

Gender-Based Violence in Medical Students; An Analytical Cross-Sectional Survey

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Abstract

Objective: To establish the frequency and types of violence experienced by medical students, as well as to evaluate their degree of knowledge regarding gender-based violence (GBV).

Materials and Methods: This analytical cross-sectional study was conducted from 04th June to 24th August 2023. The sample size was 208 with a 95% Confidence Interval. Data was collected from medical students in educational institutions by convenience sampling. The questionnaire consisted of sociodemographic data, and awareness of gender-based Violence. Data obtained were entered and analysed using a statistical package for social sciences (SPSS) version 21. Chi-square test was used to compare awareness of Violence and sociodemographic data. p-value ≤ 0.05 will be considered significant.

Results: The mean age of respondents was 22.05 years with standard deviation 1.35 years. There were 91 males and 117 females. In medical students, 207 (99.5%) were aware of gender-based violence and considered it illegal but only 113 (54.3%) knew how to report it. In medical students, 120 (57.7%) were aware of cyberbullying laws. Regarding factors responsible for violence low levels of education, societal norms and lack of women empowerment were perceived to be among the top three causes. In respondents, 64 (30.8%) had experienced gender-based violence. Females had 2.14 times increased chances of facing violence. (p-value 0.016).

Conclusion: Gender-based violence is a prevailing public health concern that is significantly impacting the well-being of medical students. Females are more likely to face violence. Low levels of education, societal norms and lack of women empowerment are perceived as the main factors for gender-based violence.

Keywords: Gender-based violence, medical students, awareness

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Introduction

Gender-based violence (GBV) is officially defined by the United Nations' Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) as encompassing actions that have the potential to inflict physical, sexual, or psychological harm or suffering upon women.¹ This includes various forms of oppression, as well as the subjective denial of freedom, whether experienced publicly or privately within familial

or communal settings. Extensive global evidence substantiates the prevalence of gender-based violence, which encompasses acts targeting women and men alike.² Globally, the issue of GBV poses a significant threat to both public health and human rights. According to the World Health Organisation (WHO), 35% of women throughout the world have been victims of physical, sexual, or both types of violence over their lifetimes.³ Nearly a third of women, or 736 million, have been victims of either type of abuse by an intimate partner at some point in their lives. The incidence of GBV ranges from 16.3% in East Asia to 65.64% in Central sub-Saharan Africa. The women of South East Asia are the most likely to be infected. This region shows a frequency of 37.7%.^{3,4} In addition, according to the European Union Agency for Fundamental Rights, one in ten European women have been the victims of sexual assault,

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and this includes incidents that occurred before the age of 15 as well as those that occurred after the age of 15.5 Violence against women and girls may take place everywhere, including workplaces and even educational institutions. According to the findings of the research conducted by a number of different writers, gender-based violence is an ongoing problem among college students.⁶ However, educational institutions do not adequately address this problem, which highlights the need to raise awareness about Gender-Based Violence (GBV) among students.⁷

Violence against women and girls continues to be a pervasive and upsetting problem that plagues countries all over the world, putting at risk the physical security, mental health, and civil liberties of untold numbers of people. Previous studies have investigated the elements that influence gender-based violence awareness, therefore revealing essential insights into this multidimensional problem. Among the prominent factors, gender, age, degree of alignment with feminist movement ideals (FWMS), and socioeconomic position emerged as key drivers, which provided insight on the differing degrees of awareness among the various groups.⁸ The high incidence of GBV may be attributed to a number of variables, some of which include individuals' unwillingness to disclose occurrences of GBV, fear of social stigma, fear of consequence, and fear of revenge.

Pakistan has a total population of 241.49 million people, with men accounting for 50.4% of the population and females comprising 49.6% of the population, which is almost half of Pakistan's total population. The seventh national census was conducted in 2023.⁹ According to the World Economic Forum's Global Gender Gap Index for the month of December 2019, Pakistan came in at position 151 out of 153 total nations. According to the data of the Pakistan Demographic and Health Survey 2017–2018, among women aged 15 to 49 years old, 28% have been the victims of physical violence, and 6% have been the victims of sexual assault.¹⁰

According to the published research, students are subjected to a variety of types of gender-based violence (GBV), including but not limited to bullying, abuse, harassment, antisocial conduct, and social undermining.⁸ There is a dearth of information available in Pakistan about the prevalence of gender-based violence among medical students. Medical Students, as members of the healthcare team, have an important role to play in the future in the prevention and management of Gender-Based Violence (GBV). They are expected to be ready

and fully embrace the necessary shift in behaviour to deal with Gender-Based Violence concerns in their practise when they become practising physicians. The purpose of this study is to ascertain the incidence of violence encountered by medical students as well as its various manifestations. The second objective is to determine the degree to which medical students are aware of Gender-Based Violence. The knowledge that is gained will provide us insight on the extent of the problem and the variables that are contributing to it, which will allow us to take steps for the control of the problem.

Material and Method

After approval from the Institutional Review Board, this analytical cross-sectional study was conducted after taking informed consent from 04th June 2023 to 24th August 2023. The sample size was calculated to be 208 with a 95% Confidence Interval and 5% margin of error. Data was collected from undergraduate medical students in educational institutions. Performa was self-designed by a literature search.⁹⁻¹¹ For data quality assurance questionnaire was pretested on 25 participants. Feedback was incorporated in the final questionnaire. The questionnaire consists of sociodemographic data, Awareness of gender based Violence. 208 questionnaires were filled through convenience sampling. All questionnaires will be reviewed for completeness and consistency.

Data obtained were entered and analysed using a statistical package for social sciences (SPSS) version 21. For quantitative variables mean and standard deviations were calculated. For qualitative variables frequency and percentages were calculated. Chi-square test was used to compare awareness of Violence and sociodemographic data. p -value ≤ 0.05 was considered significant.

Results

There were 208 participants in the study. The mean age was 22.05 years SD of 1.35 years. The sociodemographic characteristics of study participants are shown in Table 1. Out of the total participants, $n=208$, 64 (30.8%) experienced at least one form of violence. The most common form of Violence was verbal faced by 33 (15.9%), followed by Psychological violence by 28(13.5%). Digital Harassment was faced by 15 (7.2%), Physical violence faced by 11 (5.3%) and sexual harassment faced by 9 (4.3%) of medical students. Of the 64 respondents facing violence, (30.8%), males were perpetrators of violence in 54 (84.4%) cases while females were perpetrators in 10 (15.6%) cases of violence. Regarding the age of

Table 1: Sociodemographic Characteristics of Study Participants n=208

Variables	Frequency (n=208)	Percentage%
Gender		
Male	91	43.7
Female	117	56.3
Educational Background		
FSc.	186	89.4
A Levels	22	10.6
Residence		
Day Scholar	106	51
Hostellite	102	49
Mother's Education		
Intermediate or below	75	36.1
Bachelors	72	34.6
Masters	61	29.3
Father's Education		
Intermediate or below	47	22.6
Bachelors	65	31.3
Masters	96	46.2

Table 2: Awareness and Perceptions of Medical Students Regarding Gender-based Violence (n=208)

Variable	Frequency(n)	Percentage%
Know that Gender-based Violence Illegal		
Yes	207	99.5
No	1	0.5
Have knowledge that Males can be Victims of gender based violence		
Yes	192	92.3
No	16	7.7
GBV is a public health problem in Educational Institutions		
Yes	171	82.2
No	37	17.8
GBV is a Public Health problem in Health Sector		
Yes	182	87.5
No	26	12.5
Aware of how to Intervene if I witness Violence		
Yes	141	67.8
No	67	32.2
Aware of How to Report Violence		
Yes	113	54.3
No	95	45.7
Aware of Institutional Policy regarding Violence		
Yes	120	57.7
No	88	42.3
Aware of Cyberbullying Laws		
Yes	120	57.7
No	88	42.3
Perceptions of medical students for Factors Responsible for Violence		
Low level of Education	154	74
Societal Norms	138	66.3
Lack of women empowerment	108	51.9
Social Media influence	55	26.4
Religious Beliefs	55	26.4
Economic Burden	25	12

Table 3: Bivariate analysis between Violence faced and Sociodemographic data

Variables	Violence Faced (n=64)	Did not face Violence (n=144)	P - value
Gender			
Male	20 (21.5%)	73 (78.5%)	0.015
Female	44 (38.3%)	71 (61.7%)	
Educational Background			
Faculty of Science FSc.	58 (31.1%)	128 (68.9%)	0.70
A Levels	06 (27.3%)	16 (72.7%)	
Residence			
Day Scholar	31 (29.2%)	75 (70.8%)	0.62
Hostellite	33 (32.4%)	69 (67.6%)	
Mother's Education			
Intermediate or below	20 (26.4%)	55 (73.3%)	0.49
Bachelors	22 (30.5%)	50 (69.4%)	
Masters	22 (36.1%)	39 (63.9%)	
Father's Education			
Intermediate or below	16 (34.0%)	31 (66.0%)	0.23
Bachelors	24 (36.9%)	41 (63.1%)	
Masters	24 (25.0%)	72 (75.0%)	

Table 4: Regression between gender and violence faced

	Violence Faced (n=64)	Did not face Violence (n=144)	P- value	Adjusted Odds Ratio	95% Confidence Interval
Gender					
Female	20	73	0.016	2.14	1.15 to 3.98
Male	Reference	Reference			

perpetrators; 42 (65.6%) were aged less than 30 years while 22 (34.4%) were above the age of 30 years. Out of 64 participants who faced violence, 43 (67.2%) did not take any action and pretended that it never happened, 13(20.3%) of them told their family and friends, 5(7.8%) of them took help from supervisors and higher authorities and the remaining 3(4.6%) of them filed a report against perpetrators of gender-based violence. Awareness and Perceptions regarding gender-based violence in medical students is shown in Table 2. Bivariate analysis was done to see significance between Violence faced and Sociodemographic data as shown in Table 3. Gender was found to be significant on bivariate analysis. Binary logistic regression was applied as shown in Table 4. Females have 2.14 times increased chances of facing violence. 95% Confidence Interval 1.15 to 3.98.

Discussion

In this study, the aim was to determine the frequency of violence faced, and its forms experienced and assess the awareness of the medical students regarding Gender-Based Violence (GBV). In this study, it was found that 30.8% of medical students have faced GBV. In a survey conducted in universities of Northern Nigeria, the prevalence of GBV was found to be 58.8% which may be due to the reason that this study was done in Africa.¹¹ However, the prevalence of GBV among the women in the European Union is 33%⁶. The rates of gender-based violence range from 81% to 71% prevalence in Sweden, Denmark, France, Netherlands and Finland, to 32% to 24% in Portugal, Poland, Romania, and Bulgaria^{12,13}. There is global variation in violence faced. This may be due to varying gender gap index between and within countries. It must be taken into account that different individuals have different thresholds and sensitivity for violence which could have led to differences in considering an act as GBV or not. The most common type of violence faced was verbal. This is supported by previous studies which show that verbal violence is fairly common in institutions.^{14,15} The perpetrators of violence in the majority of the cases were males (84% of the cases). This finding is similar to the previous studies.^{9,13,15} Females had 2.14 times higher chances of facing violence than males. This is supported by previous studies which show that females are at higher risk of facing violence.^{10,16} Moreover, during the pandemic times intimate partner violence increased.

According to the findings, 99.5% of respondents share the opinion that GBV is illegal and 92.3% believe that males can be a victim of GBV. However, only 67.8% of the respondents were aware how to intervene GBV and 54.3% knew how to report a GBV case. This shows that medical students are aware about GBV but only half of them know how to report violence if they experience it. These findings are similar to previous studies which show that there is awareness that violence is illegal but it is underreported.^{17,18} The most popular causative/risk factor for GBV among the respondents was “low levels of education” 74%, followed by “societal norms” 66.3%. Hence it can be said that the educational status of the society plays an important role in the “make or break” of GBV. GBV is a prevalent issue among societies having low percentages of educated individuals.¹⁹ Secondly, the societal norms of Pakistan and many other countries favour male dominance in households and workplaces. Educational institutes (including

medical schools) are no exception to this.²⁰

It is imperative that steps be taken to promote gender equality and enhance the agency of female students, particularly with regard to the prevention and resolution of conflicts involving violence.^{21,22} This issue requires intervention at the community level through activities that promote awareness of GBV and its forms and advocate gender equality in society. This may be done either directly by making it a part of the educational curriculum or indirectly through the internet media. Regardless of how it is done, these activities need to take place. The study has certain limitations, such as, the survey was conducted only in one medical college. The strengths of the study are in-depth study on different variables related to gender-based violence in students. Long-term measures are required on a much larger scale to uproot this issue from the homes, educational institutions and workplaces and make these places safe for any person, no matter what gender they belong to for achieving gender equality for sustainable developmental goals.

Conclusion

Gender-based violence is a prevailing public health concern that is significantly impacting the well-being of medical students. Females are more likely to face violence. Low levels of education, societal norms and lack of women empowerment are perceived as the main factors for gender-based violence.

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Authors Contribution

MN: Conceptualization of Project

ZBT: Data Collection

SSS: Literature Search

SSS: Statistical Analysis

ZBT: Drafting, Revision

IM, IY: Writing of Manuscript