## **Research Article**

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# Study on awareness regarding gender based violence among group D workers in public hospitals of Delhi, India: a gender perspective

M. Meghachandra Singh<sup>1</sup>\*, Suneela Garg<sup>1</sup>, Rozaleen Dash<sup>1</sup>, Rajesh Kumar<sup>1</sup>, Nidhi Jain<sup>1</sup>, Nandini Sharma<sup>1</sup>, Tanu Anand<sup>2</sup>

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#### \*Correspondence:

Dr. M. Meghachandra Singh, E-mail: megharita1@gmail.com

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#### **ABSTRACT**

**Background:** Gender based violence (GBV) is a global public health concern. It is the most common type of violence against women with adverse consequences on physical, mental and sexual health. Hence, this study was conducted to assess awareness on various aspects of GBV among Group -D workers in hospitals of Government of National Capital Territory (NCT), Delhi, India.

**Method:** A cross-sectional study was conducted among 167 Group-D workers in nine hospitals of Government of NCT, Delhi selected randomly by population proportionate to size and giving informed consent. A pre-tested semi-structured interview schedule collected the data. Data was entered in MS-excel and analyzed using SPSS version 17. The relationships between awareness and socio-demographic variables were assessed using Chi-square test and Fisher's exact test.

**Results:** Awareness about different Acts related to GBV among Group -D workers was not satisfactory. 30.7% males were aware about Domestic Violence Act 2005 as compared to 15.2% among females (p<0.05). Awareness among females was higher than males regarding physical, emotional and sexual types of GBV (p<0.05). Female respondents were significantly more aware than males about risk factors of GBV viz. male control in decision making, financial dependence on the husband/spouse, poverty/low socio economic status (p <0.05). Females were significantly more aware than males regarding various health effects of GBV.

**Conclusion:** The study findings suggest the need for creating awareness among the study population regarding various aspects of GBV so that they can contribute in providing effective care of victims of GBV in the government hospitals.

Keywords: Awareness, GBV, Group -D workers, Risk factors, Health effects

#### INTRODUCTION

The Declaration on elimination of violence against women adopted by the UN General Assembly in 1993, defines violence against women as any act of gender based violence against women that results in or is likely to result in physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or private spaces. 1,2 Gender-based violence (GBV) is a global public health concern that has recently received significant research and policy

<sup>&</sup>lt;sup>1</sup>Department of Community Medicine, Maulana Azad Medical College, New Delhi, India

<sup>&</sup>lt;sup>2</sup>Department of Community Medicine, North Delhi Municipal Corporation Medical College, Delhi, India

attention. According to WHO report, among women aged 15-44 years, gender violence accounts for more deaths and disability than cancer, malaria, traffic injuries or war put together.<sup>3</sup>

GBV is a complex and multidimensional problem embedded within the broader socio-economic, political and cultural context with traditional norms. Female empowerment might increase GBV temporarily when traditional gender roles are challenged, but living in a community where women are empowered and have higher socio-economic status is protective against GBV. 4,5 Poverty and lack of economic opportunities make men more likely to engage in violence and substance abuse, increasing the risk of GBV (World Bank, 2000). The odds of domestic violence are about six times higher when the husband gets drunk frequently.<sup>6</sup> The large majority of GBV takes place in the home, where the victim often experiences repeated attacks. Men might be exposed to GBV but the health impacts on women are often more severe.8 GBV is very common, but most health care providers fail to diagnose and register GBV, not only due to socio-cultural and traditional barriers, lack of time, resources and inadequate physical facilities; but even more so due to lack of awareness, knowledge and poor clinical practices with limited direct communication and failure to do a full physical examination, not to mention register and monitor the effectiveness and quality of care. Further the fear of violence and stigma reduces many victims' willingness to use health services WHO, 1998.9

GBV against women is the most prevalent form of violence against women and it is a global human rights and public health concern. 10,11 GBV affects physical, mental and reproductive health. Health consequences can be fatal and end in suicides. In India the issue has been highlighted with the Protection of Women from Domestic Violence Act in 2005. Different studies conducted in India indicates the association of GBV with different socio demographic factors. 12-15 Employed women have been found to report violence more frequently than unemployed women in a number of other studies. 16,17 There are still grey areas in the understanding of GBV, its various forms and different risk factors behind it. Through this study we attempt to estimate the proportion of knowledge of Group -D workers among hospitals of NCT (National Capital Territory), Delhi regarding awareness about GBV and the risk factors to become GBV victims. Objective of the study is to assess the awareness about GBV, risk factors and associated health effects among Group -D workers in selected hospitals of NCT, Delhi.

### **METHODS**

The study was a cross sectional study conducted among Group-D workers in nine hospitals in Govt. of NCT, Delhi. The study was approved by the Institutional Ethics Committee, Maulana Azad Medical College, Delhi, India.

The hospitals were selected from a list prepared for the study. There are 34 hospitals including two Homeopathic hospitals and one Ayurvedic and Unani hospital having 50 beds or above under govt. of NCT Delhi. Out of these, 9 hospitals were randomly selected. The number of study participants in this category was determined based on the PPS sampling and they were selected from hospitals selected for the study. Based on the interim information on manpower of the hospitals, we included 20% of the staffs in Group-D category. Written informed consent was taken from each study participants. Interview was done in both Hindi and English language using a semistructured questionnaire. Questionnaire was based on awareness and health effects regarding GBV and its related issues. Guidelines of World Health Organization, including the importance of ensuring confidentiality and privacy, both as means to protect safety of study participants and to improve quality of the data were followed.

#### Statistical analysis

Data collected was entered in MS- excel spread sheet and data was analyzed using SPSS version 17 software. The relationships among related variables were assessed using Pearson Chi-square test and Fisher's exact test. 'p' value less than 0.05 was considered statistically significant.

#### **RESULTS**

Table 1: Distribution of awareness about domestic violence act 2005 and sexual harassment act 2013 in the study population.

Characteristics	Awareness		Total	<b>'P'</b>	
1	Yes	No	No	value	
Gender	No	No	(%)		
	(%)	(%)			
Domestic Violence Act					
Male	31	70	101		
	(30.7)	(69.3)	(100.0)	0.02	
Female	10	56	66		
	(15.2)	(84.8)	(100.0)		
Total	41	126	167		
	(24.6)	(75.4)	(100.0)		
Sexual Harassment Act					
Male	18	83	101		
	(17.8)	(82.2)	(100.0)	0.32	
Female	8	58	66		
	(12.1)	(87.9)	(100.0)		
Total	26	141	167		
	(15.6)	(84.4)	(100.0)		

One hundred sixty seven Group -D workers were enrolled for the study. Out of 167 study subjects 101 (60.5%) were males aged 21-60 years and 66 (39.5%) were females aged 18-65 years. Table 1 shows the distribution of awareness about Domestic Violence Act 2005, among respondents. Out of 167 Group - D workers, 30.7% males

were aware about Domestic Violence Act 2005 as compared to 15.2% among females and this was found to be statistically significant (p=0.02). Awareness regarding Sexual Harassment Act 2013, however, did not show significant association between the gender (p= 0.32).

Table 2: Awareness about different types of gender based violence among respondents.

Types of gender based violence	Male No (%) n=101	Female No (%) n=66	Total No (%) n=167	ʻp' value
Physical	33 (32.7)	31 (47.0)	64 (38.3)	0.07
Economical	4 (4.0)	3 (4.5)	7(4.2)	1.00*
Emotional	4 (4.0)	8 (12.1)	12 (7.2)	0.06*
Sexual	20(19.8)	14(21.2)	34(20.4)	0.85
Verbal	40 (39.6)	10 (15.2)	50 (29.9)	0.001

<sup>\*</sup> By Fisher's exact test

Table 3: Gender-wise awareness on risk factors for gender based violence.

Risk	Response				
factors/	Yes	No	Total	<b>'P'</b>	
Gender	No (%)	No (%)	No (%)	value	
Alcohol us	se				
Male	90 (89.1)	11 (10.9)	101 (100.0)		
Female	62 (93.9)	4 (6.1)	66 (100.0)	0.41*	
Total	152 (91.0)	15 (9.0)	167 (100.0)		
Substance	use				
Male	79 (78.2)	22 (21.8)	101 (100.0)		
Female	58 (87.9)	8 (12.1)	66 (100.0)	0.11	
Total	137 (82.0)	30 (18.0)	167 (100.0)		
Male control in decision making					
Male	47 (46.5)	54 (53.5)	101 (100.0)		
Female	47 (71.2)	19 (28.8)	66 (100.0)	0.002	
Total	94 (56.3)	73 (43.7)	167 (100.0)		
Financial dependence on the husband/spouse					
Male	62 (61.4)	39 (38.6)	101 (100.0)		
Female	52 (78.8)	14 (21.2)	66 (100.0)	0.02	
Total	114 (68.3)	53 (31.7)	167 (100.0)		
Poverty/ I	Poverty/ Low SES				
Male	69 (68.3)	32 (31.7)	101 (100.0)		
Female	56 (84.8)	10 (15.2)	66 (100.0)	0.02	
Total	125 (74.9)	42 (25.1)	167 (100.0)		
Violent peer group					
Male	69 (68.3)	32 (31.7)	101 (100.0)		
Female	54 (81.8)	12 (18.2)	66 (100.0)	0.05	
Total	123 (73.7)	44 (26.3)	167 (100.0)		

<sup>\*</sup> By Fisher's exact test

Table 2 shows the distribution of awareness about different types of violence among the study subjects. Awareness on the most common GBV among the study subjects was physical violence (38.3%) followed by verbal (29.9%), sexual (20.4%), emotional (7.2%) and economical (4.2%). Awareness among females were

higher than males regarding physical, emotional and sexual types of GBV but not statistically significant. However, males were aware about verbal type of GBV significantly higher (39.6%) than females (15.2%) (p=0.001).

Table 4: Gender wise awareness on health effects related to gender based violence.

Health	Response			
Effects/	Yes	No	Total	<b>'P'</b>
Gender	No (%)	No (%)	No (%)	value
HIV/ AID	S			
Male	46(45.5)	55(54.5)	101 (100.0)	)
Female	39(59.1)	27(40.9)	66 (100.0)	0.09
Total	85(50.9)	82(49.1)	167 (100.0)	)
Unintende	ed pregnanc	y		
Male	68(67.3)	33(32.7)	101 (100.0)	)
Female	49(74.2)	17(25.8)	66 (100.0)	0.34
Total	117(70.1)	50(29.9)	167 (100.0)	)
Abortion/	miscarriage	9		
Male	77(76.2)	24(23.8)	101 (100.0)	)
Female	57(86.4)	9(13.6)	66 (100.0)	0.12
Total	134(80.2)	33(19.8)	167 (100.0)	)
Depression	n			
Male	91(90.1)	10(9.9)	101 (100.0)	)
Female	58(87.9)	8(12.1)	66 (100.0)	0.65
Total	149(89.2)	18(10.8)	167 (100.0)	)
Suicidal id	leations			
Male	84(83.2)	17(16.8)	101 (100.0)	)
Female	57(86.4)	9(13.6)	66 (100.0)	0.58
Total	141(84.4)	26(15.6)	167 (100.0)	)
Sleep diso	rders			
Male	76(75.2)	25(24.8)	101 (100.0)	)
Female	58(87.9)	8(12.1)	66 (100.0)	0.04
Total	134(80.2)	33(19.8)	167 (100.0)	)
Injuries to	body			
Male	91(90.1)	10(9.9)	101 (100.0)	)
Female	64(97.0)	2(3.0)	66 (100.0)	0.13*
Total	155(92.8)	12(7.2)	167 (100.0)	)
Fractures				
Male	74(73.3)	27(26.7)	101 (100.0)	)
Female	57(86.4)	9(13.6)	66 (100.0)	0.04
Total	131(78.4)	36(21.6)	167 (100.0)	)
Loss of vision				
Male	55(54.5)	46(45.5)	101 (100.0)	
Female	51(77.3)	15(22.7)	66 (100.0)	0.003
Total	106(63.5)	61(36.5)	167 (100.0)	)
Loss of hearing				
Male	56(55.4)	45(44.6)	101 (100.0)	
Female	51(77.3)	15(22.7)	66 (100.0)	0.004
Total	107(64.1)	60(35.9)	167 (100.0)	)

<sup>\*</sup> By Fisher's exact test

Table 4 shows gender wise awareness on the health effects related to GBV. Females were significantly more aware than males regarding various health effects of

GBV such as sleep disorders (p=0.04), fractures (p=0.04), loss of vision (p=0.003) and loss of hearing (p=0.004).

Awareness on warning signs of GBV among the study subjects is shown in figure 1. There are different warning signs which indicate the GBV victims. 95.5% female respondents and 89.1% male respondents agreed that scar marks over body were the major warning signs to screen GBV victims. The other important warning signs as per female respondents were depressed moods (90.9%) and injuries (90.9%).

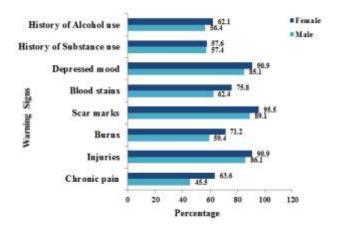


Figure 1: Bar diagram showing awareness on warning signs of GBV victims in the study population.

Awareness about the risk factors for becoming the victims of GBV among the study subjects according to gender is shown in table 3. Females were significantly more aware than males about risk factors of GBV such as male control in decision making (p=0.002), financial dependence on the husband/ spouse (p=0.02), poverty/low socio economic status (SES) (p=0.02).

#### **DISCUSSION**

In the present study, out of 167 Group D workers, 30.7% males were aware about Domestic Violence Act 2005 as compared to 15.2% among females and this was found to be statistically significant (p=0.02). Awareness regarding Sexual Harassment Act 2013, however, did not show significant association between the gender (p= 0.32). A study from Nepal observed that 61.3% women were unaware of any laws related to GBV and only 13% were aware of a specific law against domestic violence.18 The awareness about most common type of violence among the study subjects was physical violence 38.3% followed by verbal 29.9%, sexual 20.4%, emotional 7.2% and economical 4.2%. Awareness among females were higher than males regarding physical, emotional and sexual types of GBV but not statistically significant. However, males were aware about verbal type of GBV significantly higher 39.6% than females 15.2% (p=0.001). According to NFHS3 survey, 35% of women aged 15-49 in India have experienced physical or sexual violence. 19 The overall prevalence of physical, psychological, sexual and

any form of violence among women of Eastern India were 16%, 52%, 25% and 56% respectively.<sup>20</sup> The lifetime prevalence of physical assault and sexual coercion was found to be 34% and 4%, respectively, in a rural country of western China.<sup>21</sup> In India women's experience of physical or sexual violence ranges from a low of 6% in Himachal Pradesh to 40% or more in Rajasthan, Madhya Pradesh and Tripura, and to a high of 56% in Bihar. 19 A study done in Bengaluru slums by Rocca CH et al found over half (56%) of the study participants reported having ever experienced physical domestic violence.<sup>14</sup> A study from Nepal shows that Emotional violence (40.4%) was most commonly reported, followed by physical violence (26.8%), sexual violence (15.3%) and economic abuse/violence (8%). 18 A study conducted among Afghan refugees shows that 50% and above women experienced physical violence and 32% experienced emotional violence in their life time.<sup>22</sup>

In this study there was no significant association between the age group and awareness about GBV (data not shown). Since the past 2-3 decades, there is lot of efforts made by the NGO's, social activist and by the Government to curb domestic violence against women and safe guard her constitutional rights, but still there is a rise in domestic violence. If applied correctly the Protection of Women against Domestic Violence Act 2005 (PWDVA) is a powerful act. <sup>13</sup> It will still remain worthless if there is lack of awareness amongst the people.

In this study, we analysed the awareness on various risk factors of GBV. It affects people of all socioeconomic backgrounds and education levels. Our study shows that females were significantly more aware than males about risk factors of GBV such as male control in decision making (p=0.002), financial dependence on the husband/spouse (p=0.02), poverty/ low socio economic status (SES) (p=0.02). Use of alcohol and substance use were not significantly associated with the gender of the respondents. The association of family income and GBV was found to be highly significant in other studies conducted in India. <sup>15,17</sup>

GBV has severe reproductive health impacts, including gynecological problems, unintended pregnancies, and perhaps most gravely, increased risk of maternal mortality and STIs, including HIV. Studies show that physical abuse occurs at some point during approximately 4 percent to 15 percent of pregnancies in countries as varied as the United States, Canada, Sweden, the United Kingdom, and South Africa. <sup>23,24</sup> In fact, a 2001 study in the United States found that pregnant and recently pregnant women were more likely to be victims of homicide than to die of any other cause. <sup>25</sup> Our study shows that females were significantly more aware than males regarding various health effects of GBV such as sleep disorders (p=0.04), fractures (p=0.04), loss of vision (p=0.003) and loss of hearing (p=0.004). An injury

to the body is one of the important factors related to GBV, which was responded by 92.8% of the Group D workers in our study. Abortion/ miscarriage, depression, anxiety, suicidal ideation and sleep disorders were also important health effects known to >80% of the respondents.

There are different warning signs which indicate the patient may be the victim of GBV. Our study shows that, 95.5% female respondents and 89.1% male respondents agreed that scar marks over body are the major warning sign to screen GBV victims. Depressed moods and injuries are the other two important warning signs for the detection of GBV victims identified by female respondents. There are only a couple of studies that point to the fatal consequences of gender-based violence against women. In Western India, a study in 400 villages and seven hospitals found that 15.7% of the pregnancy related deaths in the community series and 12.9% in the community were because of domestic violence. Another study by Seshu and Bhosale in Western India related to dowry deaths and intentional injuries found that 59% of women had experienced physical violence, 28% mental torture, 10% molestation by family members and perversity, and 3% starvation.

The collection of data related to gender based violence has limitations in terms of non-response by the participants accurately because of the sensitive nature of the topic and participants may not express their views openly, as they think that their responses might damage the reputation of themselves and their families. Sometimes in this type of research, participants may also report the behaviour that is believed to be consistent with their culture, rather than the actual study included only the awareness about GBV. The findings of the study indicate the need for raising awareness among the group D staff in the study hospitals about gender based violence so that they can contribute effectively in dealing with cases of GBV in the health set up.

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