

Relation between the attitudes of nursing students on gender equality and dating violence

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Abstract

Aim: This study was conducted for the purpose of identifying the relation between the attitudes of nursing undergraduate students on gender equality and dating violence.

Material and Methods: The study was conducted with 310 undergraduate students who studied in the nursing department of a university. The Personal Information Form, Gender Equality Scale (GES) and Dating Violence Scale (DVS) were used as the data collection tools. Shapiro-Wilk test, histogram, Q-Q graphics, Mann-Whitney U, Kruskal-Wallis and Spearman's correlation test were used in data analysis. Before beginning the research, ethical approval was obtained from the Ethical Committee.

Results: Regarding dating relations of nursing students; 39.4% stated about their dating relationships that they had a dating relationship, 78.0% stated that they continued their relationship "orderly/serious", 7.3% stated that they "committed violence" in their dating relationship, and 2.4% stated that they "were exposed to violence" in their dating relationship. It was identified that the students had the lowest score from the emotional and economical sub-scale and that the students did not generally support the dating violence. A positive and moderate relation was determined between the GES and the DVS scores of the nursing students ($p < 0.05$).

Conclusion: In nursing education curricula, it is necessary to address the concept of gender together with the dating violence.

Keywords: Gender; gender equality; dating violence, nursing

INTRODUCTION

Gender is a state that elicits expectations as to the roles, duties and responsibilities given by society and how that individual is perceived. The human population is based on a biological equality; however, there can be inequality and discrimination when genders are considered in social terms (1,2). It has been proposed that women will have to wait another 100 years for equal rights with men (3). According to a 2018 report of the World Economic Forum, the gender inequality gap has been gradually widening, and Turkey is 130 out of 149 countries in terms of this disparity (4). Gender inequalities have brought various negative outcomes, including violence (3-5). One of the violence types which have emerged in relation to social gender inequality is dating violence (DV). DV is a type of close partner violence that affects both the individual and society. It is defined as "all kinds of expressions, gestures and behaviors including painful or hurtful, physical or psychological use of force or threat against the partner in the dating relationship" (6,7). DV can happen personally

or occur through computer-based formats. It can take the form of physical, sexual, psychological and emotional violence, as well as stalking and negligence, in existing or former relationships (6,7). In previous reports, it was shown that half of the young people studied were unjustly treated by a romantic partner (8,9), with 40.9% of the boys and girls suffering from psychological violence (10), 20% suffering from physical violence, and 14% of girls and 8% of boys facing continued sexual violence (8). DV can have negative effects on young people, even resulting in their death. Violence in youth can also reflect to subsequent marriage relationships, and can affect future generations (10,11) This violence experienced by young people in romantic relationships is considered DV.

An important risk factor for being an offender or a victim of DV is the societal culture. Every culture shows variation in what is seen as acceptable or unacceptable behavior; what is considered the general cultural norm and value system. These cultural differences can also affect what actions are considered DV. As such, there is an urgent need to consider

Received: 03.04.2020 **Accepted:** 09.06.2020 **Available online:** 06.07.2020

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cultural characteristics in avoiding DV (12,13). Healthcare professionals must also know and understand the cultural perspective of people to whom they provide service (13). In this context, nurses have a privileged position and have been playing an active role in all aspects of DV (14). They have an important role in defining DV and in supporting, advocating for, leading, and training the victims, because they are usually the first contact point in the healthcare services. Nurses have been helping to break the violence cycle by empowering the individuals who have been exposed to DV, by contacting with support services, and by advocating for them (14-17). In addition, nurses also secure, collect and document forensic evidence. They should get training in forensic nursing both during and after their undergraduate education in order to provide qualified care (18). However, nurses should also take charge in preventing and intervening in DV. In particular, they must learn the perceptions of their home society towards gender, as an important step in these processes.

The perceptions and attitudes of nursing students about gender equality and DV can affect their future professional practices (14,15,17,19). Even though there are reports that have evaluated the attitudes of nursing students towards gender and gender equality qualitatively, there are limited quantitative studies (20-22). While there are many studies in the literature that reveal attitudes and behaviors about gender and dating violence (13,14,16,21,22). However, it is thought that finding the most basic variables related to dating violence will make a significant contribution to the solution of this problem. Therefore, more studies are needed on this subject. This study identified the relation between the attitudes of nursing students to gender equality and DV, and the relation between gender equality and DV.

MATERIAL and METHODS

Design and Sample

This study was a cross-sectional study conducted with undergraduate students who studied in the nursing department of a Turkish university between April and May 2017. No sample selection was made in this study, with 310 students being accepted to participate from 392 nursing students composing the research population. According to the power analysis made for the correlation between total dating violence and total gender equality after the study, the effect size was 0.165 and its statistical power was determined as 100%.

Data Collection Tools

The data were collected using three instruments: Personal Information Form, Dating Violence Scale, and Gender Equality Scale.

Personal Information Form: This form, developed by research, was composed of 17 questions (10-15). The form included questions about age, gender, grade, marital status, birth place, the educational level of parents and family income status. Besides in the form; Along with the questions about the dating relationship, there was

also questions relation whether there was violence in the dating relationship.

Dating Violence Scale (DVS): This scale was developed by Terzioglu et al. (23) to identify the attitudes of individuals towards violence in their dating relationships. It was composed of 28 items and five subscales, including those for general violence, physical violence, economical violence, emotional violence and sexual violence. A total of 23 items in the scale had a counter-scoring system. The items on attitudes towards DV were graded as 5 for "completely agree", 4 for "agree", 3 for "indecisive", 2 for "disagree", and 1 for "completely disagree". Scale average scores closer to 5 indicated that the attitudes of the individual did not support DV. The Cronbach-alpha value was 0.91 for the original scale and 0.83 in the present study.

Gender Equality Scale (GES): This scale was developed by Pulerwitz & Barker (24); and studies on its validity and reliability were conducted in Turkey by Ceber et al. (25). The Cronbach-alpha value was 0.78 for both the original scale and the present study. The scale had two subscales, traditional gender norms composed of 17 items and egalitarian gender norms composed of seven items. The minimum and maximum possible scores for the egalitarian gender norms subscale were 7 and 21, respectively. The minimum and maximum possible scores for the traditional gender norms subscale were 17 and 51, respectively. In terms of total score for the scale, 1-23, 24-47 and 48-72 corresponded to low, moderate and high equality, respectively.

Data Collection

The data were collected by face-to-face interviews outside the class hours by the researcher. Each of interviews lasted approximately 25-30 minutes. Data collection was done as conforms to the provisions of the Declaration of Helsinki. Informed consents of students were obtained and their anonymity was maintained. Before the interview, the study was explained the students by the research executive. No pressure has been created for them to participate and they have been provided to participate in the research. It was explained to the students that they would not take notes from their responses to the questionnaires. These declared to the facilitated students to volunteer for their participation.

Ethical Committee Approval

Before beginning the study, ethical approval was received from the ethics committee (Code: 13/04/2017/94), and written and verbal informed consent was received from each of the students.

Data analysis

All statistical analyses were made using the IBM SPSS Statistics 22.0 package (IBM Corp., Armonk, NY, USA). Data were expressed as frequency (n) and median (M; 25-75 percentile). Normality of data for numeric variables

was evaluated by Shapiro-Wilk test, histogram and Q-Q graphics. The Mann-Whitney U test was used to compare the differences between groups, and the Kruskal-Wallis test was used for comparisons between more than two groups. Where there was a difference as a result of the Kruskal-Wallis test, it was evaluated with the Bonferroni-adjusted-Dunn test as a multiple comparison test. The relation between numerical variables was evaluated by Spearman's correlation. A value of $p < 0.05$ was accepted as statistically significant.

RESULTS

The average age of the students in this study was 20.94 ± 1.91 years. A total of 62.3% of the students were woman, 26.8% were first graders and 96.1% were single. Ten percent of the students had low incomes, 60% were born in urban areas, and most parents were educated to a primary school level (Table 1).

Table 1. Dating violence attitude scale scores of nursing students according to their features

	n	%	Traditional Gender Norms M (%25p-%75p)	Egalitarian Gender Norms M (%25p-%75p)	Gender Equality Scale M (%25p-%75p)
Gender					
Female	193	62.3	46.0 (42.0-48.0)	7.0 (7.0-8.0)	53.0 (50.0-56.0)
Male	117	37.7	40.0 (35.0-44.0)	8.0 (7.0-9.0)	48.0 (43.0-52.0)
p*			<0.001	0.297	<0.001
Grade					
1.Grade	83	26.8	42.0 (37.0-46.0)a	8.0 (7.0-9.0)	50.0 (46.0-55.0)a
2.Grade	81	26.1	43.0 (39.0-46.0)a	8.0 (7.0-8.0)	51.0 (47.0-54.0)a
3.Grade	65	21.0	44.0 (41.0-48.0)ab	8.0 (7.0-8.0)	52.0 (48.0-56.0)ab
4.Grade	81	26.1	46.0 (41.0-48.0)b	7.0 (7.0-8.0)	54.0 (48.0-56.0)b
p**			<0.001	0.058	0.003
Marital status					
Married	12	3.9	44.0 (39.0-47.0)	7.0 (7.0-8.0)	52.0 (47.0-55.0)
Single	298	96.1	45.0 (42.5-47.7)	8.0 (7.2-9.0)	53.5 (50.7-55.7)
p*			0.237	0.133	0.150
Birth place					
Urban	124	40.0	45.0 (40.0-48.0)	7.0 (7.0-8.0)	52.0 (48.0-56.0)
Rural	186	60.0	43.0 (39.0-47.0)	8.0 (7.0-9.0)	50.5(47.0-55.0)
p*			0.130	0.054	0.272
Mother's Educational Status					
Illiterate	33	10.6	41.0 (37.0-45.5)	7.0 (7.0-8.0)	50.0 (44.0-52.0)
Literate	32	10.3	44.0 (40.2-46.7)	7.0 (7.0-8.0)	52.5 (49.0-55.0)
Primary School	161	52.0	44.0 (39.0-47.0)	8.0 (7.0-9.0)	52.0 (47.0-55.0)
Secondary School	35	11.3	44.0 (41.0-49.0)	7.0 (7.0-8.0)	51.0 (48.0-56.0)
High School	44	14.2	44.0 (40.2-48.0)	7.0 (7.0-8.0)	51.5 (47.2-55.0)
University	5	1.6	47.0 (42.0-49.0)	8.0 (7.0-8.5)	55.0 (50.0-56.5)
p**			0.167	0.059	0.142
Father's Educational Status					
Illiterate	6	1.9	42.5 (37.7-44.5)ab	7.0 (7.0-7.0)	49.5 (44.7-51.5) ab
Literate	22	7.1	38.5 (31.0-42.2)b	8.0 (7.0-9.2)	48.0 (40.2-52.5) a
Primary School	130	42.0	45.0 (40.0-48.0)a	8.0 (7.0-9.0)	52.0 (47.0-55.2) b
Secondary School	71	22.9	44.0 (41.0-47.0)a	7.0 (7.0-8.0)	52.0 (48.0-55.0) b
High School	45	14.5	44.0 (40.0-48.0)a	7.0 (7.0-8.0)	51.0 (47.5-55.0) b
University	36	11.6	43.5 (40.0-48.0)a	8.0 (7.0-8.0)	51.5 (48.0-55.7) b
p**			0.016	0.054	0.048
Family Income Status					
Low Income	31	10.0	44.0 (39.0-46.0)	8.0 (7.0-9.0)	51.0±7.7 (47.0-55.0)
Middle Income	207	66.8	44.0 (40.0-47.0)	7.0 (7.0-8.0)	52.0±5.3 (48.0-55.0)
High Income	72	23.2	43.0 (38.0-48.0)	7.5 (7.0-8.7)	51.0±7.1 (46.0-55.0)
p**			0.435	0.320	0.458
TOTAL	310	100.0	44.0 (39.0-47.0)	8.0 (7.0-8.0)	52.0 (47.0-55.0)

*Mann Whitney U test , **Kruskall Wallis test, ***It indicates the groups constituted a, b difference.

Table 2. Dating violence attitude scale scores of nursing students according to their features

	General Violence M (%25p-%75p)	Physical Violence M (%25p-%75p)	Emotional Violence M (%25p-%75p)	Economical Violence M (%25p-%75p)	Sexual Violence M (%25p-%75p)	Dating Violence M (%25p-%75p)
Gender						
Female	5.0 (4.6-5.0)	4.8 (4.2-5.0)	4.3 (3.8-4.6)	4.0 (3.6-4.6)	5.0 (4.3-5.0)	4.5 (4.2-4.7)
Male	4.4 (4.0-5.0)	4.2 (3.6-5.0)	3.8 (3.3- 4.3)	3.4 (3.0-4.0)	4.3 (3.8-4.8)	4.0 (3.6-4.3)
p*	<0.001	<0.001	<0.001	<0.001	<0.001	<0.001
Grade						
1.Grade	4.8 (4.4-5.0)ab	4.4 (4.0-5.0)ab	4.1 (3.6-4.5)	3.8 (3.2-4.4)	4.8 (4.1-5.0)	4.3 (4.0-4.6)
2.Grade	4.6 (4.2-5.0)a	4.4 (3.8-5.0)a	4.1 (3.6-4.5)	3.8 (3.4-4.2)	4.5 (4.0-5.0)	4.2 (3.8-4.5)
3.Grade	5.0 (4.3-5.0)b	4.6 (4.2-5.0)ab	4.1 (3.6-4.6)	3.6 (3.0-4.2)	4.6 (4.0-5.0)	4.3 (4.0-4.6)
4.Grade	5.0 (4.4-5.0)b	4.8 (4.2-5.0)b	4.1 (3.6-4.5)	4.0 (3.5-4.4)	5.0 (4.2-5.0)	4.5 (4.1-4.7)
p**	0.001	0.036	0.856	0.452	0.319	0.088
Marital status						
Married	4.8 (4.4-5.0)	4.5 (4.0-5.0)	4.1 (3.6-4.5)	3.8 (3.4-4.2)	4.6 (4.0-5.0)	4.3 (3.9-4.6)
Single	5.0 (4.8-5.0)	4.9 (4.6-5.0)	4.1 (3.6-4.8)	4.0 (3.2-4.4)	5.0 (4.6-5.0)	4.5 (4.3-4.7)
p*	0.025	0.041	0.678	0.732	0.079	0.131
Birth place						
Urban	4.8 (4.2-5.0)	4.6 (4.0-5.0)	4.1 (3.6-4.5)	3.8 (3.2-4.2)	4.4 (4.0-5.0)	4.3 (3.9-4.6)
Rural	4.8 (4.2-5.0)	4.5 (4.0-5.0)	4.1 (3.6-4.5)	3.8 (3.4-4.4)	4.8 (4.1-5.0)	4.3 (4.0-4.6)
p*	0.834	0.615	0.779	0.728	0.261	0.735
Mother's Educational Status						
Illiterate	4.6 (4.2-5.0)	4.4 (3.8-5.0)	4.0 (3.3-4.3)	3.6 (3.1-4.3)	4.5 (3.8-5.0)	4.1 (3.6-4.5)
Literate	4.7 (4.0-5.0)	4.5 (3.8-5.0)	4.0 (3.7-4.4)	3.6 (3.0-4.4)	4.6 (4.0-5.0)	4.3 (3.8-4.5)
Primary School	4.8 (4.2-5.0)	4.6 (4.0-5.0)	4.1 (3.7-4.5)	3.8 (3.4-4.2)	4.8 (4.3-5.0)	4.3 (4.0-4.6)
Secondary School	4.8 (4.2-5.0)	4.8 (4.2-5.0)	4.1 (3.6-4.6)	4.0 (3.6-4.4)	4.8 (4.0-5.0)	4.4 (4.1-4.6)
High School	4.8 (4.4-5.0)	4.7 (4.0-5.0)	4.1 (3.5-4.5)	3.9 (3.4-4.3)	4.9 (4.1-5.0)	4.4 (4.0-4.6)
University	4.2 (3.6-4.6)	4.6 (4.0-5.0)	4.5 (3.6-4.8)	4.0 (3.1-4.6)	4.3 (4.0-5.0)	4.3 (3.7-4.7)
p**	0.165	0.725	0.303	0.487	0.615	0.330
Father's Educational Status						
Illiterate	4.4 (3.7-5.0)ab	4.1 (3.7-5.0)	3.5 (3.2-4.6)ab	3.6 (3.1-4.0)ab	4.0 (3.9-4.7)ab	4.0 (3.7-4.3)ab
Literate	4.2 (3.5-4.6)a	3.7 (3.4-4.7)	3.6 (3.4-4.0)a	3.3 (2.9-3.6)a	3.9 (3.6-4.3)a	3.8 (3.4-4.2)a
Primary School	4.8 (4.4-5.0)b	4.6 (4.0-5.0)	4.1 (3.8-4.6)b	3.8 (3.3-4.2)ab	4.8 (4.3-5.0)b	4.4 (4.1-4.6)b
Secondary School	5.0 (4.2-5.0)b	4.8 (4.2-5.0)	4.1 (3.8-4.5)b	4.0 (3.6-4.6)b	5.0 (4.3-5.0)b	4.5 (4.1-4.7)b
High School	4.8 (4.2-5.0)b	4.4 (4.0-5.0)	4.0 (3.5-4.5)ab	4.0 (3.3-4.5)b	4.8 (4.0-5.0)b	4.2 (3.8-4.6)b
University	4.8 (4.2-5.0)ab	4.6 (4.2-5.0)	4.1 (3.7-4.3)ab	3.9 (3.4-4.5)b	4.7 (4.3-5.0)b	4.3 (4.1-4.6)b
p**	0.002	0.072	0.012	0.008	0.001	<0.001
Family Income Status						
Low Income	4.6 (4.2-5.0)	4.4 (3.8-5.0)	4.0 (3.6-4.5)	3.6 (3.4-4.6)	4.5 (4.0-5.0)	4.3 (3.8-4.5)
Middle Income	4.8 (4.2-5.0)	4.6 (4.2-5.0)	4.0 (3.6-4.5)	3.8 (3.4-4.2)	4.8 (4.3-5.0)	4.3 (4.0-4.6)
High Income	4.8 (4.2-5.0)	4.4 (3.6-5.0)	4.0 (3.6-4.4)	4.0 (3.2-4.4)	5.0 (4.0-5.0)	4.3 (3.9-4.6)
p**	0.219	0.254	0.882	0.944	0.190	0.418
TOTAL	4.8 (4.2-5.0)	4.6 (4.0-5.0)	4.1 (3.6-4.5)	3.8 (3.4-4.4)	4.8 (4.1-5.0)	4.3 (4.0-4.6)

*Mann Whitney U test, **Kruskall Wallis test, ***It indicates the groups constituted a, b difference

A total of 39.4% of nursing students were in a dating relationship. In these dating relationships, 78.0% stated that it was non-violent ("orderly/seriously"); however, 7.3% indicated that they had "committed violence", and 2.4% stated they "were exposed to violence".

GES scores of nursing students were supportive for egalitarian insight, with high median values; however, their subscale scores in traditional gender norms were higher than for egalitarian gender norms (Table 1). The scores of the GES according to the traits of young people are given in Table 1. The GES scores of nursing students in relation to their marital status, place of birth, mother's educational level and family income level did not differ at a statistically significant level ($p>0.05$). GES scores were high in both genders. Even though girls were more supportive of gender equality, they were also statistically more supportive of traditional gender norms than males ($p<0.05$). The subscale scores of egalitarian gender norms were not statistically different based on gender ($p>0.05$). By contrast, the GES and traditional gender norms subscale scores of the student nurses differed statistically based on their grade, with 4th grade students having higher scores. GES scores differed according to the education level of the father, being higher in those with fathers who were primary and secondary school graduates ($p>0.05$).

DVS scores of nursing students were high, indicating they did not support DV. They received the highest scores in the DVS subscales of sexual and physical violence, and the lowest scores from the subscale of economic violence (Table 2). The scores of nursing students for the DVS and its subscales according to their traits are given in

Table 2. These scores differed statistically according to their genders, and that the attitudes of the male students were supportive of violence ($p>0.05$). DVS scores of the students according to their grade and marital status also displayed a statistically significant difference in the general violence and physical violence subscales. Students who were in the 4th grade and were married did not support violence ($p<0.05$). DVS scores of the students differed according to the education level of their father, and those having a secondary school graduate father did not support DV, compared to those with fathers of other education levels. The lowest DVS scores of the students relative to the education level of their fathers were for the subscales of emotional violence and economical violence, with them supporting DV much more in these fields in comparison with other areas. In addition, a statistically significant difference was found among the scores for the subscales of general violence, emotional violence, economical violence and sexual violence ($p<0.05$). The highest scores were detected in the subscales of general violence, economical violence and sexual violence. The highest DVS scores were by students who had secondary school graduate fathers, and the lowest scores were for the emotional violence subscale by those who had primary school graduate fathers (Table 2).

A positively, medium level and statistically significant correlation was detected between GES and DVS scores of nursing students (Table 3). A statistically positive correlation was detected between GES, traditional gender norms subscale, DVS and DVS subscales. In addition, a poor positive correlation was found between the egalitarian gender norms subscale and DVS (Table 3).

Table 3. The relationship between nursing students' gender equality scale and dating violence attitude scale

General Scale and Subscales	General Violence	Physical Violence	Emotional Violence	Economical Violence	Sexual Violence	Dating Violence	Traditional Gender Norms	Egalitarian Gender Norms	Gender Equality
General Violence	-								
Physical Violence	0.474**	-							
Emotional Violence	0.241**	0.440**	-						
Economical Violence	0.341**	0.370**	0.513**	-					
Sexual Violence	0.478**	0.371**	0.324**	0.354**	-				
Dating Violence	0.636**	0.700**	0.728**	0.742**	0.686**	-			
Traditional Gender Norms	0.381**	0.477**	0.440**	0.434**	0.358**	0.579**	-		
Egalitarian Gender Norms	-0.021	-0.036	-0.031	-0.074	0.050	-0.004	-0.092	-	
Gender Equality	0.369**	0.466**	0.436**	0.417**	0.357**	0.574**	0.969**	0.111*	-

* $p<0.05$, ** $p<0.01$

DISCUSSION

Children learn emotions, attitudes, behaviors and roles in accordance with their genders and the impact of culture within the socialization process, resulting in gender differences in social terms (6,7). Previous reports, including studies conducted in Turkey and Asian societies indicate that men mostly adopted traditional roles (22,26-28). By contrast, for nursing undergraduates, the scores of females were higher than those of males, indicating that female students adopted traditional gender norms more than male students (Table 1). This suggested that the female perspective of gender roles in this study followed a traditional patriarchal order. University education should provide point of views that enlighten individuals and allow for the development of society, as well as basic vocational training. The findings of the study indicate there might be a long way to go on this issue, as students with a strong gender equality perception still maintained a traditional approach.

Today, gender inequality is considered as one of the main reasons for violence and this viewpoint has been gradually strengthening. While there are different types of violence, one which has emerged especially in relationships is DV, which is experienced at different levels depending on socio-economic, social and cultural factors in different regions of the world (29,30). According to data from the Centers for Disease Control and Prevention (CDC), 23% of women and 14% of men experienced DV by 18 years of age (7). In addition, DV continued during the young adulthood period, with 32% of young adults experiencing violence from their partners and 24% committing violence against their partners (31-33). While it was reported that DV was experienced mostly between the ages of 16–24 years (34,35), it was also stated that it peaked in the early twenties and was reduced in the mid-twenties (34). As such, DV is a situation frequently encountered by university students (35), and those affected range from 10 to 50%. Both female and male students can suffer from psychological, physical and sexual violence (20,22,36,37, 38, 39). In the current study, in which the relation between the attitudes of nursing students towards gender equality and DV was examined, it was found that they supported emotional and economic violence the most, reporting that 7.3% "used violence in the dating relationship" and 2.4% were "exposed to violence". In addition, nursing students did not support dating violence as their perceptions of gender equality increase. Notably, the rates of DV in the current study were lower than in previous reports, where gender inequality was considered among the causes of violence (CDC, 2017). In the current study, students adopted traditional gender roles, which were thought to represent a risk for students in terms of DV.

DV is a learnable and transferable situation, and it can affect relationships during adulthood (6,7,9,29). For this reason, it is important to intervene early in DV.

As professionals, nurses should provide service without gender discrimination, based on equal rights, and also play a role in the prevention of violence (14,15,17,19). Therefore, nursing undergraduate students should give training and counseling services to children, young people, families and society in general, based on this premise, even after graduation (14,15,17,19). Notably, in the current study, a great majority of the students did not support DV, and with advancing grade level their DVS scores increased, especially for subscales of general violence and physical violence. In addition, GES scores increased with increasing grade level of the students. This might be associated with the fact that from the 2nd grade, students received education on gender, DV, and violence against children and women, in courses on gender, sexual health, reproductive health, gynecology, pediatrics, public health and psychiatry. Even so, the fact that DVS scores of the students didn't change, and that GES scores increased with regard to traditional gender norms along with their grade level, indicated this issue should be handled at the level of family, school and society from birth.

Limitations of the Study

There are two limitations in this study. First, although this study is one of the rare studies in which the relationship between nursing students' attitudes towards gender equality and dating violence is evaluated, it was conducted only with undergraduate students studying in the nursing department of a university. The second is that the study was conducted on a small sample group. Therefore, the findings of the study can only be generalized to this group.

CONCLUSION

The findings of this current study supported this view, where support for DV decreased as the perceptions of gender equality increased among nursing students. Establishing and developing the gender equality perception has become prominent in the solution of the DV problem, which is affected by many social and cultural factors, such as gender inequality, socio-economic status and the patriarchal structure of society. Theoretical and practical educational programs might be prepared for nursing undergraduate students through activities suggested in the literature, such as standardized patient scenarios, peer education programs, interviews with DV victims and social service support for those who have been exposed to DV. Such educational programs on DV and gender equality should not only be organized for nursing students but also for all university students. In addition, evidence-based randomized controlled studies should be conducted in which the activities of these programs are analyzed..

Competing interests: The authors declare that they have no competing interest.

Financial Disclosure: There are no financial supports.

Ethical approval: Before beginning the study, ethical approval was received from the ethics committee (Code: 13/04/2017/94), and written and verbal informed consent was received from each of the students.

REFERENCES

1. National Action Plan for Gender Equality 2008–2013 [Internet]. 2020. Available from: <https://rm.coe.int/CoERMPublicCommonSearchServices/DisplayDCTMContent?documentId=09000016805969fd>
2. United Nations Educational, Scientific and Cultural Organization Gender Equality Heritage and Creativity [Internet]. 2020. Available from: <https://unesdoc.unesco.org/ark:/48223/pf0000229418>
3. The World Economic Forum 2017, The Global Gender Gap Report [Internet]. 2019. Available from: http://www3.weforum.org/docs/WEF_GGGR_2017.pdf
4. The World Economic Forum 2018, The Global Gender Gap Report [Internet]. 2019. Available from: http://www3.weforum.org/docs/WEF_GGGR_2018.pdf
5. Perception of Gender and Women's Studies in Turkey [Internet]. 2019. Available from: <https://gender.khas.edu.tr/en/survey-public-perceptions-gender-roles-and-status-women-turkey>
6. Center for Diseases Control and Prevention. Preventing Teen Dating Violence [Internet]. 2019. Available from: <https://www.cdc.gov/injury/features/dating-violence/index.html>
7. Dating Violence among the Youth [Internet]. 2019. Available from: <https://cinselsiddetlemucadele.org/wp-content/uploads/2017/07/flort-brosur-internet.pdf>
8. Wincentak K, Connolly J, Card N. Teen dating violence: A meta-analytic review of prevalence rates. *Psychol Violence* 2016;7:224–41.
9. Ybarra ML, Espelage DL, Langhinrichsen-Rohling J, et al. Lifetime prevalence rates and overlap of physical, psychological, and sexual dating abuse perpetration and victimization in a national sample of youth. *Arch Sex Behavior* 2016;45:1083–99.
10. Gittins SD, DuBois R, DeJesus B, et al. Brief report: A network analysis of self-cutting risk among late adolescent girls exposed to dating violence. *J Adolesc* 2017;61:12–6.
11. Van Ouytsel J, Ponnet K, Walrave M. The associations of adolescents' dating violence victimization, well-being and engagement in risk behaviors. *J Adolesc* 2017;55:66–71.
12. Malhotra K, Gonzalez-Guarda R, Mitchell E. A review of teen dating violence prevention research: What about Hispanic youth?. *Trauma, Violence, & Abuse* 2015;16:444–65.
13. Ragavan M, Syed-Swift Y, Elwy AR, et al. The influence of culture on healthy relationship formation and teen dating violence: A qualitative analysis of South Asian female youth residing in the United States. *J Interpers Violence* 2018;1-27.
14. Beccaria G, Beccaria L, Dawson R, et al. Nursing student's perceptions and understanding of intimate partner violence. *Nurse Educ Today* 2013;33:907–11.
15. Maquibar A, Hurtig AK, Vives-Cases C, et al. Nursing students' discourses on gender-based violence and their training for a comprehensive healthcare response: A qualitative study. *Nurse Educ Today* 2018;68:208–12.
16. Crombie N, Hooker S, Reisenhofer S. Nurse and midwifery education and intimate partner violence: a scoping review. *J Clin Nurs* 2016;26:2100–25.
17. Gómez-Fernández MA, Goberna-Tricas J, Payà-Sánchez M. Intimate partner violence as a subject of study during the training of nurses and midwives in Catalonia (Spain): A qualitative study. *Nurse Educ Pract* 2017;27:13–21.
18. Meera T, Singh KP. Forensic nursing: An evolving specialty. *Journal of Medical Society* 2017;31:141–2.
19. Al-Natour A, Qandil A, Gillespie G. Nurses' roles in screening for intimate partner violence: a phenomenological study. *Int Nurs Rev* 2016;63:422–8.
20. Aslan D, Vefikulucay D, Zeyneloglu S, et al. Survey of the students who read from the first and fourth grades of two nursing schools in Ankara in terms of exposure to dating violence, violence in dating relations and their opinions. *Women's Issues Research Center, Hacettepe University, Ankara* [Internet]. 2019. Available from: http://www.huksam.hacettepe.edu.tr/Turkce/SayfaDosya/flort_siddeti.pdf
21. Zeyneloglu S. Attitudes of university students enrolled at universities in Ankara towards gender roles. Unpublished doctorate thesis, Hacettepe University, Ankara, 2008.
22. Connor PD, Nouer SS, Speck PM, et al. Nursing students and intimate partner violence education: improving and integrating knowledge into health care curricula. *J Prof Nurs* 2013; 29: 233–39.
23. Terzioğlu F, Gönenc IM, Özdemir F, et al. The validity and reliability of the dating violence scale. *Anatolian Journal of Nursing and Health Sciences* 2016; 19: 225–32.
24. Pulerwitz J, Barker G. Measuring attitudes toward gender norms among young men in Brazil: development and psychometric evaluation of the GEM Scale. *Men and Masculinities* 2008; 10: 322–38.
25. Ceber E, Demirelöz M, Nazlı A, et al. The adaptation of gender equality scale in adolescents into Turkish: validity and reliability study. *Journal of Research and Development in Nursing* 2009; 11: 5–15.
26. Sacan S, Adıbelli D, Metin S, et al. Determining the attitudes of university students towards gender roles. *International Journal of Psychiatry and Psychological Researches* 2015; 4: 1–23.
27. Özpulat F. The relationship between self-efficacy level and gender perception of university students: Beyşehir example. *International Journal of Human Sciences* 2016; 13: 1222–32.
28. Unutkan A, Güçlü S, Elem E, et al. An examination of the opinions of the university students about feminism and gender roles. *Journal of Higher Education and Science* 2016; 6: 317–25.

29. WHO, 2015. Preventing youth violence: an overview of the evidence. [Internet]. 2019. Available from:<https://apps.who.int/iris/bitstream/handle/10665/181008/9789241509251engpdf;jsessionid=D6A61B2FEE9BF45E3210B90E3FE6BABA?sequence=1>
30. Sparrow K, Kwan J, Howard L, et al. Systematic review of mental health disorders and intimate partner violence victimization among military populations. *Social Psychiatry and Psychiatric Epidemiology* 2017; 52:1059-80.
31. Halpern CT, Spriggs AL, Martin SL, et al. Patterns of intimate partner violence victimization from adolescence to young adulthood in a nationally representative sample. *J Adolesc Health* 2009;45:508-16.
32. Gómez AM. Testing the cycle of violence hypothesis: child abuse and adolescent dating violence as predictors of intimate partner violence in young adulthood. *Youth & Soc* 2011;43:171-92.
33. Barrick K, Krebs CP, Lindquist CH. Intimate partner violence victimization among undergraduate women at historically black colleges and universities (HBCUs). *Violence Against Women* 2013;19:1014-33.
34. Johnson WL, Manning WD, Giordano PC, et al. Relationship context and intimate partner violence from adolescence to young adulthood. *J Adolesc Health* 2015;57:631-36.
35. Ames TL, Glenn LA, Simons LE. Dating violence: promoting awareness and mitigating risk through nursing innovations. *J Am Assoc Nurse Pract* 2014; 26:143-47.
36. Campbell JC, Sabri B, Budhathoki C, et al. Unwanted sexual acts among university students: correlates of victimization and perpetration. *J Interpers Violence* 2017;0886260517734221.
37. Kelmendi K, Baumgartner F. Exploring violence socialization and approval of intimate partner violence among university students in Kosovo. *Journal of Interpersonal Violence* 2017; 35; 1081-107.
38. Li L, Sun IY, Button DM. Tolerance for intimate partner violence: a comparative study of Chinese and American college students. *J Interpers Violence* 2017;1:886260517716941.
39. Ozdere M, Kurtul N. The effect of dating violence training on the attitudes of university students towards dating violence. *Soc Sci Med* 2018;3:123-36.