



ATTITUDES OF MEDICAL STUDENTS TO VIOLENT DISCIPLINARY METHODS, SOCIAL GENDER ROLES AND CHILDREN'S RIGHTS: A CROSS-SECTIONAL RESEARCH

Dr. Esin AKGÜL KALKAN*

Canakkale Onsekiz Mart University, School of Medicine, Department of Forensic Medicine, 17020, Canakkale, Turkey

E-mail: esina@comu.edu.tr

ARTICLE INFO	ABSTRACT
<p>Article History: Received: 23 January 2018 Accepted: 30 January 2018</p> <p>Keywords: violent disciplinary, gender roles, children's rights</p> <p>DOI: 10.26900/jsp.2018.03</p>	<p>The use of all types of violent disciplinary methods degrading the child including physical punishment is a common violation of children's rights. As a result, the aim of this study is to investigate the attitudes of medical students related to "violent disciplinary methods, social gender roles and children's rights" and to examine the correlation between these attitudes. Based on the United Nations Convention of the Rights of the Child and the child abuse literature, a survey developed by the researcher aiming to measure attitudes and containing 5-point Likert type questions was applied to medical students. The correlations between attitude questions were analyzed with Kendall's Tau Correlation. The survey was voluntarily completed by medical students in years 1 to 5. Of students 54.1% were female and the mean age was 21.3 ± 2.7 years. There was a statistically significant positive correlation between attitudes that "children may be punished physically" and "the use of some behavior with the aim of demeaning children as a disciplinary method" with attitudes "supporting traditional social gender roles" ($p < 0.05$). There was a statistically significant negative correlation between these violent disciplinary methods and attitudes supporting stereotypical gender roles with "rights of the child" ($p < 0.05$). Students gave the answer "definitely disagree" at a rate of 32.8% in answer to the statement "some harmful traditional applications may be carefully used with the aim of increasing children's stamina". Medical students' attitudes supporting "violent disciplinary methods" and "traditional social gender roles" are an important factor causing attitudes that prevent protection and provision of children's rights. This study reveals the need for educational interventions aiming to change attitudes of medical students in terms of selective preventive studies.</p>

1. INTRODUCTION

Punishment is a negative stimulus applied to reduce or end a behavior (Orhon *et al.*, 2006). It is used quite commonly in society as a type of discipline method for children and typically encompasses verbal and/or physical forms of punishment (Şimşek *et al.*, 2004; Orhon *et al.*, 2006). Verbal punishment is a common type of parental discipline and includes behaviors like scolding, shouting or humiliating (Berlin *et al.*, 2009). Corporal punishment involves the use of physical force and is defined as behavior with the aim of causing pain to the child, no matter how slight, or making the child feel uncomfortable (United Nations Committee on the

Rights of the Child General Comment 8, 2006). According to World Health Organization (WHO) data, $\frac{3}{4}$ of children aged from 2 to 4 years in the world in general are exposed to disciplinary behavior involving violence regularly by carers (WHO, 2009). Many parents believe that the use of these types of punishment involving physical or psychological violence is appropriate/acceptable while raising children (Dawes *et al.*, 2004; Admassu *et al.*, 2006; WHO, 2009; Gebrehiwot, 2015;). The use of all these disciplinary methods involving violence is a common violation of children's rights (WHO, 2009; Gebrehiwot, 2015). Cultural and social norms are very effective in shaping individual behavior including the use of violence (WHO, 2009). These norms encompass parental child relationships and social gender roles (Turla *et al.*, 2010) and may encourage violence (WHO, 2009). An important factor supporting attitudes related to violence is having traditional attitudes related to social gender roles (Çetinkaya, 2013; Uçtu and Karahan, 2016). Acceptance of violence culturally as a conflict resolution method or as a normal part of raising children is a risk factor for all types of interpersonal violence (World report on violence and health, 2002). For example, hitting children as a means of discipline (i.e., spanking or corporal punishment) is a strong risk factor for physical abuse (Taylor *et al.*, 2017).

There are very few studies about the attitude and behavior relating to corporal punishment and punishing disciplinary methods used by parents in Turkey (Bilir *et al.*, 1991; Şimşek *et al.*, 2004; Orhon *et al.*, 2006; Biçer *et al.*, 2017). According to research by Bilir *et al.* in 1991, 62.4% of female children aged from 4 to 12 years and 62.9% of male children were exposed to physical punishment (Bilir *et al.*, 1991). Research by Biçer *et al.* in 2017 found the incidence of giving physical punishment was 23.4%, with the rate of parents reporting they had applied violent disciplinary punishments within the last 6 months identified as 44.9-47.8% (Biçer *et al.*, 2017). In Turkey only one research investigating the attitudes of medical students about child discipline was encountered (Orhon *et al.*, 2006). Orhon *et al.* revealed that 43.3% of pediatric assistant doctors and medical students accepted beating children as discipline. Apart from this research attracting attention to the importance of the attitudes of medical students in Turkey, there is no other research investigating "attitudes to violent disciplinary methods applied to children, social gender roles and children's rights" and the correlation between these attitudes. To fill this gap in the research and to take precautions against violations of children's rights, it is important to determine the attitudes of medical students. As a result, the aim of this research is to investigate attitudes relating to "violent disciplinary methods", "traditional applications harming the body", "social gender roles" and "children's rights to benefit, life and development, free participation in life, protection from abuse and prohibition of torture" and the correlation between these attitudes and to contribute to ending violence against children.

2. MATERIAL AND METHODS

2.1. Research Region and Population

This study is a cross-sectional type research completed on students attending Çanakkale Onsekiz Mart University Faculty of Medicine in years 1-5. At the time of the research, the number of students attending was 611. A total of 304 students responded to the survey.

2.2. Ethics Committee Permission and Scope of the Study

Ethics committee permission was received from Çanakkale Onsekiz Mart University Human Research Ethics Committee (Project Ethics No: 2011-KAEK-27/2015-131). Additionally, to administer the survey, permission was granted by the Faculty of Medicine institute. Generally the research project used a survey form developed by the researcher

containing 80 questions related to the sociodemographic characteristics of the students and their attitudes to children's rights. For definitions and concepts used on the survey form, the United Nations (UN) Convention of the Rights of the Child and other Committee documents and medical literature about child abuse were used. The questions included on the survey form were collected under the following headings: a) sociodemographic characteristics of students, b) corporal punishment applications, c) use of some behavior involving humiliating, embarrassing and demeaning the child as a disciplinary method, d) some traditional applications known to cause transient injury aiming to increase the stamina of the child, e) torture or other cruel and degrading treatment and criminal law, f) social gender roles, g) children's rights, h) child abuse and neglect, i) child labor, j) definition and general principles of early childhood and k) other topics. This article is limited to data collected under the scope of items a-g. Within this scope, the attitudes of medical students participating in the research related to "violent disciplinary methods", "traditional applications harming the body", "social gender roles" and "children's rights to benefit, life and development, free participation in life, protection from abuse and prohibition of torture" and the correlation between these attitudes were investigated.

2.3. Data Collection Tools

The 80-question survey form developed by the researcher was used as data collection tool. The sociodemographic descriptive form comprised 20 questions in the first section of the form. The second section comprised a total of 60 questions coded as A1 to A60. Questions in the second section were created based on the UN Convention of the Rights of the Child and General Comment No. 7 of the UN Committee on the Rights of the Child entitled "Implementing Child Rights in Early Childhood" and supported by the medical literature. Questions in the second section with the aim of investigating attitudes were prepared with 5-point Likert type answers. "Strongly agree", "agree", "undecided/do not know", "disagree" and "strongly disagree" were given as possible options to choose. The questions investigated within the scope of this article are given below.

2.3.1. Questions Related to Violent Disciplinary Methods, Traditional Applications Harming the Body and Social Gender Roles

- 1) A6. Among manners and disciplinary methods used in raising children; behavior with the aim of embarrassing, humiliating, diminishing and demeaning the child may be included.
- 2) A7. In some situations children may need to be hit or given physical punishment.
- 3) A22. While ensuring the upbringing and development of a child, the principle responsibility belongs to the mother (negative formulation from UNCRC Article 18.1)
- 4) A27. Some traditional applications known to cause temporary injury to the body and with the aim of increasing stamina of the child may be carefully used (negative formulation from UNCRC Article 24.3)
- 5) A32. While ensuring the upbringing and development of a child, the responsibility lies with the mother and father together (UNCRC Article 18.1)
- 6) A39. Female children should help with the housework.
- 7) A40. Female children should help the mother in caring for their siblings.
- 8) A41. Male children should work to contribute to the family income.

2.3.2. Questions About Children's Rights, and Child Neglect and Abuse

1) A10. Every child has the right to a standard of living that is adequate for the child's physical, mental, spiritual, moral and social development (UNCRC Article 27.1)

2) A12. Each child has the right to rest and leisure, to engage in play and recreational activities appropriate to the age of the child and to participate freely in cultural life and the arts (UNCRC Article 31.1).

3) A17. Children must be protected from all forms of abuse and maltreatment while in the care of any person (UNCRC Article 19.1).

4) A33. In all actions concerning children, the best interests of the child shall be a primary consideration (UNCRC Article 3).

5) A44. Conscious deprivation of the basic needs of the child (such as food, clothing, shelter and medical care) shall be counted as neglect.

6) A50. The presence of events of physical violence (such as injury of the child apart from accidents), mental violence (such as things that may cause psychological injury) and sexual abuse indicate that child abuse has occurred.

7) A53. No child shall be subjected to torture or other cruel, inhuman or degrading treatment and punishment (UNCRC Article 37.a).

2.4 Data Collection

In this research, the observed survey administration technique was used. Classes were entered on different days at different times. Surveys were distributed to medical students who volunteered to participate during lesson hours. Necessary explanations relating to privacy and the aim of the research were made. Participants did not write their names on the surveys. The survey questions were answered within 20-30 minutes. The surveys completed by the students were mixed while collected.

2.5 Data Analysis

The data were analyzed with Statistical Product and Service Solutions (SPSS) (version 20.0; SPSS /IBM Inc., Chicago, IL, USA). The numbers, percentages, mean, and standard deviation were calculated for the presentation of descriptive data. Correlation among the variables was analyzed with Kendall's Tau Correlation. Statistical significance was accepted as $p < 0.05$.

3. RESULTS

3.1. Sociodemographic Characteristics of Study Group

The total number of medical students participating in the research was $N=304$. Of participants 54.1% ($n=164$) were female and 45.9% ($n=139$) were male, with mean age of 21.3 ± 2.7 years. The majority of the research group comprised preclinical (2nd and 3rd year) students. Parents of 93.4% of students lived together. Parental educational level was mainly high school and above. Only 10.6% of the research group reported receiving training about children's rights. The sociodemographic characteristics of students are shown in Table 1 (Table 1).

Table 1. Sociodemographic characteristics of medical students participating in the research

Variables	n*	%**
Gender		
Female	164	54.1
Male	139	45.9
Studying year		
Preclinical (<4)	203	68.4
Clinical (4-5)	94	31.6
Secondary boarding school		
Yes	70	23.2
No	232	76.8
Mother's education		
Secondary school graduate	122	41.4
High school and above	173	58.6
Father's education		
Secondary school graduate	82	27.8
High school and above	213	72.2
Mother's marriage age		
≤18	58	20.2
>18	229	79.8
Father's marriage age		
≤18	8	2.8
>18	279	97.2
Sibling(s)		
Yes	255	87.3
No	37	12.7
Parental status		
Parents Together	226	93.4
Parents Separated	16	6.6
Any training on children's rights		
Yes	32	10.6
No	271	89.4
*n=number,** %=percentage is distributed for each question		

3.2. Attitudes of medical students

Table 2 shows that answers given by medical students to questions about violent disciplinary methods, traditional applications that may harm the body and social gender roles (Table 2).

Table 2. Attitudes of medical students to violent disciplinary methods, traditional applications harming the body and social gender roles

Codes and Variables	SD ¹ n (%)	D ² n (%)	U ³ /DNK ³ n (%)	A ⁴ n (%)	SA ⁵ n (%)
A6. Among manners and disciplinary methods used in raising children; behavior with the aim of embarrassing, humiliating, diminishing and demeaning the child may be included.	226 (74.3)	51 (16.8)	12 (3.9)	8 (2.6)	7 (2.3)
A7. In some situations children may need to be hit or given physical punishment.	190 (63.3)	64 (21.3)	21 (7.0)	17 (5.7)	8 (2.7)
A22. While ensuring the upbringing and development of a child, the principle responsibility belongs to the mother (negative formulation from UNCRC Article 18.1)	47 (15.7)	96 (32.0)	42 (14.0)	80 (26.7)	35 (11.7)
A27. Some traditional applications known to cause temporary injury to the body and with the aim of increasing stamina of the child may be carefully used (negative formulation from UNCRC Article 24.3)	99 (32.8)	77 (25.5)	73 (24.2)	31 (10.3)	22 (7.3)
A32. While ensuring the upbringing and development of a child, the responsibility lies with the mother and father together (UNCRC Article 18.1)	0 (0.0)	3 (1.0)	1 (0.3)	20 (6.7)	274 (91.9)
A39. Female children should help with the housework.	57 (19.5)	66 (22.5)	67 (22.9)	76 (25.9)	27 (9.2)
A40. Female children should help the mother in caring for their siblings.	62 (20.9)	69 (23.2)	71 (23.9)	72 (24.2)	23 (7.7)
A41. Male children should work to contribute to the family income.	119 (39.9)	115 (38.6)	43 (14.4)	11 (3.7)	10 (3.4)

n=number, %=percentage, 1: "Strongly Disagree", 2: "Disagree", 3: "Undecided/Do Not Know", 4: "Agree", 5: "Strongly Agree"

Table 3 shows the distribution of responses to questions about children's rights as defined by the UNCRC. The highest proportion of medical students (93.3%) responded to the question about the right to life and development (A10) with "strongly agree". In second place was the question about prohibition of torture (A53) with 89.3% responding "strongly agree" to this question (Table 3).

Table 3. Knowledge and attitudes of medical students to children's rights and child abuse and neglect

Codes and Variables	SD ¹	D ²	U ³ /DNK ³	A ⁴	SA ⁵
	n (%)	n (%)	n (%)	n (%)	n (%)
A10. Every child has the right to a standard of living that is adequate for the child's physical, mental, spiritual, moral and social development (UNCRC Article 27.1)	1 (0.3)	3 (1.0)	2 (0.7)	14 (4.7)	280 (93.3)
A12. Each child has the right to rest and leisure, to engage in play and recreational activities appropriate to the age of the child and to participate freely in cultural life and the arts (UNCRC Article 31.1).	1 (0.3)	3 (1.0)	4 (1.3)	29 (9.6)	264 (87.7)
A17. Children must be protected from all forms of abuse and maltreatment while in the care of any person (UNCRC Article 19.1).	3 (1.0)	2 (0.7)	3 (1.0)	31 (10.2)	264 (87.1)
A33. In all actions concerning children, the best interests of the child shall be a primary consideration (UNCRC Article 3).	4 (1.3)	4 (1.3)	30 (10.1)	79 (26.5)	181 (60.7)
A44. Conscious deprivation of the basic needs of the child (such as food, clothing, shelter and medical care) shall be counted as neglect.	13 (4.4)	4 (1.4)	4 (1.4)	49 (16.6)	226 (76.4)
A50. The presence of events of physical violence (such as injury of the child apart from accidents), mental violence (such as things that may cause psychological injury) and sexual abuse indicate that child abuse has occurred.	4 (1.3)	2 (0.7)	5 (1.7)	38 (12.8)	249 (83.6)
A53. No child shall be subjected to torture or other cruel, inhuman or degrading treatment and punishment (UNCRC Article 37.a).	1 (0.3)	3 (1.0)	8 (2.7)	20 (6.7)	266 (89.3)

n=number, %=percentage, 1: "Strongly Disagree", 2: "Disagree", 3: "Undecided/Do Not Know", 4: "Agree", 5: "Strongly Agree"

3.3. Correlation Findings

The correlation between the attitudes of medical students about the topics of "violent disciplinary methods, traditional applications that harm the body and social gender roles" and "children's right to benefit, life and development, free participation in life, protection from abuse and prohibition of torture" were investigated with Kendall's Tau correlation (Table 4). For attitudes related to violent disciplinary methods, the responses to the statements "A6. Among manners and disciplinary methods used in raising children; behavior with the aim of embarrassing, humiliating, diminishing and demeaning the child may be included" and "A7. In some situations children may need to be hit or given physical punishment" were investigated.

Attitudes about traditional applications harming the body were investigated using the responses to the statement “A27. Some traditional applications known to cause temporary injury to the body and with the aim of increasing stamina of the child may be carefully used”.

There was a statistically significant positive correlation between A6, accepting degrading behavior as a disciplinary method for children, with A7 and A27. [(r:0.312, p<0.001), (r:0.156, p:0.002), respectively] (Table 4). There was a statistically significant positive correlation identified between A6 and “traditional social gender roles” (A39. Female children should help with the housework; A40. Female children should help the mother in caring for their siblings; A41. Male children should work to contribute to the family income). There was a statistically significant negative correlation between A6 and “egalitarian social gender roles” (A32. While ensuring the upbringing and development of a child, the responsibility lies with the mother and father together) [(r:0.261, p<0.001), (r:0.235, p<0.001), (r:0.193, p<0.001), (r:-0.207, p<0.001), respectively] (Table 4). There was a statistically significant positive correlation identified between A7 about corporal punishment and “A27: traditional applications harming the body” and “traditional social gender roles (A39, A40, A41)”. There was a statistically significant negative correlation identified between A7 and “egalitarian social gender roles (A32)” [(r:0.155, p:0.002), (r:0.342, p<0.001), (r:0.247, p<0.001), (r:0.199, p<0.001), (r:-0.159, p:0.004), respectively] (Table 4). There was a statistically significant positive correlation present between statement “A22: in raising a child the principle responsibility belongs to the mother” with other traditional social gender roles (A39, A40, A41) and “traditional applications harming the body (A27)” [(r:0.171, p<0.001), (r:0.128, p:0.007), (r:0.151, p:0.002), (r:0.119, p:0.012), respectively] (Table 4). There was a statistically significant positive correlation identified between “traditional applications harming the body (A27)” with “violent disciplinary methods (A6, A7)”, “traditional social gender roles (A22, A39, A40, A41)” and “child’s benefit” accepted as one of the basic principles of child rights [(r:0.156, p:0.002), (r:0.155, p:0.002), (r:0.119, p:0.012), (r:0.169, p<0.001), (r:0.198, p<0.001), (r:0.280, p<0.001), respectively] (Table 4). There was a statistically significant negative correlation between A6 with the children’s rights as defined by the UNCRC as “life and development, free participation in life, protection from abuse, benefit of the child, prohibition of torture (A10, A12, A17, A33 and A53)” and “egalitarian social gender roles (A32)”. [(r:-0.258, p<0.001), (r:-0.217, p<0.001), (r:-0.117, p:0.034), (r:-0.129, p:0.017), (r:-0.198, p<0.001), (r:-0.207, p<0.001), respectively] (Table 4). There was a statistically significant negative correlation between A7 with the children’s rights as defined by the UNCRC as “life and development, free participation in life, protection from abuse, benefit of the child, prohibition of torture (A10, A12, A17, A33 and A53)” and “egalitarian social gender roles (A32)” [(r:-0.193, p<0.001), (r:-0.107, p:0.049), (r:-0.145, p:0.008), (r:-0.116, p:0.030), (r:-0.147, p:0.007), (r:-0.159, p:0.004), respectively] (Table 4). The correlations between other attitude questions are shown in Table 4.

Table 4. Correlation between attitudes to violent disciplinary methods, social gender roles and children's rights

A6	A6**														
A7	0,312*	A7**													
A10	-0,258*	-0,193*	A10**												
A12	-0,217*	-0,107*	0,527*	A12**											
A17	-0,117*	-0,145*	0,393*	0,477*	A17**										
A22	0,010	0,058	-0,004	0,029	-0,029	A22**									
A27	0,156*	0,155*	-0,113*	-0,181*	-0,075	0,119*	A27**								
A32	-0,207*	-0,159*	0,331*	0,318*	0,273*	-0,073	-0,056	A32**							
A33	-0,129*	-0,116*	0,217*	0,321*	0,265*	0,101*	-0,061	0,261*	A33**						
A39	0,261*	0,342*	-0,044	-0,126*	-0,034	0,171*	0,169*	-0,018	-0,035	A39**					
A40	0,235*	0,247*	-0,083	-0,131*	-0,061	0,128*	0,198*	-0,018	0,005	0,751*	A40**				
A41	0,193*	0,199*	-0,171*	-0,200*	-0,226*	0,151*	0,280*	-0,094	-0,176	0,358*	0,388*	A41**			
A44	-0,149*	-0,034	0,336*	0,376*	0,292*	0,041	-0,115*	0,211*	0,223*	-0,010	-0,016	-0,157*	A44**		
A50	-0,179*	-0,072	0,321*	0,379*	0,397*	-0,024	-0,209*	0,203*	0,152*	-0,106	-0,100	-0,266*	0,288*	A50**	
A53	-0,198*	-0,147*	0,407*	0,326*	0,459*	0,067	-0,099	0,224*	0,337*	-0,040	-0,097	-0,237*	0,385*	0,308*	

Kendall correlation analysis, correlation coefficient, *: statistical significance $p < 0.05$, **: The codes are clarified in the method section.

4. DISCUSSION

This research is the first study to research the attitudes of medical students to violent disciplinary methods, social gender roles and children's rights and the correlation between these attitudes. One of the most important results of the study is that a statistically significant positive correlation was found between attitudes supporting "corporal punishment may be applied to children in some situations and some behavior with the aim of degrading children may be used as a disciplinary method" and attitudes supporting "traditional social gender roles". Another important result is the statistically significant negative correlation between these attitudes and "children's rights". According to these results, attitudes supporting violent disciplinary methods and traditional social gender roles can be blamed for violations of children's rights.

Research based on the attitudes of parents to corporal punishment reported *corporal punishment partly serves socialization of social gender roles and social control mechanisms* (Wonde and Baru, 2014). In terms of social gender roles male and female roles may be defined as traditional or egalitarian (Esen *et al.*, 2017) with stereotypical gender roles the most important element in continuation of traditional attitudes and inequality between females and males (Altınova and Duyan, 2013). This research completed with medical students is the first study to quantitatively show the correlation between attitudes supporting "violent disciplinary methods" with attitudes supporting "traditional social gender roles". There was a statistically significant positive correlation between these attitudes. Though the identified correlations are not causative, they are important in terms of indicating obstacles due to related attitudes preventing children's rights from being upheld. In relation to ending violence toward children, Pinheiro stated "*For lasting change in the belief that adults have unlimited rights in the upbringing of a child, the attitudes that condone or normalize violence towards children, including stereotypical gender roles need to be challenged.*" (Pinheiro, 2006). The identified correlations in this study appear to support Pinheiro's thoughts. In Turkey several studies researching the correlation between tendency toward violence and social gender roles among university students reported a significant correlation between the students' tendency toward violence and traditional social gender roles (Uçar *et al.*, 2017; Uçtu and Karahan, 2016; Çetinkaya, 2013). Additionally in the literature no attitude research focusing on the correlation between social gender roles and violent disciplinary methods from a children's rights perspective was found. Thus, the results of the study fill a significant gap in the research. Also, similar attitude-based studies to be completed in the field of pediatric health may be an important resource.

In all cultures, an inseparable part of raising children is stated to be teaching the child to control themselves and what is acceptable behavior (WHO, 2009). Cultural beliefs and social roles (Orhon *et al.*, 2006; WHO, 2009; Akduman, 2010; Wonde and Baru, 2014; Biçer *et al.*, 2017), personal experience of childhood, attitudes supporting corporal punishment (Gershoff, 2002; Ateah and Durrant 2005; Orhon *et al.*, 2006; Gagné *et al.*, 2007; Taylor *et al.*, 2011; Fréchette *et al.*, 2015), and lack of education regarding appropriate discipline techniques (Orhon *et al.*, 2006; Akduman, 2010; Wonde and Baru, 2014) are reported as the main factors determining the use of corporal punishment by parents. However, having attitudes supporting corporal punishment was shown to be the strongest predictor (Dawes *et al.*, 2004; Ateah and Durrant 2005; Vittrup *et al.*, 2006; Gagne *et al.*, 2007; Fréchette *et al.*, 2015), and the strong predictors of attitudes are perceived injunctive and descriptive social norms related to corporal punishment (Taylor *et al.*, 2011). When the research findings are examined in terms of violent disciplinary methods, 4.9% of medical students agreed (those responding strongly agree, and agree) with the thought that "among manners and disciplinary methods used in raising children; behavior with the aim of embarrassing, humiliating, diminishing and demeaning the child may

be included” while 3.9% reported they were “undecided/did not know”. There were 8.4% who agreed (those responding strongly agree, and agree) with the thought “in some situations children may need to be hit or given physical punishment” while 7.0% stated they were “undecided”. Orhon *et al.* revealed that nearly 56% of pediatric doctors and medical students believed that beating children was an acceptable disciplinary route (Orhon *et al.*, 2006). Ferreira identified that 37.2% of medical students found physical punishment an acceptable method of training (Ferreira, 2014). Heward *et al.* determined that corporal punishment was accepted as an effective disciplinary method in raising children by 56.0% of students in a Chinese medical faculty and 22.2% of students in an American medical faculty (Heward, 2011). In this research, lower rates were identified for attitudes supporting violent disciplinary methods among medical students. The reason for this may be due to the sociodemographic characteristics of the study population. However, it is thought that this result may have been more affected by the fact that the study did not inquire about different types of physical punishment (e.g., spanking, slapping, pushing, throwing, biting, pinching, squeezing, clipping ears, hair pulling and other). In addition, 17.6% of medical students stated they “agreed” or “strongly agreed” with the thought that “some traditional applications known to cause temporary injury to the body and with the aim of increasing stamina of the child may be carefully used”, with the undecided rate 24.2%. According to this result it may be said the consideration that mildly harmful behavior is for the benefit of the child increases the acceptability rates for this behavior. The obtained results support the idea that to prevent violence against children it is necessary not to tolerate any damaging behavior, even if proposed to benefit children (United Nations Committee on the Rights of the Child (UNCRC), *General comment No. 13*; WHO, 2009). A positive result of this study is that 95.9% of medical students participating in the study approved of “prohibiting torture and other cruel, inhuman and degrading treatment and punishment” (those saying strongly agree and agree). High rates of participants, 93.3% to 87.1%, had attitudes supporting children’s rights to life and development and rights protecting against abuse. A study by Biçer *et al.* reported 79.6% of medical students stated “children have the right to express their views on all topics related to themselves” (Biçer *et al.*, 2016). According to these results, it may be said that in general in Turkey medical students have positive attitudes to children’s rights. However, it is noteworthy that in this research medical students had attitudes supporting violent disciplinary methods, stereotypical gender roles and traditional harmful applications. Traditional attitudes linked to these cultural and social norms should be dealt with as a system causing violations of children’s rights.

The Convention of the Rights of the Child states that all types of punishment degrading to children, including corporal punishment, violate children’s rights to protection from violence and need to be prohibited (UNCRC, *General Comment No.8*, 2006; UNCRC, *General comment No. 13*, 2011; Gershoff *et al.*, 2017). To date 51 countries have banned all corporal punishments directed at children (Gershoff *et al.*, 2017; Global Initiative to End All Corporal Punishment of Children, 2017). Legal interventions to corporal punishment have increasingly emphasized its role in preventing violence against children (Durrant and Ensom, 2012; Gershoff *et al.*, 2017). After legal prohibition, it is reported the frequency of corporal punishment and attitudes supporting corporal punishment reduce (WHO, 2009). Durrant and Ensom reported three forces including “research, declaration of children’s rights and legal reform” change the dimensions of corporal punishment (Durrant and Ensom, 2012). As a way of expressing social, behavioral and moral standards (Gershoff *et al.*, 2017) and a part of some social-based preventive studies, in Turkey all types of degrading punishment of children, including corporal punishment, should be legally prohibited.

In this research including medical students, 76.4% and 83.6% of students stated they “strongly agree” to knowledge questions about definitions of neglect and child abuse. When

the proportion of those who stated “agree” is added, these rates rise to 93.0% and 96.4%. Additionally some research in recent years has determined that the attitudes of health professionals about corporal punishment is effective on the identification and reporting of cases (Orhon *et al.*, 2006; Ferreira, 2014). Gershoff *et al.* attracted attention to the roles of professionals like doctors and psychologists in targeting selective prevention. The importance of this group is due to their roles in advising parents about appropriate disciplinary methods (Gershoff *et al.*, 2017) and in the reporting process ensuring identification, treatment and exposing violence during interviews with children (Orhon *et al.*, 2006; Ferreira, 2014; Polat, 2014). According to these results, it is necessary to perform further research into attitudes of medical students supporting corporal punishment and other degrading violent disciplinary methods, correlation of these attitudes with traditional social gender roles and interventions to change these attitudes. Reviewing the medical training syllabus from this aspect may be beneficial in ensuring continuous changes in attitudes.

4.1. Strengths and Limitations

The strongest aspect of this study is that it is the first research to focus on the correlation between “attitudes supporting violent disciplinary methods”, “attitudes supporting traditional social gender roles” and “children’s rights”. In this study, there was a statistically significant positive correlation identified between attitudes of medical students supporting “violent disciplinary methods and traditional social gender roles” and a statistically significant negative correlation identified between traditional attitudes and children’s rights. In general, medical students were found to have positive attitudes to children’s rights to life and development and rights to protection against abuse and prohibition of torture. Additionally though there were low rates of support for violent disciplinary methods, it is noteworthy that there were higher rates of support for harmful traditional applications with the aim of increasing children’s stamina. The bifurcation between these attitudes is considered to be due to the fact that corporal punishment types were not asked individually in the research. This result is assessed as a limitation of the research method. The sampling group in this research is a significant limiting factor for generalizing these results to the whole of Turkey. However, the students came from different provinces in Turkey which may have ensured variety in terms of attitudes. Additionally the results of the research are noteworthy for the possible effect of the attitudes of medical students about violent disciplinary methods and stereotypical gender roles in prevention of violations of children’s rights.

5. CONCLUSION

The results of this study about the attitudes of “the use of corporal punishment and some behavior with the aim of degrading children as disciplinary methods” and “acceptance of traditional social gender roles”, and the correlations identified, are considered to be significant factors in attitudes preventing protection and provision of children’s rights. The medical student sample chosen for the study does not provide the opportunity to generalize these results. However, this small sample study shows the importance of determining the attitudes of medical students related to this topic and reveals the need for educational interventions targeting changes in the attitudes of students. In terms of selective prevention studies, educational interventions targeting medical students and health professionals may ensure attitude changes and this may provide significant contributions to “changing norms accepting corporal punishment, reducing the incidence of punishment and thus provision children’s rights”. In conclusion, in the medical field there is a need for research in different populations to determine violations of children’s rights and to allow discussion of the findings in this article on a broader scale. This research may provide helpful data *to change attitudes ignoring or normalizing violence against children, including stereotypical gender roles.*

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