

Original Research Article


Study of students' perceptions regarding knowledge and attitude towards torture

Pragnesh Parmar^{1*}, Gunvanti Rathod²

¹Associate Professor, Department of Forensic Medicine, GMERS Medical College, Valsad, Gujarat, India

²Associate Professor, Department of Pathology, GMERS Medical College, Valsad, Gujarat, India

*Corresponding author email: drprag@gmail.com

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Abstract

Background: Torture and violence are associated with humans since beginning. Torture is one of the most extreme forms of human violence, resulting in both physical and psychological consequences.

Materials and methods: Present study was conducted among total 113 students of 2nd MBBS after obtaining their informed written consent. All student participants were subjected to pre-tested and pre-validated questionnaire regarding torture which contained total 13 multiple choice type questions, out of which 8 questions were related to knowledge while 5 questions were related to attitude.

Results: Age of participants was varied from 19 to 22 years with a mean of 21.25 years with male: female ratio of participants was 5.5:1. Among knowledge questions, 88% had given correct answer of meaning of term torture, 56% had given correct objectives of torture, 66% had given correct types of torture, 73% had given correct answer of commonest form of physical torture, 61% had given correct answer of commonest form of sexual torture, 59% had given correct answer of commonest form of psychological torture, 52% had given correct answer regarding laws related to torture and 79% had given correct role of National Human Right Commission in torture. Among attitude questions, 43% had agreed that beating in police custody to elicit confession is proper while 42% were undetermined, 88% had agreed that awareness of torture medicine by general medical practitioner is required, 79% had agreed that inclusion of torture medicine in undergraduate medical curriculum is required, 61% had agreed that teaching is torture medicine to paramedical branches is required and 69% had agreed that punishment of torture should be increased.

Conclusion: Knowledge and attitude regarding torture among medical students give an idea for future planning of curriculum for betterment of subject.

Key words

Torture, Perceptions, Knowledge, Attitude, Students.

Introduction

Torture and violence are associated with humans since beginning. In 1973, Amnesty International launched a campaign against torture and asked medical doctors to take part in that [1]. World Medical Association (WMA) adopted the "Declaration of Tokyo" in year 1975 [2]. The obligations of this profession towards torture victims have been described in various declarations like the "Tokyo Declaration", the "International Code of Medical Ethics", the "Declaration of Helsinki", the "Declaration on Protection of All Persons from Torture and other Cruel, Inhuman or Degrading Treatment or Punishment" etc. [3]. In India, the University Grant Commission (UGC) has also directed all universities and colleges across the country to incorporate lectures on torture and allied aspects in different undergraduate and postgraduate curriculums as well as guidelines for tackling various issues for the same [4]. "Delhi Declaration on Torture" had also advised for better participation of civil society including health, legal and other professions, as well as non-governmental organizations and media in the battle against torture [5].

Materials and methods

Present study was conducted among total 113 students of 2nd MBBS after obtaining their informed written consent. All student participants were subjected to pre-tested and pre-validated [6-12] questionnaire regarding torture which contained total 13 multiple choice type questions, out of which 8 questions were related to knowledge while 5 questions were related to attitude. All participants were instructed to give their frank and free opinion with ensuring their privacy. Data obtained were tabulated and analyzed.

Results

Total 113 students were participated in present study, out of which only properly filled 100 responses were taken into account for analysis. Age of participants was varied from 19 to 22 years with a mean of 21.25 years with male: female ratio of participants was 5.5:1. There was not much difference between social and cultural background of participants.

Among knowledge questions, 88% had given correct answer of meaning of term torture, 56% had given correct objectives of torture, 66% had given correct types of torture, 73% had given correct answer of commonest form of physical torture, 61% had given correct answer of commonest form of sexual torture, 59% had given correct answer of commonest form of psychological torture, 52% had given correct answer regarding laws related to torture and 79% had given correct role of National Human Right Commission in torture (**Table – 1**).

Among attitude questions, 43% had agreed that beating in police custody to elicit confession is proper while 42% were undetermined, 88% had agreed that awareness of torture medicine by general medical practitioner is required, 79% had agreed that inclusion of torture medicine in undergraduate medical curriculum is required, 61% had agreed that teaching is torture medicine to paramedical branches is required and 69% had agreed that punishment of torture should be increased (**Table – 1**).

Discussion

Torture is one of the most extreme forms of human violence, resulting in both physical and psychological consequences. The U.N. definition of "torture" is intentionally broad. It is meant to encompass the brutal and diverse array of specific techniques that have been used to inflict physical and psychological pain on prisoners over the past several centuries. On the subject of torture, very few KAP (Knowledge, Attitude and

Practice) studies related to doctors and medical students have been published [4, 13, 14]. Large percentages of the student were aware of the meaning of the term torture in a broader sense. However, they were not well acquainted with the reasons for torture. These findings are different then reported by Hussain [4]. The more interesting aspect of this study was attitude assessment. Two other studies by Iacopino [13] and Sobti [15] also assessed this aspect among medical practitioners and found that most of them are complicit on the issue. Findings of our

study were also correlated with findings of Verma SK, et al. [16]. Basoglu et al. (2005) examined the impact of socio-political processes on the psychiatric and cognitive effects of torture, especially the sense of injustice arising from criminal freedom [17]. The distinguished historian Alfred McCoy (2006) has analyzed the use of torture over several centuries and has concluded that: "Once torture begins, it seems to blowout uncontrollably, particularly during times of crisis, in a downward spiral" [18].

Table – 1: Perceptions of students towards torture.

Sr. No.	Questions	Responses		
		Correct	Incorrect	Not attempted
Knowledge				
1	What is the meaning of term torture?	88	10	02
2	What are the objectives of torture?	56	33	11
3	What are the types of torture?	66	28	06
4	What is the commonest form of physical torture?	73	11	16
5	What is the commonest form of sexual torture?	61	37	02
6	What is the commonest form of psychological torture?	59	22	19
7	What are the laws related with torture?	52	40	08
8	What is role of National Human Right Commission in torture?	79	11	10
Attitude		Yes	No	Undetermined
9	Do you think beating in police custody to elicit confession is proper?	43	15	42
10	Do you think awareness of torture medicine by general medical practitioner is required?	88	11	01
11	Do you think inclusion of torture medicine in undergraduate medical curriculum is required?	79	21	00
12	Do you think teaching of torture medicine to paramedical branches is required?	61	33	06
13	Do you think punishment of torture should be increased?	69	10	21

Conclusion

Students are key stakeholders of curriculum and their knowledge and attitude regarding torture give an idea to develop curriculum to meet the need of society.

References

1. Genefke I. The history of medical works against torture – an anniversary that cannot be celebrated? In: VIII International Symposium on Torture, New Delhi, 1999.

2. Declaration of Tokyo of the World Medical Association. 29th World Medical Assembly, Oct.10, 1975, Tokyo, Japan.
3. International instruments, resolutions, declarations and statements on torture. Copenhagen, Denmark: International Rehabilitation Council for Torture Victims, 1999.
4. Hussain M, Rizvi SJ. An encounter with "torture" in the class room – educational aspect. *Torture*, 1999; 9: 87-8.
5. Delhi Declaration and Programme of Action on Freedom from Torture. *JIMA (Adv)*, 1999; 97(11): 7-8.
6. Rathod G, Parmar P. Comparison regarding knowledge, attitude and practice of blood donation between health professionals and general population. *International Journal of Current Research and Review*, 2012; 4(21): 114-120.
7. Parmar P, Rathod G. Study of knowledge, attitude and perception regarding medico-legal autopsy in general population. *International Journal of Medical and Pharmaceutical Sciences*, 2013; 3(6): 1-6.
8. Rathod G, Rathod S, Parmar P, Parikh A. Study of knowledge, attitude and practice of general population of Waghodia towards Diabetes Mellitus. *International Journal of Current Research and Review*, 2014; 6(1): 63-68.
9. Parmar P, Rathod GB, Rathod S, Goyal R, Aggarwal S, Parikh A. Study of knowledge, attitude and practice of general population of Gandhinagar towards hypertension. *International Journal of Current Microbiology and Applied Sciences*, 2014; 3(8): 680-685.
10. Parmar P, Rathod GB, Rathod S, Parikh A. Consent in medical practice – Perceptions of patients towards legal aspects of informed consent. *IAIM*, 2016; 3(4): 105-110.
11. Parmar P, Rathod GB. Knowledge and awareness among general population towards medical negligence. *IAIM*, 2016; 3(7): 250-254.
12. Parmar P, Rathod S, Parikh A. Perceptions of patients' towards euthanasia – A medico-legal perspective. *IAIM*, 2016; 3(5): 20-23.
13. Iacopino V, Heisler M, Pischevar S, Kirschner H. Physician complicity in misrepresentation and omission of evidence of torture in post detention medical examinations in Turkey. *JAMA*, 1996; 276: 396-402.
14. Bicer U, Colak B, Ozkalipcio O, Gundogmus UN. Attitudes and experiences of physicians regarding human rights violation – a study on human rights education. *Torture*, 1999; 9: 68-72.
15. Sobti JC, Chapparwal BC, Holst E. Study of knowledge, attitude and practice concerning aspects of torture. *JIMA*, 2000; 98: 334-40.
16. Verma SK, Biswas G. Knowledge and attitude on torture by medical students in Delhi. *Torture*, 2005; 15(1): 46-50.
17. Basoglu M., Livanou M., Crnobaric C., Franciskovic T., Suljic E., Duric D., Vranesic M. *Journal of the American Medical Association*, 2005; 294: 580–590.
18. McCoy A. *A question of torture: CIA interrogation, from the cold war to the war on terror*. New York: Metropolitan Books/ Henry Holt, 2006.