

Original Research Article

Perceptions of dental healthcare providers about gender based violence in Maharashtra, India

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ABSTRACT

Background: To assess the level of knowledge and preparedness that the dental practitioners of Maharashtra, India possess in terms of identifying, analyzing, treating and supporting a potential victim of gender based violence (GBV). This study also aims to analyse the present level of confidence the dental fraternity has in the educational, legal and law enforcement systems of India in terms of dealing with GBV issues.

Methods: A descriptive cross sectional study involving an anonymous electronic survey of a sample of 156 dental practitioners practicing in Maharashtra India. The survey was designed with two sections. The first section of the survey was designed to collect the demographic data of the respondents and information about their professional background. The second section comprised of 20 questions analysing the respondents level of understanding of the concept of GBV, their familiarity with GBV in practice, their opinion of current education and legal system concerning to GBV issue and their intent to further study in the subject.

Results: The response rate was 75.6% and 118 responses were received. Out of the 118 responses, 17 were incomplete and were excluded from the study. Thus only 101 responses were used for analysis. More than 35% of the respondents were aware of the concept of GBV where as almost 20% were completely new to the subject. More than 75% agreed that GBV affects both genders and affects primarily females. More than 80% responded that the victims generally do not tend to disclose who abused them. Majority agreed on the fact that the victims tend to confide with their family and friends other than any other option when affected by GBV. 50% of respondents were confident that they could handle a case of GBV in their clinic effectively. 72.7% responded that they were not aware of the Guidelines & Protocols, Medico-legal care for survivors/ victims of sexual violence, Ministry of health and family welfare, Government of India. More than 40% logged an increase in understanding of GBV after reading the snapshot of Guidelines & Protocols provided with the survey and expressed interest to learn more. 64.6% noted that they were not properly equipped for handling a GBV case but hope to do better with proper trainings. Regarding the present legal system, 54.3% of the respondents categorised it as mature but non-prompt. More than 80% agreed that there should be incorporation of modules on GBV in the academic curriculum and 96% logged interest in having more information on GBV sent to them.

Conclusions: Even though there was a consensus among the respondents that females were the primary victims of gender based violence, the study showed that there is only moderate awareness regarding Gender Based Violence amongst the dental practitioners in the state of Maharashtra. Even though a majority of the respondents were not aware of the proper guidelines and protocols for handling a case of GBV, a little over 50% were convinced that they would be able to handle a case of GBV in their practice. A need to update the curriculum and provide the currently practicing dentists with proper training was also identified.

Keywords: Awareness study, Community dentistry, GBV, India, Public health

INTRODUCTION

Gender based violence is defined as violence involving men and women, in which the female is usually the victim; and which is derived from unequal power relationships between men and women.¹ It is an undeniable fact of the present day Indian society. It is a curse that has been hindering our society as whole from the progress that it yearns to achieve. The prevalence of this curse might be different in different places, but the fact that it remains present in our midst is a matter of grave concern. The effects of violence and more specifically gender based violence (GBV) have far reaching consequences.² It affects the normal development of an individual who becomes the victim of it and leaves them scarred for the remainder of their lives. Another major concern is that the perpetrators of these crimes generally get to go scot free.

Understanding gender based violence is the key to identifying it. Identification of GBV is a difficult task. Identification of it in children, who is generally the most affected by it, is a far more difficult one. Identification of a potential victim of gender based violence is the first step towards the mitigation of this horrible issue. It is so prevalent worldwide that the World Health Assembly declared it a major public health concern in 1996.³ Various studies and pilot projects have shown that health care providers are critical in identifying and responding to gender based violence⁴. Health care professionals like general practitioners, dentists and nurses have to closely interact with their patients and if equipped with proper knowledge and tools, can be in the frontlines of management of GBV.

The aim of this study is to assess the level of knowledge and preparedness that the dental practitioners of Maharashtra, India possess in terms of identifying, analyzing, treating and supporting a potential victim of Gender Based Violence. This study also aims to analyse the present level of confidence the dental fraternity has in the educational, legal and law enforcement systems of India in terms of dealing with GBV issues.

METHODS

Survey instrument

An anonymous electronic survey was conducted of the dental practitioners of Maharashtra state in India over a period of six months in 2016. The questionnaire was adapted from the study *Situation Analysis of Gender-Based Violence* in Lebanon undertaken by UNFPA Lebanon.⁵ The survey was designed with two sections. The first section of the survey was designed to collect the demographic data of the respondents and information about their professional background. The second section comprised of 20 questions analysing the respondents level of understanding of the concept of GBV, their familiarity with GBV in practice, their opinion of current

education and legal system concerning to GBV issue and their intent to further study in the subject. The survey was initially presented to five practicing dentists and minor corrections were made upon receiving their feedback.

Survey distribution

The participants of the study were dental practitioners in the state of Maharashtra and contacted using State Dental Register and the dental practice indexing service www.findadentist.co.in. An email list of 156 dental practitioners was selected using convenience sampling. This sample pool was then used to send the survey questionnaire along with some materials regarding GBV.

Data analysis

Completed responses were analysed using Excel spreadsheet 2013 and coded for data analysis. Data analysis was done using Microsoft Excel and Google spreadsheet Explore. The data was expressed in valid percentages and various frequency distributions. Descriptive statistics was used to summarise the data.

RESULTS

Out of the 156 surveys emailed, 118 were returned. The response rate was 75.6%. Out of the 118 returned surveys, 17 were incomplete and hence were not included in the survey. Thus only 101 responses were analysed.

Demographics of respondents

The first section of the survey consisted of questions relating to the demographics and professional background of the respondents. The following conclusions were made after the data analysis. Average age of the respondent population was 26.7 years. Out of the valid respondents 70.3% was having BDS (Bachelor of Dental Surgery) as qualification and 29.7% had an MDS (Master of Dental Surgery). 41.6% of the respondents were female and 58.4% were male. 38.6% of the respondents were practicing in a rural setting where as 61.4% were practicing in an urban setting.

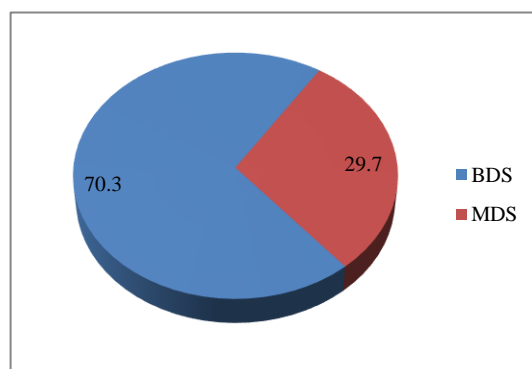


Figure 1: Qualification of the respondents.

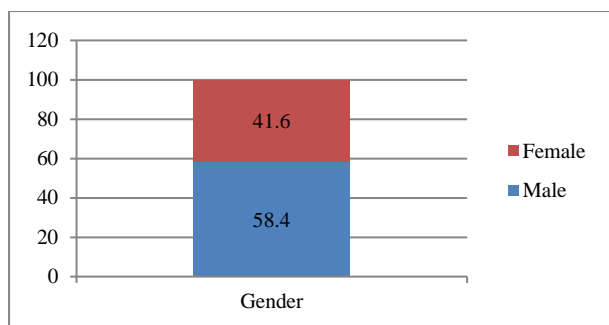


Figure 2: Gender distribution of the respondents.

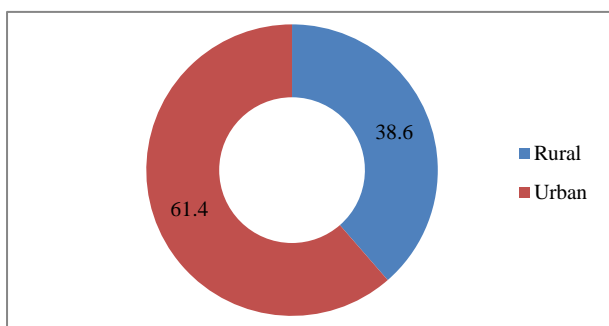


Figure 3: Location of the respondents.

Analysis of responses

In the second section of the survey was designed to capture the respondents level of understanding of the concept of GBV, their familiarity with GBV in practice, their opinion of current education and legal system concerning to GBV issue and their intent to further study in the subject. A question by question analysis of the response received is given below.

Question 1: How would you categorize your familiarity with the concept of Gender Based Violence [GBV]?

Out of the 101 responses considered for analysis, 35.6% responded that they had only minimal knowledge of GBV where as 36.6% responded that they had moderate knowledge of the subject. 7.9% of the respondents were well familiarised with the subject and 19.8% responded that they were completely unaware of the concept of GBV.

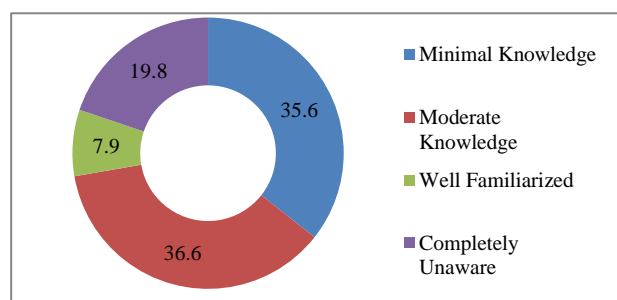


Figure 4: Familiarity with the concept of GBV.

Question 2: How did you come across GBV cases?

51.5% responded that they had never come across any GBV cases. 22.8% responded that they came across GBV during their academic studies, 13.9% responded that they encountered GBV cases after their academic studies whereas 11.9% responded that they encountered GBV cases during their practice.

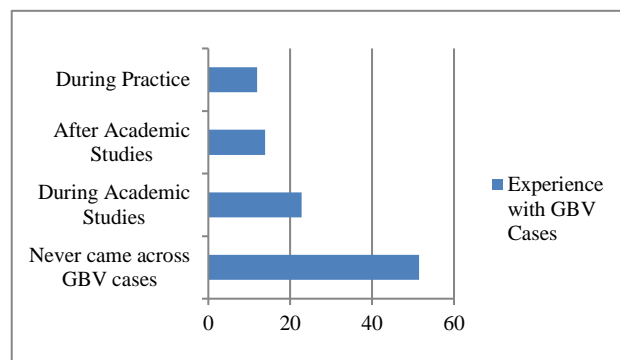


Figure 5: Previous experience with GBV cases.

Question 3: Who do you think GBV affects the most in the society?

75.5% responded that it affects both genders and primarily females. 17.3% responded that it affects both genders equally, 4.1% responded that it affects both genders but primarily males, 2% responded that it affects females only and 1% responded that it affects males only.

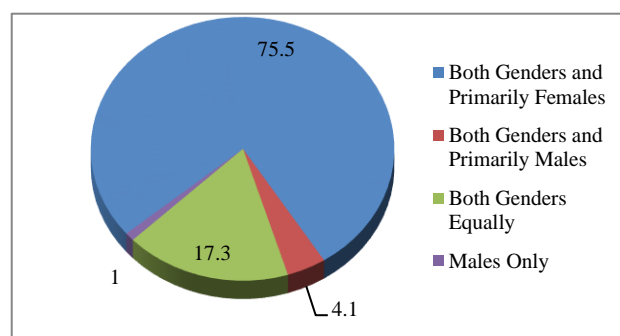


Figure 6: Victims of gender based violence.

Question 4: Do you know of women or children in your practice/community who have been raped or forced to have sexual intercourse?

65.3% of the responded that they were not aware of any such incidence where as 34.7% responded that they were aware of such cases in their practice/ community.

Question 5: Have you encountered in your practice, any such cases?

21% of the respondents responded yes where as 79% responded no.

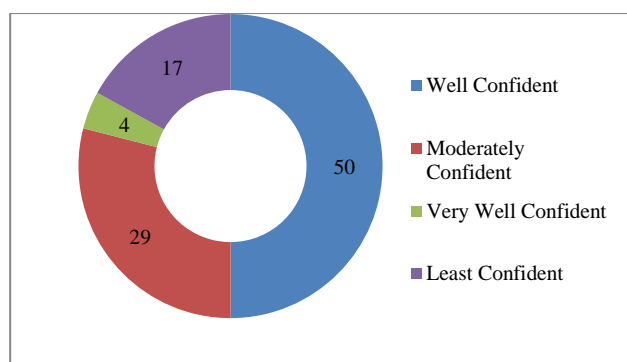


Figure 9: Confidence to identify signs of GBV in patients.

Question 15: Are you, as of now, aware of the proper protocol (Guidelines & Protocols, Medico-legal care for survivors/ victims of sexual violence, Ministry of health and family welfare, Government of India) for handling a GBV case?

27.3% responded that they were aware of the Guidelines & Protocols, Medico-legal care for survivors/ victims of sexual violence, Ministry of health and family welfare, Government of India whereas 72.7% responded that they were not aware of it.

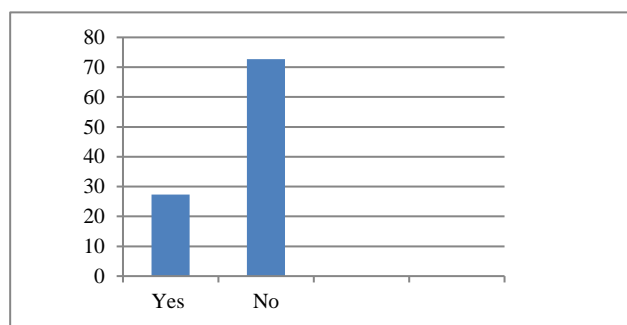


Figure 10: Awareness of guidelines & protocols, medico-legal care for survivors/ victims of sexual violence, Ministry of health and family welfare, Government of India.

Question 16: If the answer to question no 15 is no, then after reading the attached snapshot of Guidelines & Protocols, Medico-legal care for survivors/ victims of sexual violence, Ministry of health and family welfare, Government of India, how do you categorize your understanding of GBV care/ case handling?

53.6% responded that there was no change in their understanding, but they would like to learn more. 40.2% responded that they were better equipped to handle a GBV case after reading the snapshot and would like to learn more. 5.2% responded that they were better equipped and 1% reported no change in their understanding of GBV.

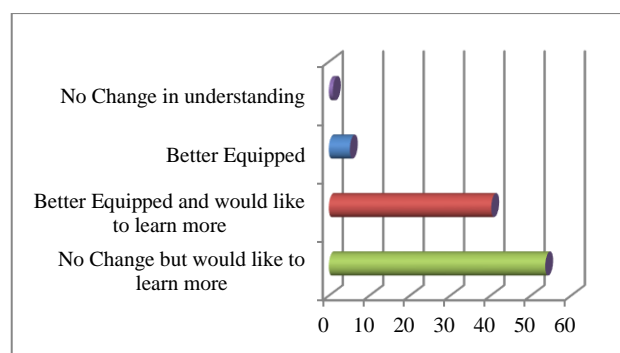


Figure 11: Awareness level after reading the attached snapshot (Guidelines & Protocols, Medico-legal care for survivors/ victims of sexual violence, Ministry of health and family welfare, Government of India).

Question 17: How well do you think you are equipped (methods & means) to handle a GBV case if he/she shows up at your clinic?

64.6% responded that they were not very well equipped presently, but with some training they hoped to be compatible enough to handle GBV cases. 19.2% responded that they were moderately equipped where as 6.1% responded that they were well equipped to handle such a case. 10.1% responded that they were not at all capable of handling a GBV case.

Question 18: How would you categorize the present state of legal system in handling GBV cases, in India?

54.3% categorised the present state of legal system as mature but non-prompt, 26.6% as immature & non-prompt, 12.8% mature & prompt and 6.4% as immature but prompt.

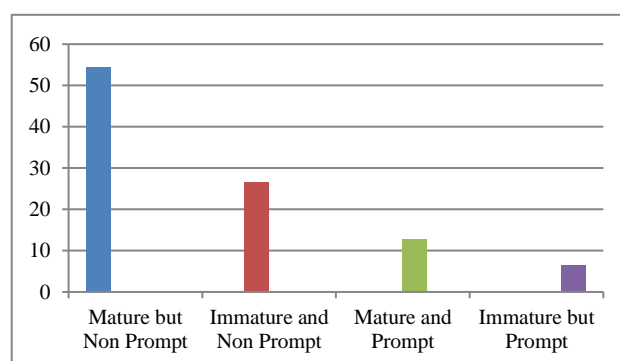


Figure 12: Present state if Indian legal system in handling GBV cases.

Question: 19: Do you think there should be incorporation of this topic to the academic curricula so that coming generations of dental practitioners are better equipped to handle instances of GBV?

81.8% of the respondents agreed that there should be incorporation of GBV topic to the academic curriculum and 18.2% disagreed to such an addition.

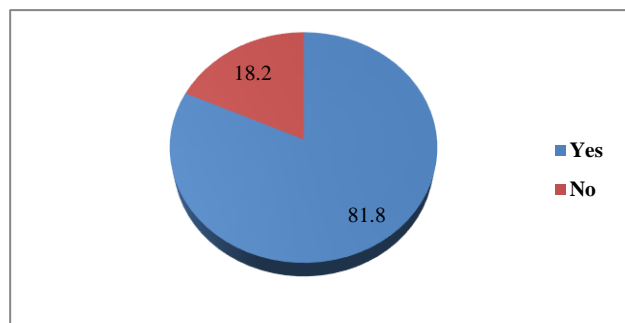


Figure 15: Need of incorporation of the topic of GBV to academic curriculum.

Question 20: Would you like to have the full report: Guidelines & Protocols, Medico-legal care for survivors/ victims of sexual violence, Ministry of health and family welfare, Government of India, and other GBV related materials e-mailed to you?

96% of the respondents choose yes and 4% choose no.

DISCUSSION

Gender based violence is an unprecedented issue in our society. Health professionals, being close to their patients are at a higher chance to encounter cases with GBV. Identification of GBV is constrained by various factors such as lack of knowledge, stereotypical mentality, and lack of attention to detail etc. Domestic violence including marital rape is the most prevalent form of gender based violence in India. Domestic violence is almost always overlooked sighting various reasons such as customs and traditions.⁷ It is also important to notice that the prevalence of domestic violence varies with the demographics of the patients. Ruikar et al found in 2008 that in Pune, women in slum areas are more likely to experience domestic violence than women from non-slum areas.⁸ There are specific policies and guidelines in place to manage a case of GBV.⁶ The issue lies with the lack of awareness of the same. This is especially important in Maharashtra as it is considered to be one of the states with maximum number of GBV cases reported.¹¹ What is more important is the fact that more than 70% of the cases of GBV go unreported in Maharashtra.¹²

Looking into the national scenario, paints a different picture altogether. The statistics show that when compared to the world, India's situation is not that grim. 8.5% of women in India aged 15-49 reported a history of violence.¹³ It is one of the lowest in the world. What was important is that only 1% of the same gets reported. It is also shown that the majority of GBV in India is in the form of marital violence. 10% of all married women are at a chance of marital violence in India. There are also

studies which indicate that there is a steady increase in women reporting economic abuse. It is possible for this trend to trickle into the reporting of other forms of violence especially sexual violence.¹⁴ This can be achieved by generating organised support for the victims and preventing the over victimisation of the unfortunate victims. Healthcare providers have a crucial role to play in this transformation of the society.

This study indented primarily to analyse the level of awareness of dental care practitioners of Maharashtra about the issue of GBV and their ability to handle a case if it presents so. A dentist with proper training can identify the immediate signs and symptoms of GBV and other forms of violence.^{9,10} The workforce if properly trained can act as a bridge between the people who need care and the establishments which are trusted with that responsibility. In the study, the average age of the respondent population skewed towards the younger side indicating a higher gradient of acceptance of the issue in the younger population. However, this is not associated in any way to the competence regarding the subject in the same population. 72.7% responded that they were not aware of the Guidelines & Protocols, Medico-legal care for survivors/ victims of sexual violence, Ministry of health and family welfare, Government of India. There is a general lack of awareness about the issue of GBV even amongst the dental community of Maharashtra. 64.6% noted that they were not properly equipped for handling a GBV case. It is worth noting that provided with the correct information and skill set, dentists can be in the front lines of combating GBV in India. 50% of all the respondents of the survey were prepared to handle a case of GBV in their clinics. With a proper training this percentage can be increased. 54.3% of the respondents categorised the present legal system in context of GBV as mature but non-prompt and 81.8% of the respondents agreed that there should be incorporation of GBV topic to the academic curriculum so that the future generations of dental practitioners would be better equipped to handle cases of GBV.

CONCLUSION

Many of the respondents were positive about their ability to handle cases of GBV in their clinical setup however a majority responded that there should be training procedures in place so that they could handle such cases more efficiently. Overall there is awareness of the issue of GBV among dentists but it is primarily achieved from practice rather than academic studies. We need to update our curriculum and provide the currently practicing dentists with proper training so that dentists could be on the frontlines of removing the horrible curse over our society in the form of Gender Based Violence.

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Conflict of interest: None declared

Ethical approval: The study was approved by the Institutional Ethics Committee

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