

ORIGINAL ARTICLE

Knowledge, Distribution, Dimensions and Barriers in Reporting of Sexual Harassment in Female Medical Students of Public College of RawalpindiUmaira Ali^{*}, Syed Arshad Sabir, Bilal Sharif**ABSTRACT**

Objective: The aim of this study is to identify different forms of sexual harassment that female medical students face, environment in which it is most prevalent, effects on future career choices, and determine steps to mitigate workplace sexual harassment.

Study Design: Cross sectional study design.

Place and Duration of Study: The study was carried out at Department of Community Medicine, Rawalpindi Medical University, Rawalpindi from 1st February, 2020 to 1st March, 2020.

Materials and Methods: A quantitative, cross-sectional descriptive design was used in this study. The target population of the study was registered female students at Rawalpindi Medical University, with a sample size of 166. Questionnaire was used for data collection and data was analysed using Statistical Package for Social Sciences (SPSS) Version 23.0 program. The basic ethical principles were observed, and the ethical clearance certificate was obtained prior to data collection.

Results: According to our study, highest number of respondents were 3rd year students (46), 81% reported that they have experienced any form of sexual harassment, 42% reported fear of it happening in their personal context in medical institute, 83% said that it may influence their future career choices. Most frequent form of sexual harassment they experienced is staring and leering (72%), while most susceptible / vulnerable time is during night (62%), college transport buses are reported as the most frequent place (15%), conductors and drivers are the most common perpetrators (24%). In our study, major barrier in low reporting of sexual harassment is fear of victimization (34%).

Conclusion: This study shows that female students in university are experiencing different forms of sexual harassment.

Key Words: *Female Medical Students, Public Medical College, Sexual Harassment.*

How to cite this: Ali U, Sabir SA, Sharif B. Knowledge, Distribution, Dimensions and Barriers in Reporting of Sexual Harassment in Female Medical Students of Public College of Rawalpindi. *Life and Science*. 2022; 3(1): 39-42. doi: <http://doi.org/10.37185/LnS.1.1.205>

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Introduction

Sexual harassment is generally defined as an unwelcome sexual advances, requests for sexual favours, or other verbal or physical conduct of a sexual nature that is either a condition of work or is severe and pervasive enough to interfere with work

performance or to create a hostile, intimidating work environment. It may consist of words, gestures, touching, or the presence of sexual material in the work environment.¹

Sexual harassment is faced by the female medical students in the workplace by patients, peers, hospital or institute staff and even seniors-- including doctors, mentors and employers. This may lead to an uncomfortable environment which may halter their enthusiasm, motivation, and pursuit of occupational excellence and their performance as future medical practitioners. Apart from the broader influence of a degraded morality on a nation's social and economic context extrapolated to the increased rate of sexual crimes across the country, the risks of sexual

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Funding Source: NIL; Conflict of Interest: NIL

Received: Apr 28, 2021; Revised: Sep 07, 2021

Accepted: Sep 13, 2021

harassment extend to dire consequences on everyone's mental health. These include, but are not limited to, lowered self-esteem, anxiety and paranoia, bouts of depression and insomnia and social anxiety.²

As reported in a similar study in Ontario, Canada, more than three-quarters of female doctors reported some form of sexual harassment during their career. US findings show that sexual harassment decreases job satisfaction and diminishes wellbeing.³ Another study recording sexual harassment faced by medical students from 10 different US medical schools reported that the perpetrators of sexual harassment were mostly strangers followed by friends and then university staff.⁴

One national study conducted in Islamabad of nurses reported more cases of verbal harassment than physical harassment by the male physicians in Pakistan.⁵ Another subdivided the victimization of nurses by patient and their male visitors, doctors, colleagues and administrative staff.⁶ Despite Pakistan's Protection against Harassment of Women at Workplace Bill (2010), working women still experience rampant sexual harassment. This is partly because many Pakistanis do not see sexual harassment as a serious social issue and to some extent deny its presence.³ A study was conducted in Islamabad; it was compiled based on empirical analyses of the views of 200 female students from eight different universities of Islamabad, Pakistan and it revealed that objectification, street harassment and abuse are incontrovertible parts of women's lives in Pakistan.⁷

The aim of this study is to recognize identify different forms of sexual harassment that female medical students encounter, environment in which it is most prevalent, effects on future career choices and determine steps to mitigate workplace sexual harassment.

Materials and Methods

It is a descriptive cross sectional study conducted at Department of Community Medicine, Rawalpindi Medical University, Rawalpindi from 1st February, 2020 to 1st March, 2020. Interviews of 166 female medicals students were conducted. Sample size was calculated by using WHO calculator with 95% confidence interval, absolute precision 8% and

expected percentage of sexual harassment is 20%. Simple random technique was performed. Ethical approval for the study was obtained from institutional review board and record is kept confidential. The pre-tested, validated & specially designed questionnaire was used for data collection. Questionnaire included questions regarding apprehensions, possible locations & various aspects of sexual harassment including physical, personal, time, situational & social dimensions. Moreover, further line of questioning covered consequences, influences of sexual harassment on career choices of students & remedies to curb this menace.

Inclusion criterion consisted of female medical students from first year to final year of MBBS program with no exclusion criterion.

Results

Highest no of participants in our study belong to 3rd year (n=46), 111 students were dayscholar, age group was between 20yrs to 22 yrs (n=92). According to the results of our study, 166 participants have knowledge and perception about the subject being inquired, 42% respondents purview that sexual harassment may happen at medical teaching insititutes but rarely.

81% participants accepted the fact that they have experienced the sexual harassment. Prime apprehension of participating subjects about sexual harassment is staring/leering (72%). Most prone location is college buses / transports (15%), chief perpetrators are drivers/conductors (24%) and the highest susceptible / vulnerable time is during night (62%). In social and situation dimensions, highest rate of sexual harassment was related to unjustified passing / getting good marks in exams (19%). During clinical learning, the dimension with highest percentage in results is evening or night duties (28%). Most vulnerable location for sexual harassment in hospital setting as per results is faculty's office (15%), and 83% survey participants opined that sexual harassment in clinical setting influences the choice of medical students in pursuing career in clinical sciences. In our study, major barrier in low reporting of sexual harassment is fear of victimization (57%) and (55%) highest possibility of inaction and unsatisfactory results.

Discussion

Although the high prevalence of sexual harassment

Table 1: Sociodemographic profile of students

Study year	Frequency (n=166)
1st year	37
2 nd year	22
3 rd year	46
4 th year	42
Final year	19
Age	
17-19 years	25
20-22 years	92
Above 22	49
Students residence	
Dayscholar	55
Hostelite	111
Marital status	
Married	Nil
Unmarried	All

Table 2: Knowledge about Sexual harassment in female medical students

Aspect of SH inquired	Frequency (n=166)	Percentage %
SH exists as problem in medical institutional settings	Yes=166 No=nil	100%
Fear of its happening in their personal context in medical institutes	Yes=71 No=85	42% 51%
Personal experience of any kind of SH	Yes=136 No=85	81% 51%
Possible influence of SH on future career choices	Yes=139 No=27	83% 16%

Table 3: Distribution of various forms of sexual harassment as experienced by the students (n=166)

S.No	Form of SH most frequently experienced	Frequency (n=166)	Percentage
1.	Unwelcome touching	92	55%
2.	Staring or leering	121	72%
3.	Suggestive comments or jokes	83	50%
4.	Sexually explicit pictures	21	12%
5.	Unwanted invitations to go out	31	18%
6.	Requests for sex	17	10%
7.	Intrusive questions	32	19%
8.	Insults or taunts	40	24%
9.	Sexually implicit physical contact	27	16%
10.	Sexually implicit digital messaging	58	34%

Table 4: Distribution of possible various dimensions (person, place, time and social) of SH as reported by the study subject (n=166)

Dimensions	Forms of dimensions reported	Frequency	%
Place	College students transport vehicle (buses etc.)	26	15%
	Faculty offices/rooms	25	15%
	When on excursion trip	55	33%
	Girls hostel	40	24%
Person	Conductors/Drivers	41	24%
	Male faculty members	15	9%
	Male support staff	22	13%
Time	Night time (general)	104	62%
	Night duties (clinical training)	47	28%
Social	In greed of unjustified good marks in exams/ passing exam	32	19%

Table 5: Barriers in reporting sexual harassment (n=166)

Barriers in reporting SH	Frequency (n=166)	%
Fear of not being believed	41	24%
Embarrassment if family or peers learnt	50	30%
Lack of trust on higher authority	53	31%
Stigma of this topic so cant involve elders of family	50	30%
No proof	38	22%
High status of perpetrators	49	29%
Fear of disclosure of identity	54	32%
High possibility of inaction and unsatisfactory results	55	33%
Fear of victimization	57	34%

of women in “male” dominant occupations is well documented, the problems of sexual harassment among female medical students in Pakistan have not been studied. The purpose of this study was to get an understanding about the knowledge of various forms of SH, how students perceive it, certain dimensions in which it is happening and where they feel more harassed.

According to our study 121 subjects said that sexual harassment can be experienced in the form of staring and leering. This is comparable to the prevalence of sexual harassment in the form of suggestive and

sexist remarks recorded to be 48% by a study conducted in USA in 2000.⁷

Similarly, according to a study in San Francisco school of Medicine it was observed that only 21% cases of sexual harassment are reported whereas those who did not report did not do so because of fear of reprisal.⁸ Compared to our study stated that low reporting of sexual harassment is because of high status of perpetrator and 55% participants said that it is due to fear of victimization.

62% participants thought that the highest probability of such an event occurring at night. As compared to a study, 59.8% were reported to have occurred between 12pm to 6pm and 5.2% were reported to have occurred between 6pm to 12 am.⁹ According to our study 41 participants believed that drivers and conductors are the main perpetrator while going in college buses. Compared to this only 7.1% cases of sexual harassment at the hands of patients/attendants were reported in a study conducted in medical center in USA in 2019.^{10,11}

Conclusion

Sexual harassment have become deep rooted into the culture of institutes as it is unchecked for so long. One of the main barrier is that students are unwilling to report these behaviours. After having clear understanding on the concept of SH these behaviours can no longer be ignored.

Will the medical colleges be able to constraints these harassments? This is the question which the entire medical college management force needs to work upon. We strongly feel that our leaders must deal this issue with full attention to protect students who are most valued sources.

SH is a serious challenge worldwide and it has negative effects on students in choosing the career options. This problem can be curtailed by implementing a zero tolerance attitude towards these behaviours.

Recommendations

Workplace harassment can be decreased through preventive and management measures. Therefore, we would like to recommend that;

1. Awareness campaigns about SH should be conducted in medical institutes

2. Policy makers should make zero tolerance policy for the institutes
3. Quick and strict actions should be taken against those who is harassing students
4. Psychological support should be provided to victims.

In this way we can create a healthy and safe environment for the students which will not only boost the students performance but will also improve the standards of care provided by organization.

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