

# Nursing Students' Beliefs and Attitudes Toward Gender Violence

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## **Abstract**

**Objective:** To identify beliefs and attitudes towards gender violence (GBV) in nursing students at the School of Health Sciences of the University of Seville.

**Methodology:** A descriptive, cross-sectional study involving 265 nursing students from the University of Seville. The instrument used was an anonymous, self-administered survey to assess self-perception, socialization, academic training in gender and training to address GBV, to which Díaz-Aguado's Scale of Beliefs and Attitudes towards Gender and Violence (CAGV) was incorporated.

**Results:** Boys have more sexist beliefs and girls value women's access to positions of power and responsibility more highly. First-year students are more likely to consider GBV to be a consequence of biological fatality, while students in higher grades consider GBV to be a private matter.

**Conclusion:** Men are more influenced by sexist beliefs and adopt a more fatalistic stance when justifying violence.

## **Keywords:**

**Nursing , Attitudes ,Gender ,Violence**

## Introduction

The World Health Organization considers gender violence (GBV) to be one of the main causes of disability and death in women of reproductive age,<sup>1,2</sup> and since 1995 it has been recognized as a public health problem.<sup>3</sup> In Spain, from 1999 to 2009, 691 women died from GBV, which means an average of 62.8 women killed by gender-based violence per year.<sup>4</sup> In 2009, 13,253 complaints were filed for this cause.<sup>5</sup> When GBV is accompanied by aggression, GBV victims seek care from health services,<sup>6</sup> so medical and nursing staff have a leading role in the detection and care and social intervention of these services,<sup>7</sup> and are often diagnosed many years after the aggression began.<sup>8</sup>

One of the main difficulties in detecting GBV is that sometimes health personnel do not recognize GBV as a health problem<sup>9</sup> and cite various causes, including a lack of knowledge of the subject,<sup>10,11</sup> which results in under detection.<sup>12,13</sup> It has been documented in other countries that good training in GBV is associated with appropriate attitudes of professionals towards the detection and prevention of the phenomenon.<sup>12,14-16</sup>

Likewise, considering it a private matter has been identified as barriers to detection.<sup>8,17</sup> More tolerant beliefs and attitudes towards VG are risk factors for its occurrence, with the most important predictors being sex, gender role attitudes and educational level;<sup>18,19</sup> indicating that boys and girls without training in the subject have less critical beliefs and attitudes towards this form of violence. Regarding gender role attitudes - understood as beliefs about which roles are appropriate for men and women -<sup>20</sup> students with more traditional beliefs about the social and

family role of women attribute more responsibility to female characters in relationship conflicts than those with a less traditional view of roles.<sup>19</sup> Other work carried out in the last decade<sup>21,22</sup> on overcoming sexism and the beliefs that lead to VG reflects that, although there has been significant progress in overcoming such beliefs in the population as a whole, there are significant differences based on gender in overcoming such beliefs, with men being much more resistant to change than women, probably because social pressure for the male stereotype remains more rigid and coercive than the pressure for the female stereotype.

The objective of this work has been to identify the beliefs and attitudes towards VG in the Nursing students of the University of Seville, as well as the relationship of training in VG issues with them, in order to have information that can be used in the development of strategies for the adequate training of our future nurses.

### **Methodology**

Descriptive cross-sectional study carried out on people enrolled in the three courses of the degree at the University of Seville in the academic year 2007-2008. Of the 511 enrolled, 265 were surveyed, which represents 58.9% of the total population. As a data collection instrument we used an anonymous self-administered questionnaire, which included: a) sociodemographic and family information, b) questions to assess the students' representations regarding gender (gender self-perception, gender socialization and training), c) evaluation of the degree of perception regarding training to address VG, and d) the Questionnaire of Attitudes towards Gender and Violence (CAGV) by M<sup>a</sup> José Díaz-Aguado.<sup>23</sup>

The CAGV is a 47-item scale (40 sexist statements and justifications of violence and 7 that are oriented in the opposite direction), in which four factors underlie: (1) Sexist beliefs about psychosocial differences and justification of violence as a reaction (28 items), (2) Beliefs about the biological fatality of sexism and violence (8 items), (3) Conceptualization of domestic violence as a private and inevitable problem (8 items), and (4) Valuation of women's access to paid work outside the home and to positions of power and responsibility (3 items). The total score of the scale corresponds to the sum of the scores of each item, with the highest possible score being 259. The higher the score on the scale, the greater the rejection of sexist beliefs and the justification of violence against women. The questionnaire is administered during school hours. Participants voluntarily agreed to participate without receiving any compensation in exchange and signed the informed consent that was attached to the questionnaire.

The information was incorporated into a database in the SPSS-14 program. The analysis process was carried out in three phases. First, a descriptive analysis was carried out in which measures of central tendency and dispersion of the quantitative variables were calculated, and proportions were estimated for the qualitative variables. Subsequently, the associations between the variables of interest were explored using Student's t tests and one-way ANOVA, determining statistical significance at 0.05. Finally, multivariate analyses were carried out to evaluate the consistency and reliability of the CAGV Scale using Cronbach's  $\alpha$  statistic, and a cluster analysis to explore the groups that underlie the population.

## Results

Of the 265 questionnaires collected, 77% are women, the average age is  $21.6 \pm 4.8$  years -without statistically significant difference by sex ( $t=1.30$ ,  $p=0.1$ )-, the majority has accessed the university by means of the university entrance exam (68.7%), they say they have an average family socioeconomic level (70.6%), they live in a nuclear biparental family (62.6%), the highest level of studies reached is primary by the mother and the father (34.0% and 32.5%, respectively), almost half of the mothers (43%) are exclusively dedicated to the home while the fathers develop work activities (81.5%).

Aspects of socialization. The highest proportion of participants have seven or more friends, both of the same sex (83.3% in boys and 64.4% in girls) and of the opposite sex (81.7% in boys and 54.9% in girls), the latter difference being statistically significant ( $X^2=14.96$ ,  $p=0.011$ ).

When asked about aspects related to gender socialization, it can be seen that 97.9% of students report that their family has influenced their gender formation (73.1% quite a bit and 24.4% somewhat). Regarding the development of roles in the family, 55.5% of those surveyed express that roles in the family are undifferentiated and that the distribution of household tasks is equitable, although specifically domestic tasks are still assigned more to girls than to boys.

Gender training and attitude towards gender violence. Students say that the main sources of gender material they have used at least once are: magazines and websites specialising in the subject (87.2% and 80.6%, respectively), books (63.2%) and readings related to the subject (58.6%). As for training events, the

order of frequency is as follows: seminars (42.2%), conferences (28.7%) and courses (27.2%).

Extracurricular training in gender. Table 1 shows the clusters by sex of the extracurricular training alternatives used by the study group. Cluster 1 in girls and boys coincide in sometimes consulting magazines and websites and also attending seminars with equal frequency, while cluster 2 of boys sometimes also goes to all the material options, but never to training events. Cluster 2 of girls is different from the others presented in the table in that they use all the options asked about in the survey, with three of them having a frequency of "often": magazines and related readings and seminars. The participants state that they have been influenced in their gender training mainly by the media (97.7%) and the family (95.5%), followed in frequency by: high school, university and school (88.3%, 87.5% and 76.2%, respectively).

**Table 1.** Clusters of queries for gender material and attendance at gender training events by sex

Conglomerado/ Sexo	Hombres		Mujeres	
	1º n=10	2º n=10	1º n=52	2º n=14
Libros	Nunca	A veces	Nunca	A veces
Revistas relacionadas	A veces	A veces	A veces	A menudo
Páginas web relacionadas	A veces	A veces	A veces	A veces
Otras lecturas relacionadas	Nunca	A veces	Nunca	A menudo
Curso	Nunca	Nunca	Nunca	A veces
Seminario	A veces	Nunca	Nunca	A menudo

When the clusters are evaluated by sex in Table 2 , it can be seen that family and university are the two that have had the greatest influence on this formation. When comparing the two clusters of boys, it can be seen that they differ only in that for the first, the institute has "some" influence and the media "quite a bit", and in the second these values are reversed. For girls, more differences are observed between clusters: the first is a group of 137 students in whom -with the exception of school- the family, the institute, the university and the media have had a great influence on their gender formation, while in the second only the great influence has been from the family and the university.

**Table 2.** Clusters by sex of the degree to which school, university, high school and the media have influenced gender formation

Conglomerado/ Sexo	Hombres		Mujeres	
	1º n=36	2º n=23	1º n=137	2º n=50
Influencia	Bast.	Bast.	Mucho	Bast.
Familia	Algo	Algo	Algo	Algo
Escuela	Algo	Bast.	Bast.	Algo
Instituto	Bast.	Bast.	Bast.	Bast.
Medios de comunicación	Bast.	Algo	Mucho	Algo

Nota. Bast.: Bastante

Gender training at the University. The majority (82.6%) acknowledge having worked on gender content in university subjects, pointing to Community Nursing as the highest percentage (53.9%), proportions that are not exclusive. Regarding training in VG, 67.9% acknowledge having taken some subject during their degree

in which the topic has been worked on, pointing to Community Nursing (24.5%), Gynecological Nursing and Family Planning (40.8%) as the main subjects.

58.5% of students reported having had contact with a situation of VG in their immediate environment; the order by type of violence being: psychological (71.0%), physical (41.2%), sexual abuse (3.2%) and economic (2.5%).

Training to address GBV. Of the participants in this study, 95.5% believe they have some level of training to detect violence in the following forms: physical violence, 88.7% psychological violence, 73.6% sexual abuse, and 28.3% other forms. When the same information is analysed by clusters, Table 3 shows that boys believe that training to detect the types of violence is basic, with the exception of the first cluster where they say they have advanced training to detect violence. For girls, however, only the appreciation of basic training to detect sexual abuse coincides; in cluster two, the participants report greater training in the other forms of GBV.

**Table 3.** Sex clusters of the degree of training to address VG

Conglomerado/ Sexo	Hombres		Mujeres	
	1º n=21	2º n=12	1º n=50	2º n=32
Física	Avanz.	Básica	Básica	Avanz.
Psicológica	Básica	Básica	Básica	Avanz.
Abuso sexual	Básica	Básica	Básica	Básica
Otro tipo	Básica	Básica	Ning.	Básica

Nota. Avanz.: Avanzada/Ning.: Ninguna



Reliability analysis of the CAGV The CAGV scale had a reliability measured with the Cronbach alpha statistic of 0.87, being better in men than in women (0.91 versus 0.84). By subscale, the sexist beliefs scale had a reliability of 0.92 (0.94 in boys and 0.90 in girls), indicating that it can be used alone as an assessment instrument for this topic. The reliability of the other scales can be observed in Table 4 .

**Table 4.** Reliability of the CAVG scale  
 by sex and total according to subscale

Subescala	Nº items	Sexo		Total
		Hombres	Mujeres	
Creencias sexistas	28	0,94	0,90	0,92
Creencias fatalistas	8	0,69	0,68	0,69
Asunto privado	8	0,61	0,52	0,55
Incorporación de la mujer a cargos de responsabilidad	3	0,36	0,54	0,50
Escala total	47	0,92	0,85	0,89

Analysis of the association of the CAGV factors with selected variables of the study . In this study, it was found that men had higher scores than women, with this difference being statistically significant for the total score of the CAGV and for three of the subscales (sexist beliefs, pessimistic beliefs and the assessment of the incorporation of women into positions of responsibility). These scores can be consulted in detail in Table 5 .

**Table 5.** Descriptive measures of CAGV scores by sex and total

Subescala	Sexo	N	Media	DE	IC <sub>95%</sub> inf de la media	IC <sub>95%</sub> sup de la media	t	p valor
Puntaje total	Hombre	52	108,8	33,5	99,4	118,1	19,32	<0,001
	Mujer	173	91,0	22,7	87,6	94,4		
Creencias sexistas	Hombre	55	56,5	22,4	50,4	62,5	29,74	<0,001
	Mujer	186	42,7	14,2	40,7	44,8		
Creencias fatalistas	Hombre	60	27,5	8,5	25,3	29,7	5,95	0,015
	Mujer	197	24,4	8,8	23,1	25,6		
Asunto privado	Hombre	59	18,0	7,2	16,1	19,9	2,92	0,089
	Mujer	199	16,4	5,9	15,6	17,3		
Incorporación de la mujer a cargos responsabilidad	Hombre	59	13,9	4,0	12,9	14,9	5,15	0,024
	Mujer	198	15,3	4,2	14,7	15,9		

When the scores were compared by participant course, it was observed that there was a statistically significant difference in the subscales of fatalistic beliefs and private matters, having higher scores in the first course (see [Table 6](#) ).

**Table 6.** Descriptive measures of the total and subscale scores of the CAGV according to course

Subescala	Curso	N	Media	DE	IC <sub>25%</sub> inf de la media	IC <sub>25%</sub> sup de la media	F	p valor
Puntaje total	Primero	67	98,1	30,5	90,7	105,6	2,55	0,082
	Segundo	73	98,4	28,2	91,8	104,9		
	Tercero	84	90,0	21,0	85,4	94,5		
Creencias sexistas	Primero	69	46,6	20,1	41,8	51,5	1,14	0,320
	Segundo	81	47,6	18,9	43,5	51,8		
	Tercero	90	43,8	13,2	41,0	46,5		
Creencias fatalistas	Primero	79	27,1	9,1	25,1	29,2	7,15	0,001
	Segundo	84	26,1	8,9	24,2	28,1		
	Tercero	93	22,5	8,0	20,8	24,1		
Asunto privado	Primero	79	18,2	6,5	16,8	19,7	3,19	0,042
	Segundo	83	15,8	6,4	14,4	17,2		
	Tercero	95	16,5	5,8	15,3	17,7		
Incorporación de la mujer a cargos responsabilidad	Primero	79	15,4	4,1	14,5	16,3	2,99	0,052
	Segundo	83	15,5	3,9	14,6	16,4		
	Tercero	94	14,1	4,3	13,3	15,0		

## Discussion

In this study carried out with nursing students from the University of Seville, we found that in relation to sex our results coincide with other studies<sup>24</sup> which reflect that there are significant differences between men and women with respect to sexist beliefs about VG, with men scoring higher for these beliefs. Sastre's study<sup>25</sup> indicates that although in recent years there has been considerable progress in overcoming sexism among young people, this overcoming is still far from complete and is sufficiently rooted in identity. To explain this, it is necessary to take into account the multiple conditions that influence this complex problem, one of which may be that the social pressure for the male stereotype continues to be

more rigid than the pressure for the female stereotype and that most women tend to perceive the overcoming of sexism as a gain while most men tend to perceive it as a loss.<sup>26</sup>

The course seems to influence the fatalistic belief of justifying violence against women as a biological and innate aspect of human beings, therefore inevitable and difficult to eradicate. In this case, students score lower as they advance in their academic training. In this sense, we agree with the data from Subirana and Fargues<sup>27</sup>, which indicate that university students present more favorable beliefs and attitudes to justify the problem based on having received specific training on the subject.

The course significantly influences the assessment of women's incorporation into positions of social or labour responsibility. As students acquire training in the subject, the assessment of women's incorporation into positions of responsibility becomes more favourable, although there is a significant difference between men and women. On the other hand, most adolescents seem to be unaware of where this situation comes from, what its historical evolution has been, and why there are fewer women in the positions from which society is organised.

In line with the data provided by other authors,<sup>28,29</sup> university training in gender does not seem to significantly influence sexist beliefs, which makes us think that these beliefs are very internalized, that is, the mechanisms through which sexism and violence continue to be transmitted are so general, deep and, at times, subtle, that in addition to transmitting a non-sexist model of relationships in the university environment, specific content should be included in the university

academic curriculum to minimize these beliefs and improve the attitude towards the problem.

However, when both variables, sex and specific training, are analysed together, it can be seen that while there are differences between girls who have received such training and those who have not, there are no differences between boys depending on whether or not they have taken subjects on the subject. In other words, these results suggest that specific training, as provided, would increase the effect of gender, so that girls who receive it become even more sensitive to the problem. In contrast, in the case of boys, although those who have taken subjects on this form of violence obtain lower scores in all the beliefs studied than those who have not, the difference is not large enough to be significant.

In this study, the family factor is not exclusive in the formation of sexist beliefs about VG, which leads us to think about the influence of the university in the training of these future nurses. Almost all of the students surveyed have taken gender or VG subjects in some course; it was interesting to see that students in the initial courses adopt less favorable positions in relation to considering VG as an intra-family issue, showing the importance of introducing specific subjects on equality and violence against women in the curricula of Nursing students from the first year, which could be an adequate preventive measure to review and correct possible myths and erroneous beliefs of future professionals that may interfere with their professional performance, requiring specific strategies to reach more and better our male students.

Limitations of the study. Given the importance of this serious social problem and the negative stigma increasingly associated with violence against women, it is possible that some participants may have modified their responses to others that are more socially convenient or better valued, so the results obtained in this study must be interpreted carefully. We also found some difficulty in explaining some of the results, which could be clarified by carrying out subsequent studies using qualitative methods.

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