

MULTIDISCIPLINARY/INTERDISCIPLINARY EDUCATION

## Medical and Nursing Students' Knowledge and Attitudes Toward Violence Against Women in India

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**ABSTRACT** **Objective:** *The purpose of this study was to explore the knowledge and attitudes towards violence against women among fourth (final) year baccalaureate nursing students and fifth (final) year medical students from two distinct educational institutions in India.*

**Methods:** *Data were collected from 440 students using two questionnaires: the Student Exposure to Woman Abuse Questionnaire (SEWAQ), and the Inventory of Beliefs about Wife Beating (IBWB). Results were analysed based on gender, profession, and educational institution.*

**Findings:** *Nursing students believed that they had received more classroom preparation and practical skills to better prepare them to assist abused clients than male and female medical students. Only 38% of the participants believed that they had acquired classroom knowledge on woman abuse through their respective educational programs, whereas 43% thought they had practical skills to care for victims. All participants were sympathetic toward abuse victims, but demonstrated varying attitudes about the justification for abuse against women, help given to victims, punishment of the offender and the effect of woman abuse. Female medical students believed more strongly than males and nursing students that wives do not gain from being beaten.*

**Conclusions:** *Congruent with existing literature, the study demonstrated that health care students in India do not receive sufficient training, practical skills and classroom knowledge to effectively manage abuse against women.*

**KEYWORDS** *Violence, women, India, medical students, nursing students, knowledge.*

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## **Introduction**

In India, an estimated 45% of women experience at least one incident of physical or psychological violence in their lifetimes (USAID India, 2000). Such abuse exists widely across class, ethnicity, age, education, and religious strata (International Institute for Population Sciences & ORC Macro, 2000). Reports of woman abuse have increased sharply in the last ten years. However, official statistics represent only a fraction of the real numbers. It is estimated that at least 80% of cases are not reported (The Hindu, 12 April, 2002). The number of crimes against women registered under the Indian Penal Code increased from 83,880 to over 130,000 between 1994 and 1999 (International Centre for Research on Women, 2000). Research correlates the incidence of abuse to alcoholism among husbands, suspicion of infidelity, multiple children, or a gap in spousal education and employment (USAID India, 2000).

In Indian culture, women are often seen as economic and social burdens and are treated as the inferior gender. As compensation for maintaining an economically unproductive person, some Indian societies provide a “dowry” to the husband’s family (Prosad, 1994). An important factor behind violence against women is the inability of a woman’s family to meet dowry demands. More than 5,000 brides are killed each year because of inadequate dowries. However, the actual number is probably much higher than estimated (UNICEF, 2000).

Health care professionals play a pivotal role in the issue of woman abuse. They are part of the only institution in most countries that has the opportunity “to interact with almost every woman at some point in her life” (Heise & Gottemoeller, 1999, p. 26). Their unbiased, supportive role allows patients to share otherwise confidential and unexplored aspects of their lives. The ability of a health care professional to appropriately address woman abuse may be undermined by inadequate training and subsequent lack of knowledge and biased attitudes.

There is growing concern in India over the quality of medical education about domestic abuse (Rao, 1997). Decreased awareness of the frequency and dangers of domestic violence undermines health care providers’ ability to recognize and manage the problem effectively.

## **Methods**

This participatory, community-based project used quantitative and qualitative measures to assess exposure and knowledge of violence against women among medical and nursing students in India and to explore the experiences of female victims of domestic violence. Informed consent was obtained from all

participants. The study was conducted in the participant's language of choice, and measures were taken to ensure confidentiality.

### *Qualitative Data Collection*

Individual interviews with nine women living in urban and rural India provided an in-depth look at woman abuse. Two women from community organizations (Mahila Sera Samity and All India Women Conference) in Calcutta were trained to conduct semi-structured interviews, using an interview guide to ensure consistency. Participants were asked five general questions pertaining to (a) demographics; (b) general well-being; (c) emotional health; (d) spirituality; and (e) stress.

### *Quantitative Data Collection*

Nursing and medical students were recruited from two distinct educational institutions: a government university in an urban community in Northern India (Institution A), and a private university in a rural community in Southern India (Institution B). Despite their different locations and sources of funding, these institutions both offer nursing and medical education programs at the undergraduate and graduate levels. In both institutions, all instruction is provided in English. Nursing and medical students are admitted to each institution after completing grade 12.

Two questionnaires, the Student Exposure to Woman Abuse Questionnaire (SEWAQ), and the Inventory of Beliefs about Wife Beating (IBWB), were administered to all students to assess knowledge and exposure to issues related to violence against women. Each participating institution tested the cultural sensitivity and approved the questionnaires prior to the study.

The SEWAQ is a 29-item scale, developed by the Faculty of Health Sciences at McMaster University (Canada), used to assess for exposure to woman abuse in the health science program. Respondents rate their level of exposure to issues of woman abuse in classes and practical settings on the following scale: "none", "moderate amount", and "a great deal". This questionnaire has demonstrated an internal consistency of 0.96, and face and content validity (Sword, Carpio, Deviney & Schreiber, 1998). The IBWB is a 31-item scale designed to measure student attitudes toward wife beating, a more specific form of woman abuse (Saunders, Lynch, Grayson & Linz, 1987). This scale consists of five subscales: (a) Wife-beating is justified, (b) Wife gains from beatings, (c) Help should be given, (d) Offender should be punished, and (e) Offender is responsible. Statements are rated from 1 – Strongly agree to 7 – Strongly disagree. Previous testing of this scale has demonstrated reliability and validity. The standardized alpha coefficients of the internal reliability of the scales range from 0.61 to 0.89 (Saunders *et al.*, 1987).

## Data Analysis

### *Qualitative Data*

Interviews with nine abused women revealed that violence against women in India is holistic, encompassing physical, financial, sexual, societal and psychological oppression. The majority of interviewees expressed feelings of shame, disappointment and fear, but retained hope and courage.

Family issues were a common theme among case studies. A lack of family support was identified by all nine women, regardless of the family's role in the perpetuation of violence. Many interviewees reported abuse from family members, including the neglect of an elderly female by her children, incest and being guided back to an abusive husband or employer. In many cases, the husband's family appeared more directly abusive than the woman's own family and was more commonly linked to issues of rape, physical punishment and nonconsensual sale of young women to brothels. The selling of young girls appeared to be a common and traumatic experience in India, as described by four of the nine participants.

In all interviews, women spoke of a lifetime of pain and of the influence of hope, spiritual support and courage that helped them face their lives and overcome their past. Most interviewees regretted being born female.

### *Quantitative Data*

In total, 440 medical and nursing students participated in this study. Eighty percent of respondents were female. All students were in the final year of their respective programs and ranged in age from 21–23 years. The majority of participants (65%) were nursing students. Eighty percent were from Institution B (Table 1). It is important to note that medical students from Institution A did not participate in the study. Therefore, only comparisons between medical students from Institution B and nursing students from each institution can be drawn.

Statistically significant differences in attitudes were observed when participants were divided into subgroups, and attitudes about specific aspects of woman abuse were compared. A *p*-value of 0.05 level of significance was used in this study.

**Table 1.** Breakdown of study participants by faculty and gender

	Nursing students		Medical students		Total
	Female	Male	Female	Male	
Institution A	88	0	0	0	88
Institution B	196	0	69	87	352
Total	284	0	69	87	440

*Total Group General Trends*

*Women's Issues.* Fifty-four percent (238/440) of all participants disagreed with the statement, "wife-beating is justified" and 59% (260/440) with the statement that "wives gain from being beaten". Seventy-five percent (330/440) strongly agreed that help should be given to abuse victims, with students from Institution B demonstrating the strongest belief in this statement. Thirty-six percent (82/229) of respondents identified women's issues as relevant concepts that they have not been exposed to in their professional programs. Agreement on the extent and varieties of abuse was achieved among only 5% (11/229), revealing the need for a clear definition of woman abuse. Fifteen percent indicated the need to recognize factors related to abuse, i.e. the social and religious implications of women's status, dowry harassment and dowry death. Approximately 4% (9/229) of students considered these factors to be part of a cycle of violence, and 7% (16/229) recognized the need for appropriate psychological therapy.

*Social, Economical and Cultural Factors.* Twenty-one percent (49/229) of students indicated that social, economic and cultural factors contribute to woman abuse. Of these respondents, 7% (3/49) noted that the perception of women as inferior beings was the main contributor to woman abuse, and 7% advocated activism in women's rights. Three percent of these students felt that a change in society's attitude toward woman abuse was necessary and focussed on the power hierarchy present in traditional family structure and relationships, while fewer identified the need to redefine women's role in society.

*Role of Health Professionals in Counselling and Treatment.* Forty-nine percent (112/229) of students stated they had not received training about the role of health professionals in abuse counselling and treatment. Of these respondents, 22% (25/112) identified the importance of providing emotional care for victims, while 14% (16/112) felt that the ability to clinically diagnose and medically treat abused women is important. Four percent (5/112) indicated that a health professional's ability to identify cases of abuse is most important, and 3% (3/112) suggested educational courses and training on the types of abuse. The legal obligations of the health professional when treating abused women (3%), the care of abused children (3%) and the cost of counselling and treatment (0.5%), were also identified.

*Improved Education as a Prevention Method for Women Abuse.* Twenty-one percent (48/229) viewed education as a strategy to prevent abuse and suggested that curriculum should address education on women's health (9%), literacy skills (4%), training in social skills (5%) and interactive learning (2%). One percent identified the importance of involvement with voluntary agencies that protect women and children.

*Legal Protection and Financial Assistance for Abused Women.* Thirty-three percent (76/229) of students indicated a need for more information on legal protection and financial assistance for abused women. Of these respondents, 8% (6/76) indicated that poor socio-economic conditions are likely the main contributor to abuse and that improved social and financial support systems must be established. Eight percent felt stricter laws and law-enforcement are necessary.

Ten percent of respondents (6/60) acknowledged the prevalence of woman abuse, the need for appropriate rehabilitation and the importance of determining the reasons behind such high incidence. Fifteen percent (9/60) of students agreed that women's current status must receive attention, and 10% (6/60) considered larger socio-cultural aspects of society, such as the practice of dowry, as contributing factors.

Twenty-eight percent (17/60) reported that they had not been exposed to the issue of rape in their professional programs. Three percent (2/60) indicated that sexual violence is a major part of the cycle of violence, and 2% (1/60) suggested the involvement of substance abuse. Five percent (3/60) identified child abuse as a possible consequence of woman abuse.

*Better Support Services.* Thirty percent (18/60) of students indicated the need for improved support services and 10% (6/60) suggested prevention measures and improved education as strategies that would help women protect themselves and promote awareness. Approximately 12% (7/60) indicated the need to examine the role of the health professional in counselling and treating abused women. Eight percent (5/60) suggested group counselling as the best method of rehabilitation.

#### *Nursing Students at Institution A vs. Institution B*

Nursing students from Institution A ( $n=88$ ) rated themselves higher for classroom knowledge of abuse than those ( $n=196$ ) from Institution B (Table 2). Conversely, students from Institution B believed they received more practical experience than those from Institution A. Nursing students from Institution B disagreed more strongly with the statement "wife beating is justified" and rated the statement that "help should be given to the abused" higher than nursing students from Institution A. Nursing students from Institution A believed more strongly than those from Institution B that "an offender should be punished".

#### *Male vs. Female Medical Students*

Overall, female medical students ( $n=69$ ) revealed a significant attitude of advocacy towards women and violence. Female medical students disagreed more strongly with the statements, "wives gain from being beaten" and "wife beating is justified" than their male counterparts (Table 3). Female medical students also agreed more strongly than male students that "help should be given to the abused" and believed more strongly in offender punishment.

**Table 2.** Knowledge and attitudes of Nursing students from Institution A vs. Nursing students from Institution B

	Institution A ( <i>n</i> = 88)		Institution B ( <i>n</i> = 196)		Significance <i>t</i> – test
	Mean	SD	Mean	SD	
Classroom	2.07	0.91	1.42	0.54	7.48*
Practical	1.37	0.77	2.03	0.66	7.51*
WBJ	3.11	0.80	3.50	0.83	3.73*
WG	2.92	0.85	2.79	0.82	1.30
HG	4.59	0.62	5.33	0.84	7.41*
OP	3.42	1.07	2.98	1.11	3.14*

A *p*-value of 0.05 level of significance was used in this study. An asterisk indicates a statistically significant value. SD, standard deviation. WBJ = Wife beating justified. WG = Wife gains from beatings. HG = Help should be given. OP = Offender should be punished.

**Table 3.** Knowledge and attitudes of Male vs. Female medical students from Institution B

	Male ( <i>n</i> = 87)		Female ( <i>n</i> = 69)		Significance <i>t</i> -test
	Mean	SD	Mean	SD	
Classroom	1.37	0.63	1.35	0.61	0.228
Practical	1.50	0.64	1.55	0.67	– 0.422
WBJ	3.33	1.13	2.26	0.92	6.33*
WG	3.25	1.01	2.59	0.82	4.44*
HG	5.15	1.15	5.95	0.78	– 4.92*
OP	3.39	1.17	4.11	1.25	– 3.72*

A *p*-value of 0.05 level of significance was used in this study. An asterisk indicates a statistically significant value. SD, standard deviation. WBJ = Wife beating justified. WG = Wife gains from beatings. HG = Help should be given. OP = Offender should be punished.

### *Male Medical Students vs. Female Nursing Students*

Comparisons of professional and gender subgroups revealed that female nursing students from institutions A and B (*n* = 284) believed they had acquired more classroom and practical skills in dealing with abused women than male medical students (*n* = 87) (Table 4). Female nursing students also disagreed more strongly with the statement “wives gain from being beaten” than male medical students. Though not statistically significant (*p* < 0.052), it is also worth noting that male medical students rated offender punishment higher than all nursing students.

*Female Medical Students vs. Female Nursing Students*

Classroom knowledge and practical skills were rated significantly higher by female nursing students ( $n=284$ ) when compared with the 69 female medical students (Table 5). Female medical students disagreed more strongly than nursing students with the statements “wives gain from being beaten” and “wife beating is justified”. Female medical students believed more strongly in the

**Table 4.** Knowledge and attitudes of Male medical students from Institution B vs. Female nursing students from Institutions A and B

	Male medical students (Institution B) ( $n=87$ )		Female nursing students (Institutions A and B) ( $n=284$ )		Significance <i>t</i> -test
	Mean	SD	Mean	SD	
Classroom	1.37	0.63	1.62	0.74	- 2.904*
Practical	1.50	0.64	1.83	0.76	- 3.637*
WBJ	3.33	1.13	3.38	0.84	- 0.489
WG	3.25	1.01	2.83	0.83	3.909*
HG	5.15	1.15	5.10	0.85	0.475
OP	3.39	1.17	3.11	1.11	1.949

A *p*-value of 0.05 level of significance was used in this study. An asterisk indicates a statistically significant value. SD, standard deviation. WBJ = Wife beating justified. WG = Wife gains from beatings. HG = Help should be given. OP = Offender should be punished.

**Table 5.** Knowledge and attitudes of Female medical students from Institution B vs. Female nursing students from Institutions A and B

	Female medical students (Institution B) ( $n=69$ )		Female nursing students (Institutions A and B) ( $n=284$ )		Significance <i>t</i> -test
	Mean	SD	Mean	SD	
Classroom	1.35	0.61	1.62	0.74	- 2.86*
Practical	1.55	0.67	1.83	0.76	- 2.82*
WBJ	2.26	0.92	3.38	0.84	- 9.78*
WG	2.59	0.82	2.83	0.83	- 2.19*
HG	5.95	0.78	5.10	0.85	7.55*
OP	4.11	1.25	3.12	1.12	6.45*

A *p*-value of 0.05 level of significance was used in this study. An asterisk indicates a statistically significant value. SD, standard deviation. WBJ = Wife beating justified. WG = Wife gains from beatings. HG = Help should be given. OP = Offender should be punished.

offender punishment statement than nursing students and agreed more strongly than female nursing students that “help should be given to the abused”.

## Discussion

Current curriculum does not provide sufficient training, practical skills and classroom knowledge to prepare future health care professionals to identify, understand and manage the effects of abuse against women (Reid & Glasser, 1997; Garimella, Plichta, Houseman, & Garzon 2000; Kaplan, 2001). The need for widespread prevention education is underscored by the fact that health care professionals often bear the unique and difficult task of detecting and caring for victims of domestic abuse (Johnson & Johnson, 2001; American Medical Association, 2002).

Comparisons of study participants (by gender, profession and educational institution) revealed statistically significant differences in attitudes towards violence against women. As a whole, the students surveyed were found to be sympathetic towards abuse victims and disagreed with the justification of violence against women. Medical students differed statistically in every factor of the IBWB questionnaire when compared by gender. Female students were more concerned with the aftermath of abuse.

Nursing students were more comfortable with their knowledge but had some weaker beliefs against woman abuse. This apparent inconsistency is explained in the literature which states that attitudes are based not only on knowledge, but also on deeply embedded values and beliefs (Hoff & Ross, 1993).

Although the majority of participants agreed that help should be given to the victim, they did not feel they were capable of providing the assistance. Like the current study, the results of a similar Canadian study (Sword *et al.*, 1998) revealed a need to train nursing students and expose them to concepts relevant to the identification and treatment of woman abuse.

## Conclusions

To effectively combat the prevalence of domestic violence in India, programs that emphasize cultural sensitivity and relevance must be implemented for medical and nursing students. Based on this study, a culturally-sensitive training manual using participatory teaching and learning methods was developed for health professionals. This will serve as a guide for trainers (health care providers) who need to develop and increase their skills in assisting women and their families to lead violence-free lives. A “Plan for An Educational Training Program” was also designed in collaboration with Institution B’s College of Nursing. Efforts to supplement the health science curriculum with information

about the pervasive issue of violence against women will require the ongoing attention of educators and researchers, as well as increased awareness of the problem in the general public.

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