



Knowledge and Attitude Toward One Stop Crisis Center Among Students Studying in Selected Nursing College in Puducherry

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Abstract

Introduction: One Stop Crisis Center (OSCC) is an integrated health-care model that aims to provide comprehensive care to women experiencing physical, emotional, and sexual violence. The multilevel crisis interventions provided in OSCC include identification, diagnostic and therapeutic care, counseling and emotional support, legal support, medical reporting as well as provision of temporary shelter.

Aim: This study aimed to assess the level of knowledge and attitude toward the One Stop Crisis Center (OSCC) among nursing students.

Materials and Methods: A quantitative research approach was used. A descriptive cross-sectional research design was used to assess the level of knowledge and attitude toward OSCC. One hundred students were selected using a purposive sampling technique. A semi-structured and self-administered questionnaire was used to assess the level of knowledge and attitude regarding OSCC among nursing students. The purpose of the study was explained to all the samples and the data were collected. Descriptive and inferential statistics were used to analyze the data.

Results: The study results revealed that out of 100 subjects, regarding their level of knowledge, only 10% had adequate knowledge of OSCC. Moreover, regarding the attitude around 91% of students had a favorable attitude toward the services of OSCC. There is a statistically significant association between the level of knowledge and attitude with gender at $P < 0.001$ level.

Conclusion: The study concluded that the nursing students have moderate knowledge and favorable attitudes toward the services of OSCC. Nursing students should be aware of OSCC services and provide integrated support, including medical, legal, psychological, and counseling services to find against any forms of violence against women (VAW).

Keywords: Attitude, knowledge, One Stop Crisis center, students

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INTRODUCTION

One Stop Crisis Center (OSCC) is an integrated health-care model that aims to provide comprehensive care to women experiencing physical, emotional, and sexual violence.^[1-3] The multilevel crisis interventions provided in OSCC include identification, diagnostic and therapeutic care, counseling and emotional support, legal support, and medical reporting as well as the provision of temporary shelter.^[1,3]

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The Government of India has proposed a special scheme named “SAKHI,” which is an OSCC, intended to support women affected by violence, in private and public spaces, within the family, community, and at the workplace. Women facing physical, sexual, emotional, psychological, and economic abuse, irrespective of age, class, caste, education status, marital status, race, and culture will be facilitated with support and redressed. The objectives of the scheme are to provide integrated support and assistance to women affected by violence; to facilitate immediate, emergency, and non-emergency access to a range of services including medical, legal, psychological, and counseling; and to fight against any forms of violence against women.^[4]

The Ministry of Women and Child Development (MWCD) formulated a centrally sponsored scheme for setting up the One Stop Center as a sub-scheme of the Umbrella Scheme for National Mission for Empowerment of Women including Indira Gandhi Matritrav Sahyaog Yojana. Popularly known as Sakhi, the scheme has been implemented since April 1, 2015.^[5]

The One Stop Centers shall be the mainstay of the Ministry at the District level for coordination and convergence with other initiatives under the Nirbhaya Fund such as women helplines, anti-human trafficking units (AHTUs), women help desks (WHDs), special fast-track courts (FTSCs), and district legal service authority (DLSA).

The centers will be integrated with a women’s helpline to facilitate access to the following services.

- Emergency response and rescue services
- Medical assistance
- Assistance to women in lodging FIR/NCR/DIR
- Psychosocial support/counseling
- Counseling
- Shelter
- Video conferencing facility

Access the One Stop Center: A woman affected by violence can access OSCC in the following manner by herself or through any person including any public-spirited citizen, public servant (as defined under section 21 of Indian Penal Code, 1860), relative, friend, NGO, volunteer, etc., or through women helpline integrated with police, ambulance, and other emergency response helpline.^[6]

Objectives

- To assess the level of knowledge regarding OSCC among the students studying in a selected nursing college in Puducherry
- To assess the level of attitude regarding OSCC among the students studying in selected nursing college in Puducherry
- To find the association between the level of knowledge and attitude toward OSCC among nursing students with selected demographic variables.

MATERIALS AND METHODS

Research approach

A quantitative research approach was used to explore the level of knowledge and attitude toward OSCC among nursing students in selected college of Puducherry.

Research design

Non-experimental descriptive cross-sectional research design was used to assess the knowledge and attitude regarding OSCC among nursing students.

Variable

The variable of this study is the knowledge and attitude of the students toward OSCC.

Settings

College of Nursing, Mother Theresa Post Graduate and Research Institute of Health Sciences (MTPG&RIHS), Puducherry.

Population

All students studying in nursing colleges, Puducherry.

Sample

Students studying in III and IV years of BSc Nursing, College of Nursing, MTPG & RIHS, Puducherry.

Sample size

One hundred students.

Sampling technique

Purposive sampling technique.

Description and development of tool

The researcher developed a semi-structured, self-administered questionnaire to assess the level of knowledge and attitude toward OSCC. The tool comprised three sections.

Section – A

It consists of sociodemographic data, which as age, gender, residence, habits, and year of studying.

Section – B

It consists of 25 multiple-choice questions developed by the researcher in the aspect of the definition, functions, benefits, and services of OSCC. The total score is 25. Each correct answer score is 1 mark and the wrong answer score is 0. The score interpretations are as:

Variable	Score	Percentage
Adequate knowledge	>18	70–100
Moderately adequate knowledge	9–17	31–69
Inadequate knowledge	<8	<30

Section – C

It consists of 10 questions related to attitudes toward the students regarding the services and benefits of OSCC. It is measured by a 5-point Likert scale. The attitude score is from 5 to 1 for strongly agree – 5, agree – 4, uncertain – 3, disagree – 2, and strongly disagree – 1. The total score is 50. The score interpretations are as:

Variable	Score	Percentage
Unfavorable attitude	<15	30
Moderately favorable attitude	15–30	31–60
Favorable attitude	>30	>60

Data collection procedure

Formal permission was obtained from the Dean, Principal, College of Nursing, and the class co-ordinator for B.Sc (Nursing) III, IV years. Data were collected from 100 B.Sc Nursing students using a purposive sampling technique. Researchers introduced themselves to the students about the purpose of the study and it was clearly explained to the students and assured that the collected data would be kept confidential. The researcher obtained consent from the students before data collection. Sociodemographic data, level of knowledge, and attitude toward OSCC were collected using a semi-structured, self-administered questionnaire. Students were assembled in the examination hall with proper seating arrangements. The questionnaire was distributed to all the students at a time. It takes 15–20 min. After data collection, the researcher assembled all the students in the seminar hall and created awareness of the services of OSCC using PowerPoint presentations and distributed Pamphlets to all the students.

RESULTS

Table 1 shows the frequency and percentage distribution of subjects based on age. Out of 100 students, the majority of 70 (70%) students were age group of above 20 years, and 30 (30%) students were age group of 19–20 years, among them the majority of 83 (83%) students were female and 17 (17%) were male, of them the 91 (91%) students belong to the Hindu, 6 (6%) students belong to the Christian, and 3 (3%) students belong to the Muslim only, 59 (59%) students from the urban area and 41 (41%) students from the rural area. Among them, 69 (69%) students were from 3rd year and 31 (31%) students were from 4th year.

Table 2 indicates the frequency and percentage distribution of level of knowledge on OSCC among students studying in selected nursing college. Out of 100 samples, 30 (30%) had inadequate knowledge, 60 (60%) had moderately adequate knowledge, and only 10 (10%) had adequate knowledge.

Table 3 indicates the frequency and percentage distribution of the level of attitude on OSCC among students studying in selected nursing college. Out of 100 samples, 91 (91%) students had a favorable attitude, and only 9 (9%) had a moderately favorable attitude toward OSCC.

DISCUSSION

Out of 100 samples, 30 (30%) had inadequate knowledge, 60 (60%) had moderately adequate knowledge, and only 10 (10%) had adequate knowledge. Out of 100 samples, 91 (91%) students had a favorable attitude and 9 (9%) had a moderately favorable attitude toward OSCC.

Table 1: Demographic variable of the students studying in selected nursing college (N=100)

Demographic variables	Frequency (n)	Percentage
Age		
19–20 years	30	30
Above 20 years	70	70
Gender		
Male	17	17
Female	83	83
Religion		
Hindu	91	91
Muslim	03	03
Christian	06	06
Urban	59	59
Rural	41	41
Year of studying		
3 rd year	69	69
4 th year	31	31

Table 2: Distribution of the level of knowledge on OSCC among students studying in selected nursing college (N=100)

Variables	Frequency (n)	Percentage
Inadequate knowledge	30	30
Moderately adequate knowledge	60	60
Adequate knowledge	10	10

Table 3: Distribution of level of attitude on OSCC among students studying in selected nursing college (N=100)

Variables	Frequency (n)	Percentage
Unfavorable attitude	0	0
Moderately favorable attitude	9	9
Favorable attitude	91	91

In the context of OSCC care, the medical assistants (Mas) are expected to triage and identify the OSCC cases; only staff nurses (SNs) are the ones responsible for preparing the OSCC room and assisting the doctors, the emergency doctors (Eds) are usually expected to attend to the victim (to interview and examine the victim) and the health assts (Has) are called for only transporting the victim. As such, there is a tendency that one group might not know the roles and functions of the other groups and thus, does not know the entire workflow in managing OSCC. More training sessions and roundtable discussions should be held among these emergency health-care providers to enhance the understanding of the roles played out by their various team members in the work process of rape victims. Furthermore, the paternalistic or “top-down” work culture in Malaysia also denotes that SNs and MAs usually adopt a “follow-the-leader” attitude in their daily clinical practice.^[7]

In this study, it was evident that there was a statistically significant association between the level of knowledge with demographic variables such as gender ($P < 0.001$) and there is no significant association between the level of knowledge with age, religion, area, and year of study. These findings of

the study were supported by the study conducted by Chew *et al.* (2015) examined the knowledge, attitude, and practice among health-care staffs in the emergency department, toward rape victims in OSCC Malaysia. A method of self-administered questionnaire in the form of a Likert scale was conducted from January to October 2013. Out of the 159 participants invited, 110 responded (69.2% response rate). As all data sets in the knowledge, attitude, and practice sections there are statistically significant differences in scores obtained among the four groups of health-care providers with $H(3) = 16.0$, $P < 0.001$ for knowledge, $H(3) = 27.1$, $P < 0.001$ for attitude and $H(3) = 15.8$, $P < 0.001$ for practice sections. This study concluded that health-care providers must not only have adequate knowledge but also a non-judgmental attitude toward victims in OSCC.^[8] Campbell and Raja (1999) found that 58% of rape victims reported that they were distressed by the medical personnel's questions about their sexual histories, behavior before the assault as well as the manner they were being treated during the physical examination process. Such uneasiness results in many of them feeling depressed, violated, and even reluctant to seek further help. Worst of all is the finding by Campbell and Raja (1999) that some health-care service providers were not even aware of how their attitudes and behaviors adversely affected the rape victims.^[9]

CONCLUSION

The study concluded that the nursing students have moderate knowledge and favorable attitudes toward the services of OSCC. Nursing students should be aware of OSCC services and provide integrated support, including medical, legal, psychological, and counseling services to find against any forms of violence against women. The whole purpose of OSCC is to provide an environment where the victims feel safe to open themselves up for reporting and this calls for a compassionate and non-judgmental attitude among all health-care providers as nursing professionals.

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CONFLICT OF INTEREST

There is no conflict of interest.

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