority figure is male, and men rule and suppress women. This understanding causes violence to be accepted, adopted, perceived as “normal” or being unable to oppose violence.^{10,11} However, violence is a learned behavior. The first thing to do to prevent violence is to inform the individual, family, and society through education.¹² In this regard, health professionals have

great duties. It is important for health professionals to provide health services in line with ethical and professional codes without social sexism. In this context, healthcare professionals have important duties and responsibilities in many ways, such as collecting data, diagnosing the victim of violence, ensuring privacy/security, and activating support systems.¹³ It is essential to raise awareness of healthcare professionals about these responsibilities starting from their professional learning process. Raising students who believe in gender equality and reject all forms of violence in the provision of health services can contribute to the elimination of gender discrimination and control of violence cases. In this study, attitudes of students studying in various fields related to health services towards gender and intimate partner violence were evaluated. The data obtained may be used for structuring training programs planned to be formed and analyzed among cultural differences.

2 | DESIGN AND METHODS

2.1 | Purpose of research and type

The study is a descriptive research type. The purpose of the study is to determine the attitudes of students studying in various fields related to health services towards gender roles and intimate partner violence.

2.2 | Sampling and participant

The research was performed in a Vocational School of Health Services bound to a state university during the 2018–2019 academic year fall semester. There were 15 programs in the vocational school. The population of the research is 3203 students enrolled in these departments. The sample size was calculated by power analysis. The p ratio was taken as 0.50 to keep the sample size on the maximum level. The sample was composed of 441 volunteer students who stated that they had a romantic/intimate relationship lasting more than a month (significance level of 0.05, confidence interval of $1-\alpha = 0.95$, the error rate of 0.20, and power of $1-\beta = 0.80$). The number of students to be sampled from each program was determined by the stratified sampling method. The specified number of students from each program was included in the study with simple random sampling.

2.3 | Instruments

The participants were administered the Personal Information Form, Intimate Partner Violence Attitude Scale-R (IPVAS-Revised), and Gender Roles Attitude Scale (GRAS). The researchers came together with the students who constituted the sample and gave information about the purpose of the research and instruments. The instruments were applied by the researcher in the classrooms of

the students. The participants were asked to use a noname during the procedure.

2.3.1 | Personal Information Form

The form contains 13 questions related to some sociodemographic characteristics of the students and the state of partner violence.

2.3.2 | Intimate Partner Violence Attitude Scale-Revised

The scale was developed by Fincham et al.⁵ to determine individuals' attitudes towards partner violence. The scale was adapted to Turkish culture by Demirtas et al.¹⁴ The scale has 17 items and 3 sub-dimensions. The minimum and maximum scores that can be taken in the subdimensions of violence, control, and abuse are among 4–20, 6–30, and 7–35, respectively. Subdimensions can be used separately or together. In favor of this scale, only the attitude towards physical violence or attitude towards psychological violence can be measured separately. The psychological violence attitude score is obtained by adding control and abuse subdimension scores. The scale does not have a cut-off score and as the score from the scale increases, the individual is considered to have more negative attitudes allowing psychological and physical violence. In this study, the alpha coefficient of the scale is 0.82.

2.3.3 | Gender Roles Attitude Scale

The scale was developed to determine individuals' attitudes towards gender roles. The scale has 38 items and 1 dimension. The alpha coefficient of the scale is 0.92. The maximum score which may be obtained from the scale is 190, while the minimum score is 38. The high scores gained from the scale refers to an equalitarian attitude; inversely low scores refer to a traditional attitude.¹⁵ In this study, the alpha coefficient of the scale is 0.80.

2.4 | Statistical analysis

The data obtained were analyzed in the SPSS 22.0 for Windows package program. In the analysis of the data, descriptive statistics, Pearson's correlation analysis, analysis of variance analysis, and Tukey's test were used. The results were assessed at a 95% confidence interval and a significance level of $p < 0.05$.

2.5 | Ethical approval

This study started after receiving approval from the related author's institution (No: 30182376-044-E.299143). Before starting the

research, information about the aim of the study was shared with the participants, the voluntary informative form was read to them, and their verbal permissions were received. It was explained that the data would be used to scientific ends anonymously.

3 | FINDINGS

The mean age of the participants is 19.48 ± 3.48 ; 69.6% of participants are female, 2% of them are married, 26.8% define their family type as “extended family,” and 74.8% of them stay permanently in the city center. 32.7% of the participants’ mothers and 58% of their fathers have high school and above education level. Mothers of 28.1% and fathers of 55.3% work in an income-generating job.

44.7% of the participants had a 2–3 year relationship and 34.7% of these participants stated that they have experienced violence in their relationship. 75.5% of those who stated that they experienced violence defined the type of violence as “psychological violence,” and 9.8% reported the frequency of being exposed to violence as “continuous, permanent.” 64.7% of the participants who stated that they had experienced violence in their relationship still maintain their relationship. When examining the reactions to violence, 61.4% of the participants stated that they tried to compromise with the person who committed violence, 58.1% stated that they got away from the environment where they were exposed to violence, and 52.9% talked about their experiences of violence with their friends. The rate of those not telling anyone that they were subjected to violence is 17.1% (Table 1).

The mean GRAS score of the participants is 114.10 (18.00). IPVAS-Revised total, Attitude Towards Physical Violence, and Attitude Towards Psychological Violence subscale mean score were found respectively 57.77 (4.45); 14.32 (2.12); 43.45 (3.91) (Table 2).

In this study, the GRAS total score mean of participants who are women under the age of 21, and single, whose relationship duration is between 1 and 12 months, who do not experience partner violence in their relationship, and terminate their relationship after exposed to violence, who do not witness violence in their family was found as high and also it was determined that those participants have a more equitable attitude towards gender roles. There found no statistically significant difference between GRAS score mean according to the place of residence, mother's education, father's education, family type, and frequency of being exposed to violence. However, it was determined that the participants, who are 21 years old and above, who live in rural areas, whose mother education level is “low,” who have experienced partner violence in their relationship, who continue their relationship despite the violence, and who witnessed violence in their family, have more negative attitudes allowing violence. There found no statistically significant difference for IPVAS-R score mean as considering marital status, father education level, family type, relationship duration, and frequency of violence (Table 3).

A statistically significant negative relationship was found between the IPVAS-R and GRAS total score mean of the participants. According to the data, it was determined that the participants with

TABLE 1 Distribution of participants according to partner violence history ($n = 441$)

Characteristics	<i>n</i> (%)
Relationship duration ($n = 441$)	
Between 1–12 months	192 (43.5)
Between 1–3 years	197 (44.7)
≥4 years	52 (11.8)
Mean relationship duration	1.89 ± 0.69
Exposure to partner violence ($n = 441$)	
Yes	153 (34.7)
No	288 (65.3)
Violence type ($n = 153$)	
Psychological violence	114 (75.5)
Physical violence	106 (69.2)
Economic violence	63 (41.1)
Sexual violence	25 (16.3)
Frequency of partner violence ($n = 153$)	
Only once	96 (62.7)
Intermittent, periodic	42 (27.5)
Continuously, continuously	15 (9.8)
Continuation of the relationship ($n = 153$)	
Yes, my relationship continues	99 (64.7)
No, I ended my relationship	54 (35.3)
Response to violence ($n = 153$) ^a	
I tried to compromise with my partner	94 (61.4)
I escaped from the environment where I was violent	89 (58.1)
I talked to my friends	81 (52.9)
I told an adult	46 (30.0)
I responded violently to violence	37 (24.1)
I did not tell anyone	26 (17.1)
I did school absenteeism	22 (14.3)
Witnessing domestic violence ($n = 441$)	
Yes	52 (11.8)
No	389 (88.2)

^aMultiple answers were given. Percentages are taken from “*n*.”

negative attitudes allowing the violence also had more traditional attitudes towards gender roles (Table 4).

4 | DISCUSSION

Health professionals have important responsibilities to prevent, diagnose, and rehabilitate the victim of violence. In order for health professionals to fulfill these responsibilities, their awareness and competence on the subject should be increased. There is a need for professional programs that raise awareness of violence in students who are candidates for becoming a healthcare professional and gain an egalitarian attitude towards gender roles. The gains acquired by these programs will also contribute positively to the future

TABLE 2 GRAS and IPVAS-Revised mean total and subscales scores of participants ($n = 441$)

Scales	Scale min-max score	Study min-max score	M (SD)
GRAS	38–190	69–168	114.10 (18.00)
IPVAS-Revised	17–85	46–69	57.77 (4.45)
Attitude towards physical violence	4–20	9–20	14.32 (2.12)
Attitude towards psychological violence	13–65	35–52	43.45 (3.91)

Abbreviations: GRAS: Gender Roles Attitude Scale; IPVAS-Revised: Intimate Partner Violence Attitude Scale-Revised.

professional career of students. In this study, the relationship between the gender roles of students who study in various fields related to health services and their attitudes towards intimate partner violence.

In this study, approximately 1/3 of participants were exposed to violence during their relationship. 1/4 of those who stated they experienced violence were exposed to physiological violence, about 2/3 of those persons were exposed to physical violence. There are many studies in the literature that reveal striking findings regarding the prevalence of violence among young people. In a study conducted in this context, it was determined that 19.9% of the students experienced violence in the past dating relationship, and 45.8% of the students with current dating relationship were exposed to at least one type of psychological, physical, or sexual violence.¹⁶ In a study conducted with approximately 16,000 participants from 21 countries, it was found that the physical violence against the partner in the last 12 months was very high among the participants.¹⁷ Another study reported that 46.0% of female students and 34.7% of boys experience physical violence in their relationships at least once.¹⁸ The research reveals the fact that violence is a global problem, although its frequency varies.

In our study, it was determined that approximately 2/3 of participants who stated they were subject to violence in their relations still continue their relationships. Additionally, while 61.4% of the ones exposed to violence said that they tried to come to an agreement with the ones who used violence, 17.1% of them expressed that they did not tell anybody. In the study carried out by Fidan and Yeşil,¹⁹ it was found that, despite the existence of violence, female students continue their relations. Sahin et al.²⁰ found that 40% of women respond to violence verbally, 33% accept violence, 64% seek no help after the violence, and only 1.6% apply to legal institutions. According to the data, the prevalence of violence can be considered more common than reported. However, many factors (such as political, economic, sociocultural, and religious factors) may prevent the reporting of violence. In many societies, since the problems between spouses are evaluated within the scope of relationship privacy, there is also “not to be shared with anyone.” Violence, which is not expressed or accepted in a sense, can be considered as “legitimate,” not regarded as a problem, or can often be used as a means of solving the problem. This traditional role pattern causes violence to become more widespread and internalized, making it difficult for the victim of violence to get help.^{5,12–15,21} In this study, it is seen that the participants could not develop effective interventions to prevent or

struggle with violence. It may be thought that the participants did not have enough information about struggling with violence and did not know the ways to seek their rights.

In our study, it was found that young men had more traditional attitudes towards gender roles and they had more attitudes allowing violence attitudes than women. When the literature is examined, there are studies that reveal that women have more egalitarian attitudes and roles as compared with men,^{21–27} and that men tend to have higher violence than girls.^{22,28–31} In a study evaluating the attitudes towards violence in dating relations, it was seen that male students had more violence-allowing attitudes in dating relations than females.³² Gender role perception and the difference in attitudes towards violence between girls and boys are related to various factors. One of the most effective of these factors is patriarchy. Especially in patriarchal societies, the tendency of aggression or violent behavior of men is approved, and gender roles are structured in favor of men. Women's rights, expectations, and needs are generally ignored. Turkish society still has patriarchal codes today. In this study, it may be thought that the high tendency of violence of Turkish male participants and their more traditional attitudes are related to the patriarchal codes existing in society. The more equitable attitude of women may be due to their desire to be in an equal position with men and their strong desire to change this.

In this study, it was found that participants aged 21 and over had more traditional attitudes towards gender roles and attitudes confirming violence. However, there are also studies showing that the egalitarian attitude increases as age increases,³³ or age does not have an effect on attitudes regarding gender roles.²³ In the Lövestad and Krantz' study states that being female, young, and single constitutes risk factors for exposure to violence, and Fisher et al. states that partner violence is more common in adolescence and young adulthood. Growing up and witnessing violence in an aggressive family environment can lead the individual to model attitudes that approve violence and display similar behaviors in his own life.³⁴ In our study, it was found that the participants who were not exposed to partner violence and who did not witness violence in their family had a more egalitarian attitude towards their gender roles. In the literature review, research findings have been reached, which show that the participants who have applied violence to themselves/ someone else or have been subjected to violence have higher violent tendencies and the potential to accept violence.^{35,36} Our study and literature findings were found to be compatible with each other.

TABLE 3 Distribution of scale total score means according to some characteristics of participants

Characteristics	GRAS $M \pm SD$	IPVAS-R $M \pm SD$
Sociodemographic characteristics		
Sex [*]		
Female (n = 307)	121.38 ± 20.31	56.72 ± 4.49
Male (n = 134)	101.59 ± 20.18	57.89 ± 4.37
<i>t/p</i>	9.450/0.000	1.366/0.047
Age [*]		
<21 age (n = 216)	109.16 ± 21.19	56.46 ± 4.51
≥21 age (n = 225)	106.11 ± 22.99	58.07 ± 4.38
<i>t/p</i>	1.447/0.149	1.434/0.015
Marital status [*]		
Married (n = 9)	89.66 ± 20.59	56.55 ± 2.83
Single (n = 432)	107.98 ± 22.05	57.80 ± 4.48
<i>t/p</i>	2.468/0.014	0.831/0.406
Living place [*]		
Urban (n = 330)	107.74 ± 22.30	57.49 ± 4.45
Rural (n = 111)	107.22 ± 21.81	58.62 ± 4.37
<i>t/p</i>	1.214/0.063	2.318/0.021
Maternal education [*]		
Primary education and below (n = 297)	106.94 ± 21.61	58.55 ± 4.37
High school and above (n = 144)	107.93 ± 22.45	57.22 ± 4.59
<i>t/p</i>	0.436/0.663	1.484/0.013
Partner violence characteristics		
Relationship duration ^{**}		
Between 1–12 months (n = 192)	116.10 ± 22.65	57.90 ± 4.52
Between 1–3 years (n = 197)	108.80 ± 22.15	57.57 ± 4.49
≥4 years (n = 52)	104.08 ± 21.37	58.05 ± 4.07
<i>F/p</i>	2.102/0.037	0.378/0.685
Exposure to partner violence [*]		
Yes (n = 153)	92.95 ± 20.63	58.67 ± 4.23
No (n = 288)	115.39 ± 18.76	57.83 ± 4.57
<i>t/p</i>	11.54/0.000	0.359/0.002
Continuation of the relationship [*]		
Yes, my relationship continues (n = 99)	83.50 ± 16.73	58.96 ± 3.99
No, I ended my relationship (n = 54)	110.28 ± 15.18	57.05 ± 4.65
<i>t/p</i>	9.764/0.000	0.824/0.041
Witnessing domestic violence [*]		
Yes (n = 52)	106.47 ± 21.87	58.95 ± 4.07
No (n = 392)	116.10 ± 22.65	57.74 ± 4.50

(Continues)

TABLE 3 (Continued)

Characteristics	GRAS $M \pm SD$	IPVAS-R $M \pm SD$
<i>t/p</i>	2.968/0.003	0.482/0.006

Note: Bold values statistically significance $p < 0.05$.

Abbreviations: GRAS, Gender Roles Attitude Scale; IPVAS-Revised, Intimate Partner Violence Attitude Scale-Revised.

**t*, independent sample *t* test.

***F*, one Way ANOVA test.

TABLE 4 The correlation of scale total scores

	IPVAS-R	
	<i>r</i>	<i>p</i>
GRAS	-0.651	0.042

Abbreviations: GRAS, Gender Roles Attitude Scale; IPVAS-Revised, Intimate Partner Violence Attitude Scale; *r*, Pearson's correlation analysis.

Exposing the individual to violence in his family or his environment may negatively affect his personality, sense of trust, and the meanings he places on his gender as women and men.

The meanings that gender roles attributed to women and men come to life with a perception of gender. In the some society while traditional gender perception makes women who are vulnerable and passive, they lead men to bear heavy burdens and responsibilities such as providing a living for the home, protecting the family, acting as "masculine." Contrary to the egalitarian approach, the traditional approach deepens the differences between men and women and, among other things, leads to the emergence of violence.³⁷ In this study, it was determined that young people who have traditional attitudes towards gender roles have negative attitudes that confirm violence. In different studies, it is stated that violent behavior is fed by gender discrimination and gender perception affects the tendency to violence.^{16,37}

4.1 | Implications for nursing practice

In this study, it was determined that students with negative attitudes confirming violence have more traditional attitudes towards gender roles. At this point, the first thing to do is to change the negative attitudes of these young people who will be the future healthcare professionals who study in various fields related to health services. Education programs should be established to ensure that students who will take part in the provision of health services have attitudes that believe in gender equality and reject violence. Given vocational training programs in various fields related to health services are usually carried out by the academicians nurses in Turkey. Academicians nurses can help their students to have a positive attitude towards gender equality and they can also increase their students' competence in diagnosing and preventing violence. In this context, in addition to theoretical knowledge, professional curricula should be updated in a way to provide awareness of violence prevention and

gender equality under the guidance of academicians nurses. Health professionals who have managed to integrate positive behaviors and attitudes into their own lives can protect individuals and society from the negative effects of gender inequality and violence.

CONFLICT OF INTERESTS

The authors declare that there are no conflict of interests.

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