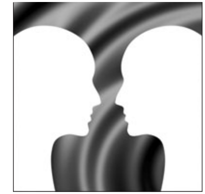

Beliefs and attitudes of final-year nursing students on honour crimes: a cross-sectional study

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Keywords: attitudes, domestic violence, gender-based violence, honour crimes, nursing students

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Accessible summary

- Health providers often share the same stigmatizing attitudes as the population at large.
- As a key point of contact between the patient, community and the health and social welfare system, nurses have a vital role in recognizing, treating and preventing violence.
- This study supports the belief that gender may influence male and female nurses' perceptions and tolerance towards honour crimes.

Abstract

The purpose of this study was to evaluate perceptions of nursing students about honour crimes and examine their beliefs about inquiring information from the victims of honour crimes. A questionnaire including demographic data was administered to a sample of 225 male and female final-year students in a nursing school. Among them, we found that significantly more male students than female students justify honour crimes. Although the majority of both male and female nursing students believed that asking for honour crimes is useful, significantly more male than female nursing students were against screening for honour crimes. This study supports the belief that gender has an influence on nurses' perceptions, attitudes and tolerance of honour crimes.

Introduction

Violence, in the form of physical, sexual or emotional, against women is a widespread public health problem in Turkey and the lifetime prevalence of domestic violence (DV) ranges from 34% to 58.7% (Alper *et al.* 2005, Civi *et al.* 2005, Kocacik *et al.* 2007, PM, Prime Ministry General Directorate on the Status and Problems of Women 2009). While DV is 42% nationwide, it varies considerably between regions, especially between the western and eastern parts of Turkey. Nearly one out of two women living in the Eastern Anatolia region, where this study was conducted, reported having been exposed to physical violence (Turkish National Maternal Mortality Study 2005). Even in the most developed societies, DV is widely present, deeply affecting the relationship between men and women (Benagiano & Schei 2004, Cook & Dickens 2009).

In many parts of the world, violence is expressed in different manners according to cultural and historical circumstances. One example is crime against women committed in the name of honour. While it is beyond the scope of this paper to fully analyse the various conceptualizations of 'honour' and honour-related violence, the term 'honour crimes' includes any act of violence usually against women to either prevent or repair perceived violations of male or family 'honour'. Consequently, male family members receive support for punishing their female kin and at times their behaviour may be celebrated. Often the words

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'cleansing' or 'washing' the honour of a person by the blood of the disgraced woman are words used when a male family member kills the woman who has disgraced the family honour.

Although there are no reliable and precise statistical data considering values and statistics about honour crimes in the Turkish society, practices like 'virginity control' and 'honour killings' (i.e. the murder of a person who has been perceived as having brought dishonour to his/her family) are more widespread than reported (Ornek Buken & Sahinoglu 2006). According to the Turkish Human Rights Presidency 2007 Honour Killings Report (2008), 1148 persons were killed in the name of 'honour' between 2003 and 2007 in Turkey and an increase of 47% in the number of victims of honour killings was observed from 2006 to 2007. Of these, 480 (41.8%) were women murdered by their husbands.

Appropriate acknowledgement of cultural context can potentially help the understanding of the specific nature of the burden behind violence against women committed in the name of honour.

Health services provide a unique window of opportunity to address the needs of abused women, as most women come into contact with the health system at some point in their lives. To provide effective care, healthcare workers (HCWs) and especially nurses must be aware of and appropriately respond to their patients' cultural and socio-economic factors that influence their health (Calvillo *et al.* 2009). Nurses may have to deal with patients and relatives whose value judgement is different from their own (Duffy 2001, Tortumluoglu *et al.* 2004) and they have been found to reflect their cultural self-awareness on their professional practice. To optimize interactions and cultural assessment of their patients, nurses should first be aware of their own personal knowledge, values, beliefs and ethics. Because nursing students are the professionals of the future, there is a need to identify such beliefs at the stage of academic training, so that they can be better prepared for their professional practice.

We were not able to locate any Turkish study which investigated the orientations of nurses or nursing students towards violence in the name of honour. We aimed to determine Turkish nursing students' beliefs about 'honour crimes' and to what extent they think to respond to the needs of victims of 'honour crimes'.

This study tests two hypotheses: (1) nursing students are aware of honour crimes and related factors and (2) male and female nursing students differ in that nurses should be involved in the detection of honour crimes.

As health practitioners, nurses are likely to encounter the outcomes of violence in hospitals, community healthcare centres and on home visits. Amnesty International USA (2006) believes that nurses and midwives may promote human rights protection by refusing to participate in abuses and by reporting cases they witness.

It is very important for nurses to be educated about how to provide culturally competent care to the population they are going to serve, especially in low-level socio-economic and remote regions. A part of the resistance towards screening for DV is the reluctance of healthcare providers to assess, identify and report DV (American Medical Association, Council of Scientific Affairs 1992, Alpert 1995). More work needs to be done in assessing the knowledge and beliefs of HCWs in relation to violence including honour crimes. Here, in this study, what was emphasized was the understanding of honour underlying the act of violence against women.

The Turkish nursing education system has two basic types of programmes, which are called Health Professional High Schools leading to a diploma in nursing and university-based Nursing High Schools leading to a Bachelor of Science in Nursing (BSN) degree. Health Professional High Schools accept students after a minimum of 8 years of elementary education and students complete the health professional curriculum for an additional 4 years. Bachelor of Science in Nursing High Schools accept students after 11 years of elementary and secondary education who qualify after a national examination and continue in a 4-year programme. Both institutions offer similar curricula but are administered differently. Nurses with two different educational backgrounds have to share the same title and responsibilities when they graduate. Male students are also accepted to these High Schools and graduate as health technicians, health secretary and paramedics. Male health technicians in Turkey are educated with the same curriculum as nurses and work in a nurse role in hospitals and other healthcare settings but were not counted as nurses until 2007. According to the changes in the new Turkish Nursing Act (2007), men are considered able to do nursing.

Turkey has several ethnic groups and minorities with distinct cultural differences. Cultural differences exist among the citizens residing in the west and east and in the north and south regions of the country. Health and illness beliefs, religious influences in healthcare decision making, values and other cultural factors may differ substantially between the people of the regions. A nurse who was born and grew up in the west may work in the east and may experience a cultural shock when confronting these differences. This phenomenon was supported by a survey carried out in two different cities in the west and east of Turkey, stating that students coming from different cities experience cultural distress while providing service for local patients (Tortumluoglu *et al.* 2005).

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Method

This study was designed as a descriptive and cross-sectional study. A survey consisting of 22 items based on characteristics known to be significant from other studies (Kaya *et al*. 2004, Aksan & Aksu 2007, Ruban *et al*. 2007) and our personal experiences in working in this deprived region was developed. After the questionnaire was prepared, a psychiatry professor and a forensic medicine professor working with victims of violence evaluated the instrument in terms of the approaches to the definition of honour crimes and attitude questions.

An explanation describing honour crimes as 'all forms of violence including physical, emotional or sexual against women and girls committed in the name of honour and passion' took place at the beginning of the questionnaire sheet.

In the first part, four questions investigated demographic characteristics including place of birth and socioeconomic conditions. According to the World Bank (2005), the poverty rate for Turkey was 20% with $2.15 daily limit ($64.5 monthly). We asked the mean amount of expenditure on a monthly basis and categorized the mean expenditure per month per person as low if below $64.5 and high if ≥$64.5.

In the second part, 18 items inquiring opinions about intimate relationships and knowledge (e.g. 'I have heard about honour crimes') and beliefs (e.g. 'I believe that honour crimes are associated with chastity') about and attitudes (e.g. 'I believe that screening for honour crimes is useful') towards honour crimes were used in a 5-point Likert (strongly agree/agree/not sure/disagree/strongly disagree) format. A pilot testing with 12 students was performed to ensure that the questions were easy to understand and answer and that the items were relevant and corrections were made according to feedbacks. The answers were dichotomized and displayed as positive (strongly agree/agree) results.

The study was approved by the Local Ethics Review Committee in the Faculty of Medicine of the University of Yuzuncu Yil, Van. Informed consent was obtained from the participants.

Sample and setting

The inclusion criteria for the samples included were: (1) being at least 21 years of age; (2) born and/or living more than 15 years in this region; (3) enrolled in the fourth and final year of the nursing high school; and (4) agreeing verbally to participate in the study.

Van is the biggest city in East Anatolia region of Turkey. During the study period, there were one BSN High School at the University of Yuzuncu Yil and two Health Professional High Schools with a total of 800 students. Male and female students from the BSN High School in the last year of their nursing programme were invited to participate after local approval was obtained.

People in Turkey who are described as poor are more likely to live in the Eastern and South-eastern Anatolia regions (Saatci & Akpinar 2007). The geographical conditions such as high altitudes, rough climate and unfruitful soil are harsh and make improvement difficult in these regions. The rate of women without any antenatal care is 62% in Eastern Anatolia compared to 13.9% in the more developed Western Anatolia (Saatci & Akpinar 2007). Maternal mortality rate in this region was 55.5/100 000 compared to 12.4 in the most developed West Anatolia and 28.5 in the whole country (Turkish National Maternal Mortality Study 2005).

Data collection

Two of the researchers collected data from the students in the classroom at the BSN High School. They explained the purpose of the study and asked the students to participate in the study voluntarily. Potential participants were told that the results will be kept anonymous and confidential, and that only the research team would have access to the data. Participants completed the questionnaires in the classroom with the authors waiting outside and returned them to a designated box inside. It took approximately 15 to 20 min for participants to fill out the questionnaires and all surveys were collected in 1 h.

Data analysis

Analyses were conducted using SPSS (SPSS, Inc., Chicago, IL, USA), Version 13 computer program. Descriptive statistics were used in the analyses. Chi-squared test was used to analyse associations between categorical variables. A statistical significance of 0.05 was used throughout.

Results

A total sample of 280 nursing students accepted to participate and 225 (response rate of 80.3%) were eligible. Students consisted of 174 (77.3%) female participants and 51 (22.7%) male participants with a median age of 23 years; ages ranged from 20 to 25 years. All students were born and grew up in East Turkey, indicating similar socioeconomic and religious background. We did not ask for religion, because 99% of the population are Moslem in Turkey. Male students came from significantly more crowded families. Mean expenditure per month per

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Table 1
Characteristics of final-year nursing students, Turkey, 2009

	Female (*n* = 174)	Male (*n* = 51)	*P*
Age (years)			
20–21	49 (28.2)	5 (9.8)	
22–23	78 (44.8)	22 (43.1)	
24–25	42 (24.1)	18 (35.3)	
25	5 (2.9)	6 (11.8)	
Mean number of siblings, SD	5 ± 2	7 ± 4	0.001
Mean expenditure per month/person ($)[1], SD	165 ± 55	185 ± 45	0.189

[1]$1 = 1.60 Turkish Lira.
SD, standard deviation.

Table 2
Comparison of participants giving positive answers to questions about relationships and honour crimes according to gender and income, Turkey, 2009

				Income		
	Female (*n* = 174) (%)	Male (*n* = 51) (%)	*P*	Low	High	*P*
I endorse emotional relationships before marriage	138 (79.3)	35 (68.6)	0.17	91 (79.1)	82 (74.5)	0.69
I endorse sexual relationships before marriage	4 (2.3)	11 (21.6)	0.001	5 (4.3)	10 (9.1)	0.27
I have heard about honour crimes	170 (97.7)	48 (94.1)	0.22	112 (97.4)	106 (96.4)	0.66
Honour rules do exist in my family	17 (9.8)	14 (27.5)	0.006	15 (13.0)	16 (14.5)	0.88
I feel devoted to honour rules	14 (8.0)	8 (15.7)	0.13	10 (8.7)	12 (10.9)	0.55
I have witnessed honour crimes	49 (28.2)	26 (51.0)	0.012	38 (33.0)	37 (33.6)	0.95
I justify honour crimes	6 (3.4)	4 (7.8)	0.006	6 (5.2)	4 (3.6)	0.28

Table 3
Comparison of participants giving positive answers to questions about causes of honour crimes and attitudes towards screening for honour crimes according to gender and income, Turkey, 2009

				Income		
	Female (*n* = 174) (%)	Male (*n* = 51) (%)	*P*	Low	High	*P*
I believe that honour crimes are associated with chastity	96 (55.2)	37 (72.5)	0.02	51 (44.3)	41 (37.3)	0.28
I believe that honour crimes are associated with religion	120 (69.0)	29 (56.9)	0.11	38 (33.0)	38 (34.5)	0.81
I believe that honour crimes are associated with economy	33 (19.0)	6 (11.8)	0.21	90 (48.4)	96 (87.3)	0.07
I believe that honour crimes are associated with low level of education	91 (52.3)	26 (51.0)	0.86	56 (48.7)	52 (47.3)	0.83
I believe that honour crimes are associated with male-dominated society	111 (63.8)	16 (31.4)	0.001	51 (44.3)	47 (42.7)	0.81
I believe that honour crimes are associated with tradition	68 (39.1)	18 (35.3)	0.62	72 (62.6)	67 (60.9)	0.79
I believe that honour crimes are associated with other factors	4 (2.3)	2 (3.9)	0.54	112 (97.4)	107 (97.3)	0.96
I believe that asking for honour crimes is useful	120 (69.0)	33 (64.7)	0.82	79 (68.7)	74 (67.3)	0.36
I believe that patients should apply to nurses for help in honour crimes	125 (71.9)	34 (66.7)	0.77	85 (73.9)	74 (67.3)	0.13
I believe that patients will give true information about honour crimes	60 (34.5)	20 (39.2)	0.75	41 (35.7)	39 (35.5)	0.83
I believe that nurses should ask patients about honour crimes	133 (76.4)	26 (51.0)	0.001	86 (74.8)	73 (66.4)	0.28

participant was $175 ± 50 and no statistical difference existed between male and female students (Table 1).

The number of students endorsing a sexual relationship before marriage was significantly higher among male students than female students ($P < 0.01$). Nearly all students declared to have knowledge about honour crimes. Male students admitted in significantly higher rates that honour rules do exist in their families and having experienced some act of violence in the name of honour. In addition, the proportion of male students justifying honour crimes was significantly higher although low in number. Comparison regarding monthly expenditure revealed no statistically difference on students' beliefs about relationships and honour rules or crimes (Table 2).

The students believed that the causes of honour crimes are mostly related with chastity, religion and low level of education. A significantly higher number of female than male students believed that honour crimes were associated with a male-dominated society. The vast majority of the students in both groups believed that asking for honour crimes to assaulted women is a helpful behaviour. On the other hand, while the majority of female students supported screening for honour crimes, more than half of the male students were against screening. Answers did not vary with the economic status of the participants (Table 3).

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Discussion

In this study, we tried to assess beliefs and attitudes of nursing students on honour-related violence against women. We knew expressions such as 'it doesn't matter whether it is gender- or honour- or custom-related, they are all the same anyway, and they end in violence against women'. Here, we emphasized the understanding of honour underlying these assaults.

The results of this study indicate that male nursing students are against screening for honour crimes. Although more than half of all students believed that screening is useful and that victims should ask nurses for professional help, significantly more male students were against asking patients about honour crimes. This may be explained by the results that a significant higher proportion of male students justified honour crimes ($P = 0.006$) and reported of existing honour rules in their families and have witnessed acts of honour crimes. According to the social learning theory, people who witness and/or experience violence that is not criticized by society will internalize and imitate it on the assumption that such behaviour is socially acceptable and justified (Hines & Saudino 2002). Therefore, it can be assumed that male students in this study were influenced by having witnessed and experienced violence in the family, and by the transmission of those beliefs and family violence in general from their childhood to young adulthood. It can also be assumed that the students were affected by their family's socialization processes, which encouraged tolerance and indulgence towards different patterns of violence in general and towards 'honour crimes' in particular (O'Leary 1988, Hines & Saudino 2002).

According to the study by Aksan & Aksu (2007) with nurses and physicians working in the emergency room, 69.0% of women and 84.7% of men accepted at least one reason to justify physical violence and more men than women tended to justify violence.

There was no difference between male and female students' beliefs regarding the benefit for patients to inquire assistance from health professionals in our study, but compared to male students, more female students demonstrated greater responsibility in asking directly the patient about honour crimes. This may be explained by the fact that female health providers may have more empathetic attitudes towards victims of intimate partner violence (Rose & Saunders 1986) and female physicians are more successful in counselling on sensitive topics such as DV and sexually transmitted diseases (Henderson *et al.* 2004). In the study by Aksan & Aksu (2007), a strikingly large group of HCWs justified DV in certain circumstances and their attitudes towards physical violence were unexpectedly negative while female physicians stated the most positive attitudes.

More than half of our female and the vast majority of our male students declared to believe that honour crimes are related to chastity, while religion was held responsible in the vast majority in both groups. In fact, honour crimes against women predate Islam and are not consistent with the Qur'an. Given the fact that honour killings cross over geopolitical regions and religious boundaries, to argue that a particular religion gives rise to honour crimes is oversimplistic. In strongly patriarchal cultures, the understanding and practices of any religion come to reflect male domination, privilege and control.

A significantly larger number of female students believed that honour crimes were associated with a male-dominated society. It has been reported that concepts of 'honour' and 'shame' largely revolve around female sexuality, and violence against women in general has been closely linked to the regulation of female sexuality (Coomaraswamy 2005). Virginity is an expected condition for women before marriage and any suspicion of deceiving the husband after marriage can invite punishment of death. Although patriarchal demands such as insistence on virginity before marriage are widespread among Turkish matrimonies, they are particularly severe among rural populations which are most likely to be uneducated and most vulnerable to religious and cultural misconception. Honour is a fundamental element of Eastern culture, where one's honourable manners are seen as a valued possession which is the most desirable form. It is a social status that can equate the very poor with the very rich ones, at least on one cultural honoured dimension. Only when honour becomes an obsession, a scale men use to judge other men and women, negative judgements can result in violence (Goodwin 1994).

A significantly greater number of female students were against sexual activities before marriage, which may indicate acceptance of expectations of female chastity and pureness as essential components of the family's honour. However, the fact that male students did endorse premarital sex contradicts with the idea of punishment of 'unhonourable' women. This, again, may be the outcome of a male-dominated society, which was again mentioned by a significantly larger proportion of female students. Hence, this supports that honour crimes are a form of gender-based violence against women (Coomaraswamy 2005, Welchman & Hossain 2005). These findings support the belief that gender has an influence on students' perceptions, attitudes and tolerance of honour crimes.

While this study reveals that nursing students believe in sharing patients' problems about honour crimes, they were not sure about retrieving truthful information from the victims. In fact, many cases of honour crimes go unreported, especially in patriarchal societies, where honour gains importance in the life of people, and laws are often

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based on cultural criteria (PM, Prime Ministry General Directorate on the Status and Problems of Women 2004).

Barriers to screening include issues of security of the victim and security of the staff as well as the challenges of providing care for the traumatized woman. These barriers create an atmosphere of imposed silence of victims and healthcare professionals. The health system has a vital role in identifying and dealing DV victims, but many barriers exist including the lack of appropriate supporting systems for victims and proper training of HCWs in identification of physical assault. According to the Turkish Penal Code (TCK, Turk Ceza Kanunu 5237 2004), nurses have the obligation to report victims of violence, but this process is easier said than done. In order to write an official report for DV victims, a public prosecutor's request through the police is mandatory. Hence, the widespread social tolerance for violence in police stations, public prosecutor offices, courts and healthcare institutions may contribute to low reporting rates in Turkey.

In addition, nursing curricula do not comprehensively cover DV-related topics, such as legal rights of violence victims, and clinical guidelines or specific recommendations with regard to DV have not been implemented.

There are many other barriers to reporting assaulted women in healthcare settings. Probably, the most important one is that the HCWs might share the same cultural norms and prejudices with victims or perpetrators of honour crimes, affecting their professional. A traditional family background and acquaintance with honour rules were present among the male students in this study, which may have contributed to the reluctance for screening for honour crimes. The study sample consisted of nursing students who were born and grew up in a remote and rural region where strong tribal and kinship relations along with strong religious judgements exist, and violence against women is pervasive (Turkish Human Rights Presidency 2007 Honour Killings Report 2008). Some may have their own experiences with violence, as victims or abusers; such experiences and attitudes inevitably influence the way they will respond to clients living with violence. A study in South Africa found that many nurses believed that women enjoy punishment (Kim & Motsei 2005), whereas a Latin American survey found more than half of HCWs felt that some women's inappropriate behaviour provokes their husband's aggression (Guedes *et al.* 2002). Previous studies among medical students have also revealed that attitudes in support of patriarchy correlate positively with acceptance of wife beating and holding women responsible for violence against them on the one hand, and with the belief that violent men are not responsible for their behaviour towards their wives on the other (Sakalli 2001, Glick *et al.* 2002, Haj-Yahia & Uysal 2008).

However, given the lack of clear data on the benefits of screening and of the interventions to which women are referred, and the lack of data on potential harms (Ramsay *et al.* 2002, Wathen & MacMillan 2003, US Preventive Services Task Force 2004), the most appropriate healthcare system approach may be the more targeted case-finding or diagnostic method, which focuses healthcare resources on those in immediate need of care.

Strength and limitations

Our study has limitations and strengths. We did not specifically define 'honour crimes' for the participants, leaving interpretation of the term open to include other types of honour crimes, such as honour crimes against homosexual men. Although we did not inform the students in detail, except a short explanation in the questionnaire, previous studies from the region confirm that 'honour crimes' are described and known as any act of violence usually against women to either prevent or repair perceived violations of male or family 'honour' (Turkish Human Rights Presidency 2007 Honour Killings Report 2008). We assume that our participants are aware of the community, considering it both a right and an obligation for men to use violence in order to correct or chastise women for perceived transgressions. Previous studies among medical students have also revealed that attitudes in support of patriarchy correlate positively with acceptance of wife beating and holding women responsible for violence against them on the one hand, and with the belief that violent men are not responsible for their behaviour towards their wives on the other (Sakalli 2001, Glick *et al.* 2002).

Because we did not analyse the validity of the questionnaire, this work should be accepted as an initial effort to provide basic information about the knowledge and attitudes of nursing students about honour crimes and it may give us valuable information prior to developing a training programme in Turkey.

Another limitation may be the knowledge of lack of clear data on the benefits of screening for violence as a barrier not defined by the respondents.

An important strength of our study is that respondents came from a sample of nursing students, representing both genders and specific geographical region. Our respondents closely matched the target population across most demographic variables.

This study is the first of its kind to focus on comparing a range of nursing students' behaviours and beliefs on screening honour crimes. By viewing nursing students' responses to honour crimes within this context of cultural competency, we can more realistically assess nursing

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students' beliefs and capabilities in dealing with honour crimes as a healthcare problem.

Conclusion

This study represents an initial effort to provide basic information about knowledge and attitudes of nursing students on honour crimes. The goal is to provide a clearer cultural understanding, which will help bridge the gap between cultural inconsistency and cultural competency in students. We believe that nurses should be educated in both general and specific cultural knowledge when conducting assessments and planning interventions to help reduce gender-related disparities in health care. A training programme should include a component about gender roles in order to diminish the gender effect on the justification of violence and improve the attitudes of HCWs towards violence against women.

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Conflict of interest statement

The authors declare no conflict of interest.

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