

## Violence Faced by Women Health Workers

**Ms. Padma Devastali & Ms. Sangeeta Rege**  
E mail: padma.deosthali@gmail.com

*Ms. Deosthali has been working as a researcher and trainer with CEHAT for the past 12 years. She has completed research studies on women's work and health, domestic violence and its impact on health. She coordinated the established of Dilaasa a public hospital crisis centre set up for responding to survivors of domestic violence. She has been the Director of CEHAT since 2006 and has led research work on various aspects of health services research including standards of care in private health sector and its unregulated growth. She is also member of the Steering Group of the Guidelines Development group of the WHO that is developing guidelines for responding to Intimate Partner violence and sexual assault for health sectors in Low and Middle income countries. She is also trustee of Samyak that works with men on gender and violence issues.*

*Ms. Rege is currently in charge of CEHAT's project on health sector response to violence against women. She has experience in counselling survivors of sexual assault as well as domestic violence. She has also been a trainer and has conducted several training of multiple stake holders on violence and health. Besides being a trainer and a counsellor, she has developed research reports and working papers on the issue at hand.*

### Introduction :

The health system has a large number of women employees at all levels with nursing being the most dominant. The Vishakha Guidelines are applicable to this sector and the health facilities are expected to comply with the same. It is known that nurses do report sexual harassment and the story of Aruna Shanbag is case in point. There is also evidence from other studies that nurses face abuse because of their disadvantaged position within the health system and the nature of their job (work hours, nursing men, working with men) that directly

contradicts current gender norms. This further gets compounded because of the fact that nurses themselves have gendered understanding about their roles as well as about violence. There is little evidence of the nature of violence faced by women in the health system. Sexism in medicine is well documented but the experiences of women health workers in terms of their experience of violence or abuse does not seem to be a matter of concern. The experience of setting up a public hospital based crisis centre that entailed training of health providers on the issues of gender, violence and role of health professionals in responding to domestic violence provided a lot of insights into problems faced by women in the health system. These issues repeatedly came up in training sessions and a need was felt to enquire into the kinds of harassment that is faced by women health workers at the workplace as well as their home. It is envisaged that the study findings would help in not only strengthening the existing mechanisms for redressal but also enhancing the role of women workers in caring for survivors of domestic violence.

The study was undertaken with the objective to map the different kinds of abuse faced by women workers within the hospital and their personal lives, to understand avenues accessed by women workers to address the abuse experienced by them and to understand the barriers in seeking support services of Dilaasa crisis intervention department. It was conducted in two public hospitals where the Dilaasa intervention was functional. Focus group discussions were held with women workers across the different levels. The selection of staff for the FGD was made based on their years of experience and seniority. Ten FGDs were conducted, 3 with doctors, 2 with sister in charges, 3 with staff nurses and 2 with ayabais and maitranis.

The study focused on understanding the nature of violence women health workers faced both at the level of their domestic lives and at workplace. This paper focuses only on the experiences of violence reported at the work place. The first section describes the nature of violence faced by female doctors and female nurses at work place. The next section describes the reasons for such violence as perceived by the women health workers (WHWs) and the last section focuses on the recommendations from WHWs about improvements at work place to reduce the incidence of violence and developing an enabling working atmosphere.

**I] Violence faced by women health workers :**

**a. Nurses :**

Nurses at both levels, the sister in charges (SIC) and staff nurses (SN) stated that they face abuse from senior doctors, labour staff, relatives and patients. As doctors are senior most categories, they often abuse their power. The unwritten rule is that whatever the doctor asks the nurses to do, they have to complete it and not dare to contest it. Some of the nurses said that they are extremely scared to respond or communicate to the doctor that a certain duty given to her is outside her job responsibility as a nurse. Several nurses also stated that they were asked the most intrusive questions about sexual relations, reproduction and pregnancy. Often young nurses and student nurses are forced to tackle several awkward questions of this sort. Nurses expressed a sense of fear when they have to take up evening and night duties as doctors sit in the casualty dressed in underpants and drink at work. Nurses observed similar behaviour of drinking in the patients as well as their relatives and therefore perceive working in male wards as unsafe. It was reported that male patients keep staring at them and purposefully undress in front of the nurse to embarrass the nurses. Nurses stated that several bed side duties are the responsibility of the ward boys, but they refuse to do it and nurses end up doing those tasks. They fear complaining against the ward boys and class four employees as the latter threaten them with complaints to the union.

*Types of violence reported by nurses :*

Category	Nurses
Senior doctors	<ul style="list-style-type: none"> <li>■ Blaming for everything that goes wrong even if that is not nurses' responsibility.</li> <li>■ Asking them to carry out doctors tasks.</li> <li>■ Humiliation of nurses in front of patients and families.</li> <li>■ MOs sitting in shorts-being drunk on duty.</li> <li>■ Asking personal questions related to sexuality, maternity during examination and training of female patients</li> </ul>
Patients	<ul style="list-style-type: none"> <li>■ Staring</li> <li>■ Undress to embarrass</li> <li>■ Drunk</li> </ul>

Relatives	<ul style="list-style-type: none"> <li>■ Physical and verbal abuse when something goes wrong.</li> <li>■ Often come drunk making them feel insecure.</li> </ul>
Labour staff	<ul style="list-style-type: none"> <li>■ Do not perform their duties.</li> <li>■ Threats that they will complain to the union.</li> <li>■ Report drunk to work which makes them feel tense</li> </ul>

**b. Doctors :**

Women doctors at all levels from right from the resident medical officer position to that of a medical officer reported violence from the medical educators, to senior clinicians to peers and patients. A large component of the violence was sexual in nature. Doctors reported incidents of being called to the consulting rooms by senior medical doctors with the pretext of discussing cases. Many doctors shared that while conducting demonstrations on patients, medical teachers often single out women students for conducting the demonstration. A doctor stated *"As a student, we have witnessed how senior doctors would ask one of us to do breast examination, we knew that it was not required, but no one questioned it, so it went on. We have also seen women students being asked to examine for hernia, men in the group were not asked to do so"*

Comments on looks, the way they dress and their appearance was a routine affair. Many of them stated that senior doctors would single out good looking women and assign them for night duties to be with them. Use of sexist language was common amongst senior male doctors. Comments such as *"Oh, you are wearing a mangalsutra, which means a no entry board, so you are not available"* have also been heard by them.

Sexual harassment was not just restricted to senior doctors but was also commonly meted out by male peers. Male peers would often hold hands of women doctor or keep their hands on their shoulder stating that women should believe that they are all doctors and not look at themselves as "men" or "women". Such comments would make it difficult to question the conduct of their male counterparts. It was also extremely common to make lewd comments on women's anatomy and then pass it as a joke. Often male doctors would ridicule women doctors for not enjoying the jokes and stating that anatomy was after all a medical subject.

## Sexual Harassment at Workplace

Women Doctors were often not taken seriously by the patients and their families. They stated that one of the reasons was that patients expect a male to be a doctor and therefore their conduct with women doctors was often disrespectful. Women doctors would often get stared at, ridiculed by the patients and their families. When there are medical complications in a case, the relatives often assault a woman doctor as they find her to be an easy target.

Nurses and doctors stated that male doctors use code language to expose female patients even when such an examination is not required. Language such as '*Upar se kitne aaur niche se kitna*' is denoted for the extent of body to be exposed. Nurses have often been asked humiliating questions by even junior doctors related to their own delivery and pregnancy.

### Types of violence reported by doctors:

Category	Forms of violence –doctors
Senior doctors	<ul style="list-style-type: none"> <li>■ Sexist/ lewd remarks (is <i>mangalsutra/ tikka</i> a no entry board)</li> <li>■ Pinching</li> <li>■ Calling women doctors to their rooms on pretext of discussing cases and undressing.</li> <li>■ Comments on looks and appearance</li> <li>■ Ask good looking girls for night duty</li> <li>■ Female student singled out for demonstrations requiring examination of male sexual organs and holding female student's hands for examination patient's breasts.</li> </ul>
Peers	<ul style="list-style-type: none"> <li>■ Bad touch - often covert making it difficult to question like putting hand on the shoulders of the woman colleague.</li> <li>■ Male doctors coming drunk to work and abusing team. ( no action taken)</li> <li>■ Deliberate Comments on female anatomy (to be accepted and enjoyed as jokes as you are a doctor!)</li> </ul>
Male Patients	<ul style="list-style-type: none"> <li>■ Staring when we doctors wear jeans or sleeveless. May not say anything but their gaze is problematic</li> <li>■ Undress to embarrass-comments on looks</li> </ul>

## Sexual Harassment at Workplace

Relatives	<ul style="list-style-type: none"> <li>■ Abuse if anything goes wrong as low acceptance for women as doctors, it is relatively more against women doctors</li> </ul>
Labour staff	<ul style="list-style-type: none"> <li>■ Do pass remarks but behind our back</li> <li>■ Do not listen to instructions</li> <li>■ Report drunk to work so "we avoid them as women"</li> </ul>

### c. Ayahbais and maitranis :

These form the lowest rung in the hierarchy at the hospital. They reported fear of sexual harassment when placed in male wards. Often they are placed in male wards on night duty alone. The patients, their relatives drink and smoke which made them feel unsafe and at risk.

Category	Ayahbais and Maitranis
Patients	<ul style="list-style-type: none"> <li>■ Feeling unsafe when patients drink and smoke, often left alone in the male ward-men put up their clothes and also sit in a bad manner exposing themselves</li> </ul>
Labour staff	Report drunk to work

In addition to the above reported experiences of violence or fear of violence, women health workers especially doctors and nurses also reported that they had witnessed violence against patients. They reported that male doctors often indulged in unnecessary exposure of female patient's body, asking women patients to remove clothes when not required or examination of upper body unnecessarily.

### II] Workplace violence and WHW - Reasons and Perceptions

Both women doctors and nurses discussed that male counterparts always want to be at the top of the hierarchy and want to take control of everything. Therefore women workers are perceived by them as objects that need to be used to get to their goal. Male counterparts continue to perceive women workers as "pav ki jooti" at workplace too. There was a unanimous opinion amongst WHW that having superior educational qualifications don't lead to any change in the way male perceive WHW. They don't treat the latter as their equivalent at all. Women health workers had to balance the home front and their professional lives and ensure that no dissonance was caused because of their work place environment in their homes.

WHWs also feared that disclosure about work place violence would create an impression that "she is intolerant and bad mouths others" WHW were most concerned that such perceptions would tarnish their image completely and would also negatively affect their assessment and evaluation. In such a situation it was felt that ignoring the abuse was the only way out. Nurses especially voiced that they were expected to take orders from doctors, administrators and patients, but if they questioned any of it they were abused.

### **Gender and the Medical system -**

General understanding about the health system is that it is extremely hierarchical and doctors whether male or female are considered to be superior to other staff members. Therefore nursing professionals are considered as playing a subordinate and secondary role in treatment and care for the patient. However in the course of our study, what clearly emerged was the nature of subordination faced by women doctors. Most doctors stated that even if they were competent, the male peers were seen as more competent. This was in keeping with the gendered notion of a man being a doctor and a woman a nurse. Doctors mentioned that such a perception was also prevalent amongst patients. Even after seeing a woman physician the relatives will say "where is the doctor, we want to meet the doctor, when female doctors clarify that she is a doctor, they would insist and say we want to meet your boss or bada doctor". Doctors also felt that because they are women neither nurses, nor do ward boys and ayahs take their orders seriously.

Women doctors stated that they are perceived as competent by administrators only when they have to get work done, but the real reason is their inability to get the work done from male doctors. Thus it invariably gets referred to women doctors. Women always find it difficult to refuse any work and end up doing it. They also shared that when it comes to claiming success of a difficult and complicated medical emergency, handling of patients and difficult situations, male counterparts are quick to claim it, but women find it difficult to compete and state that it was an outcome of their efforts.

### **Responses to violence faced :**

Several reasons were cited by the WHWs for not being able to seek redressal for the abuse faced by them.

Overall, we found that all groups were not aware of the sexual harassment panels in their hospitals. Only sister in charges knew that they existed but had not idea about the constitution of the committee or the steps in seeking redressal or even knowledge of what kind of behavior can be reported to this panel.

Most stated that most nurses tend to discuss the abuse with a close colleague and are hesitant to seek formal redressal due to fear of being stigmatized. Colleagues providing support persuaded them to adjust with the violence, ignore it and the like. No confrontation strategies or formal mechanisms were suggested to the nurses by their colleagues.

Doctors clearly articulated that they have no forum for common gathering or meeting by profession they are expected to work individually. They rationalized and stated that when such abuse happens in the internship period, it is best not to speak about it as the person is very senior and can ruin our career and future education. There is also a fear that others may not support the complaint. None of the doctors were aware of the sexual harassment at work place committees operating in their hospitals. Doctors articulated that this was the first time ever that they had even discussed abuse and come together as a group of doctors.

The nursing staff also expressed concern about the fact that labour staff is unionised and so it was best that any harassment from them is ignored. They also expressed fear of defamation, lack of faith in the process. "By speaking out, people point fingers at you only. Best to complete duty after all we have to continue to work here only."

### **Recommendations to deal with sexual harassment at workplace -**

There is a need to re-label existing hospital practices considered to be 'normal' as forms of sexual violence. There is a need for creating awareness about unacceptable behaviour and also an understanding that this unacceptable behaviour should not be considered a part and parcel of medical system.

More awareness amongst women and men health workers on the forms of sexual violence is required. The women health workers also need to be made aware about their rights and information about redressal mechanisms at the hospitals.

In addition to this the redress mechanism also must improve and complaints must be enquired into immediately and concluded. There needs to be a mechanism for continuous monitoring for making workplace safe and violence free for women workers needs to be put in place.

**Conclusion :**

It is important that we also report the fact that women health workers across all levels also reported various other issues that they face within the system which we have labelled as "abuse of power". They strongly felt that this was violence on them.

One of the overriding issues that were reported was the feeling of being dumped with tasks that have to be performed by others. They also reported perceived partiality with respect to making duty charts. There was no transparency in taking decisions regarding who gets what kind of duty. Overwhelmingly all of them reported 'shortage of staff' as not being raised as a problem by senior staff of hospital as a form of violence against them. The labour staff in particular reported that unsafe work conditions were form of violence against them as cleaning material was not made available. They were forced to use acid instead of bleaching powder which causes nausea, vomiting and so on. No gloves provided and no compensation given in case of accidents.

**References :**

1. Healey, Madelaine and Nair, Sreelekha. (2006) 'Profession on the Margins: Status Issues in Indian Nursing', Paper presented at the CWDS conference.
2. Kane, Pratibha. (2009) 'Stress causing psychosomatic illness among nurses', Indian Journal of Occupational Environment in Medicine-2009 April; 13(1): 28-32.
3. Ellesberg M, Heise L, (2005) 'Researching VAW- A practical guide for researchers and activists', WHO, PATH.
4. David E. d. and Morgan, L. (1993) 'Successful focus groups, Advancing the state of the Art', SAGE publication, New Delhi.

**Combating the Issue of Sexual Harassment at Work Place: A Case Study**

**Mrs. Sadhana Deshmukh**

Vice Principal and H.O.D. of Human Development Department

S.M.R.K.-B.K.- A.K. Mahila Mahavidyalaya Nashik.

E-mail: sadhanadev@rediffmail.com

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*The author is a veteran educationist with 26 years of experience. She has contributed in establishing Home Science faculty of S.M.R.K. Mahila Mahavidyalaya as one of the senior most teachers. She was associated with Women's Movement since 1982 as an activist. She is actively connected with women's organizations such as 'Maharashtra Stree Abhyas Vyaspeeth' and 'All India Women's Organization' at state and National level. She is regularly invited as a guest speaker and resource person on issues related to Women, Children and Parents. Her research papers presented in State level and National level Seminars are published in the proceeding of the respective Seminars. She is presently working as a Principal Investigator on a Minor Research Project funded by UGC.*

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**Introduction :**

Sexual harassment at workplace is a form of violence against women. The term 'Sexual Harassment' was defined by Honorable Supreme Court in the judgment of Vishakha Vs State of Rajasthan in 1997 as, "Sexual Harassment means any unwelcome sexually determined behavior (whether directly or by implications) as physical contact and advances, a demand or request for sexual favors, sexually- coloured remarks, showing pomography or any other unwelcome physical, verbal or non verbal contact of sexual nature".

Supreme Court has also given guidelines for prohibition of sexual harassment at workplace. It is popularly known as "Vishakha Guidelines".

The Vishakha Guidelines recognizes sexual harassment at workplace as violation of human rights. It is applicable all over India. All employer or responsible heads of the institution must prepare certain rules of conduct