

## A Multicentre Cross-Sectional Study on Nursing Students Health Sciences

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### Abstract

According to the World Health Organization (WHO), approximately 30% of women worldwide have experienced sexual and/or physical intimate partner violence (IPV) or non-partner sexual violence in their lifetimes. IPV accounts for most of this violence. Almost 27% of women who have been in a relationship between the ages of 15 and 49 say that their partners have used sexual or physical violence against them. Women's physical, mental, sexual, and reproductive health may suffer as a result of violence. "any act of gender-based violence (GBV) that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or private life," the United Nations defined violence against women in 1993. Women's rights are being violated and violence against women is a serious problem for public health.

**Keywords:** Public Health; Cross-Sectional; Violence

### Introduction

In the prevention, early detection, and clinical management of GBV, healthcare providers play an important role (WHO, 2021b). Nurses are in a unique position to recognize this kind of violence and provide support to victims because they frequently become the first health professionals in the healthcare system to interact with women who are victims of IPV. However, nurses should be properly trained because their knowledge, attitudes, behaviors, and beliefs may affect their ability to identify and manage IPV.

### Method

There is a lack of scientific evidence regarding the experiences, beliefs, and attitudes of nursing students regarding GBV and IPV. According to research, nursing students recognize GBV as a serious social and health issue that requires nursing professionals' attention. However, students express fear of causing harm to the victims and lack confidence in their ability to handle cases appropriately as a result of a lack of GBV instruction. Nursing students stereotype those who commit GBV [1]. Considering that physical and psychological violence are the most prevalent, they identify various forms of IPV. In addition, the nursing students claim to be aware of close cases of IPV or to have been victims of gender-based violence, including physical attacks, intimidating and sexist remarks, and social exclusion. The University of A Coruna, in the northwest of Spain, currently offers four health sciences degrees: degrees in physical therapy, nursing, podiatry, and occupational therapy. The following mandatory professional skill related to GBV was included exclusively in the nursing degree during the 2009/2010 academic year, in response to a social need to provide victims of GBV with better health care and in accordance with the new Bologna regulations regarding bachelor's degrees [2]: To understand and identify the psychological and physical effects of GBV in order to instruct students on its prevention and early detection, as well as to educate students on how to assist and rehabilitate victims of GBV (UDC, 2022b). This ability is taught in the first semester of the nursing degree's first year in the "Psychology" course, which is a six-credit basic training requirement. We will find out in this study if nursing students who receive specialized GBV tutoring are more aware of this social and health issue [3], have fewer attitudes that support GBV, and experience fewer instances of IPV than students with other health sciences degrees.

### Result

The Attitudes to Violence against Women and Girls (AGVQ): It is a 47-question validated questionnaire designed for young people and adolescents [4]. The instrument consists of four factors: 1st Factor: beliefs about psychosocial differences that are sexist and the use of violence as a justification for action (28 items); 2nd Factor: beliefs regarding the biological utility of violence and sexism (8 items) 3rd Factor: conceiving GBV as a private matter and a problem that cannot be avoided (8 items); fourth factor: opinions regarding women's access to power, responsibility, and financial opportunities On a Likert-type scale, responses are scored from 1[5] ('totally disagree') to 7 ('totally agree'). For Factor 1, the maximum score is anywhere from 28 to 196; 8 to 56 for factors 2, 3, and 4, and 3 to 21, respectively. The indirect items received negative scores. Higher scores for the first three factors indicate acceptance of violence and more sexist attitudes. Positive perceptions are reflected in higher scores on the fourth factor [6].

### Discussion

The data were analyzed using SPSS Version 25.0 from SPSS Inc. Then, the Shapiro-Wilk test was used to determine whether the variables fit the normal distribution. All variables were given descriptive statistics: distribution analysis, as well as measures of the central tendency and dispersion. Students' quantitative AGVQ scores were compared using an independent samples t-test or a Mann-Whitney non-parametric test to determine whether or not they had experienced dating violence [7]. The relationship between the AGVQ dimensions and the significance of GBV issues in society and the university setting was investigated using Pearson's correlation analysis. The proportions were compared using the Chi-square test. The significance level for the statistical tests was established, and the confidence intervals (CI) were set at 95%.

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The following is a description of the AGVQ scores obtained by UDC students pursuing various health sciences degrees. The four factors showed statistically significant differences when the gender differences were examined. For sexist attitudes and violence justification, female participants scored significantly lower than men. Female participants received significantly higher mean scores than male participants in the fourth factor, "opinions of women's access to financial prospects, power, and responsibility."

## Conclusion

We observed that nursing students received significantly higher scores in factor 2 beliefs about the biological usefulness of sexism and violence than students of other health sciences when comparing the scores of the factors according to degree nursing vs. other health sciences degrees. In addition, nursing students receive slightly higher scores across the board on the questionnaire. Sexist attitudes and justifications for violence were found to have a statistically significant inverse linear correlation with students' attitudes toward GBV issues in society and at the university. It should be noted that the importance of GBV issues in society and the university environment was found to have a weak linear relationship with the fourth factor, which was found to be direct, significant, and significant. When the DVQ and AGVQ results were compared, it was found that students who had experienced any form of DV scored higher on factors 1, 2, or 3 of the AGVQ. As a result, they were more in agreement with sexist attitudes and the use of violence than the other participants. In factor 1 of the AGVQ, participants who were humiliated by their partner scored significantly higher than those

who were not. In factor 1 of the AGVQ, students who were subjected to detachment, coercion, physical violence, and emotional punishment in a relationship scored significantly higher than students who were not. In factor 3 of the AGVQ, which asked students to "conceptualize GBV as a private matter and as an unavoidable problem," students who had been the victims of gender violence and instrumental punishment received significantly higher scores.

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