Interpersonal Verbal and Physical Abuse Against Female Nurses and Doctors in Karachi, Pakistan

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Presentation Outline

- Background and Literature Review
- Purpose
- Methodology
- Results and Discussion
- Strengths and Limitations
- Recommendations
Background & Literature Review
Background of the Study

• Domestic violence usually considered as violent behavior among family members, especially in intimate relationships
  (Goldberg & Tomlanovich, 1984; Sugg & Inui, 1992)

• Women suffers more then men, as have serious injury or death
  (Campbell et al., 2002; Krug et al., 2002; Walby & Myhill, 2001)

• Terms of home violence
  – domestic violence, domestic assault, intimate partner violence, intimate violence, and interpersonal violence
  (Hegarty, Taft, & Feder, 2008)

Terms Used for Health Care Providers:
“Married female nurses and married female doctors”
Purpose of the Study

To estimate the prevalence of interpersonal verbal and physical abuse among married female nurses and doctors working in the tertiary care hospitals in Karachi, Pakistan.
Reasons of Verbal and Physical Abuse

Socio-demographics characteristics:

– Illiteracy
  

– Financial constrain
  
  (Ali & Bustamante-Gavino, 2007; Ergin et al., 2006; Fikree & Bhatti, 1999; Koenig et al., 2003; Niaz, 2003; UNICEF, 2000)

– Type of family
  
Heise, Socio-ecological Framework

- General Factors of the societal structure.
- Community Environment
- Close Relationships
- Socio-demographic characteristics

Source: adapted from Heise (1998)
Research Methodology
Methodology

Study Design
- Descriptive cross-sectional study design

Study Population
- All the currently or previously married female nurses and doctors

Study Setting
- In patient areas of one public and two private tertiary care hospitals of Karachi, Pakistan
Methodology (cont’…) 

Inclusion Criteria 
1. Female nurses and doctors 
2. Currently or previously married (divorced, widowed, separated) 
3. Working in the selected in patient departments 
4. Willing to participate voluntarily and sign consent form 

Exclusion Criteria 
Female nurses and doctors from : 
1. Out patients clinics 
2. Emergency departments 
3. School of nursing and medical college
Methodology (cont’…)

Sampling: Multi-stage sampling technique used:

- **Purposive**
  - The selection of health care settings

- **Simple Random**
  - Selection of departments

- **Quota**
  - Enrolment of all the married female nurses and doctors working in the selected departments
Response Rate

Contacted = 500
Required sample = 400
Refused to participate = 5
Research questionnaires dispatched = 495
Tool received back = 375
Response rate = 75%
Incomplete tool = 25
Recruit sample = 350
Study Tool

- WHO Multi-country Study on Women’s Health and Life Experiences (2005)


Ethical Considerations

• Approval from Aga Khan University-Ethical Review Committee
• Administrative approval from all heads of the selected hospitals
• Right to voluntary participation---Informed consent
• Principle of anonymity, confidentiality, refuse or withdraw
Data Analysis

The data was entered in to Epi info 3.5.1 and SPSS version 19

Descriptive Statistics:

• Frequencies were used for nominal and ordinal data
• Mean ± standard deviation (SD) for continuous variables, like, professional experience, years of marriage, etc

Inferential Statistics:

• Chi-square and Fisher Exact test used to compare the socio-demographic characteristics and emotional abuse
Results

Discussion
Study Participants’ Age in Percentage (n=350)

- 20-30: 49.0%
- 31-40: 16.6%
- 41-50: 9.4%
Study Participants by Profession from Selected Tertiary Care Hospitals in Percentage (n=350)

- Nurse: 52.9%
- Doctor: 47.10%
Participants Professional Qualification (n=350)

- Diploma: 41.1%
- Undergraduate: 44.6%
- Graduate: 14.3%
Half of the study participants belonged to the upper middle socio-economic strata but they did not have anything in their own name because of which their individual SES was shifted to low SES.

A majority of the Pakistani population belonged to the upper middle socio-economic class in the urban areas. (Haq, 2010)
Prevalence of Verbal and Physical Abuse among Married Female Health Care Providers (%; n=350)

The percentages do not add up to 100, due to multiple responses possible.

- **Overall Domestic Violence**:
  - HRCP (2004) 80%

- **Verbal Abuse** (Literature):
  - Verbal abuse is a common form of DV
  - Ansara & Hindin, 2011
  - Bhuiya, et al., 2003
  - Fikree, 2005
  - Johri, et al., 2011
  - Krantz, et al., 2005
  - Usta, et al., 2007

- **Physical Abuse**
## Types of Verbal Abuse

<table>
<thead>
<tr>
<th>Variables</th>
<th>Ever happened in life</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Image 0x0 to 36x405]</td>
<td>332 (97.1%)</td>
</tr>
<tr>
<td>Used abusive language</td>
<td>287 (86.4)</td>
</tr>
<tr>
<td>Teased (taunted)</td>
<td>275 (82.8)</td>
</tr>
<tr>
<td>Threatened to remarry</td>
<td>112 (33.7)</td>
</tr>
<tr>
<td>Threatened to harm physically</td>
<td>90 (27.1)</td>
</tr>
<tr>
<td>Scolding</td>
<td>270 (81.3)</td>
</tr>
<tr>
<td>Anger</td>
<td>294 (88.6)</td>
</tr>
<tr>
<td>Shouting</td>
<td>288 (86.7)</td>
</tr>
<tr>
<td>Insulted or made you feel bad about yourself</td>
<td>249 (75.0)</td>
</tr>
<tr>
<td>Belittled or humiliated</td>
<td>215 (64.8)</td>
</tr>
<tr>
<td>Threatened to use loved ones</td>
<td>63 (19.0)</td>
</tr>
<tr>
<td>Ever used silence (stopped talking)</td>
<td>276 (83.1)</td>
</tr>
</tbody>
</table>

The percentages do not add up to 100, due to multiple responses possible.
<table>
<thead>
<tr>
<th>Variables</th>
<th>Total Population (350)</th>
<th>Verbal Abuse (n=332)(97.1%)</th>
<th>P- Val.</th>
<th>Physical Abuse (n=203)(59.4%)</th>
<th>P-Val.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nuclear</td>
<td>155(44.3)</td>
<td>149(44.9)</td>
<td>0.337</td>
<td>98(48.3)</td>
<td>0.145</td>
</tr>
<tr>
<td>Extended</td>
<td>195(55.7)</td>
<td>183 (55.1)</td>
<td></td>
<td>105 (51.7)</td>
<td></td>
</tr>
<tr>
<td>Husband Alcoholic</td>
<td>42 (12.3)</td>
<td>42 (12.7)</td>
<td>0.005</td>
<td>30 (14.8)</td>
<td>.059</td>
</tr>
<tr>
<td>Substance Abused</td>
<td>50 (14.3)</td>
<td>50 (15.1)</td>
<td>0.177</td>
<td>38 (18.7)</td>
<td>0.015</td>
</tr>
</tbody>
</table>
### Responses to Verbal and Physical Abuse

<table>
<thead>
<tr>
<th>Variables</th>
<th>Over all Verbal and Physical Abuse (n=342)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verbally fought back</td>
<td>331 (96.8)</td>
</tr>
<tr>
<td>Kept quiet</td>
<td>237</td>
</tr>
<tr>
<td>Talked to family/friends</td>
<td>170</td>
</tr>
<tr>
<td>Returned to parents</td>
<td>76</td>
</tr>
<tr>
<td>Attempted suicide</td>
<td>23</td>
</tr>
<tr>
<td>Took legal action</td>
<td>8</td>
</tr>
<tr>
<td>Did nothing</td>
<td>7</td>
</tr>
</tbody>
</table>

A study in USA revealed that 8.8% of the female physicians ended up with depression or attempted suicide due to domestic violence (Frank & Dingle, 1999).

Consistent in literature about verbally fought back, keeping quiet, and attempted suicide (Karmaliani et al., 2008; Asad et al., 2010).

The percentages do not add up to 100, due to multiple responses possible.
### Reason for Keeping Quiet in Response to Verbal and Physical Abuse (n=342)

<table>
<thead>
<tr>
<th>Reason</th>
<th>Overall Verbal and Physical Abuse (n=342) (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fear of escalating violence</td>
<td>234 (68.4)</td>
</tr>
<tr>
<td>Respect for elders/in-laws</td>
<td>103 (30.1)</td>
</tr>
<tr>
<td>No one to confide in</td>
<td>7 (2)</td>
</tr>
<tr>
<td>Husband will leave/ make her leave</td>
<td>36 (10.5)</td>
</tr>
<tr>
<td>Won’t make a difference/Helplessness</td>
<td>151 (44.5)</td>
</tr>
<tr>
<td>For the sake of children</td>
<td>78 (22.8)</td>
</tr>
<tr>
<td>Hope abuse will stop</td>
<td>7 (2)</td>
</tr>
<tr>
<td>Husband’s right</td>
<td>11 (3.2)</td>
</tr>
<tr>
<td>Self-respect</td>
<td>71 (20.8)</td>
</tr>
<tr>
<td>Self-blame</td>
<td>30 (8.8)</td>
</tr>
<tr>
<td>Others will blame you</td>
<td>25 (7.3)</td>
</tr>
<tr>
<td>Husband’s illness</td>
<td>1 (0.3)</td>
</tr>
</tbody>
</table>

The percentages do not add up to 100, due to multiple responses possible.

**Literature**

Similar findings have been reported (Karamliani, 2010).
Frequency Distribution of Husband and In-Laws as Perpetrator of Verbal and Physical Abuse (n=342)

Consistent in literature (Ali et al., 2011; Karmaliani et al., 2008)

- **Verbal abuse**
  - Husband: 83.1%
  - Mother in-law: 11.1%
  - In-laws: 5.7%

- **Physical abuse**
  - Husband: 73.4%
  - Mother in-law: 3.4%
  - In-laws: 1.5%
Strengths

Cross-sectional study design

Measured the prevalence and the reasons for violence, recorded the responses of women to domestic violence, and identified the perpetrators of violence

Types of health care providers

Captured data from two major types of health care providers, nurses and doctors

Sampling procedures

Multi-stage sampling method
Strengths (cont’…)

Sample size
- Large sample size has enhanced the generalizability

Sample Settings
- Both government and private health care settings has enhanced the generalizability

Study Tool
- Used in diverse populations

Seminal study
- Provide a future road map
Limitations/Challenges

Selections of the health care professionals
- A major group of allied health care providers were not captured

Unavailability of previous studies
- No previous study was available for nurses and doctors

Selection of the tool
- WHO (2005) tool was lengthy (162)
- Karmaliani et al., (2008) reliability and validity was not established in Pakistani context

Permission from purposely selected tertiary care hospitals
- Non availability of permission from the public and private institutions
  - Approached to 3 public and 5 private tertiary care hospitals in Karachi
Limitations/Challenges

Consent from the study participants
• Eligible participants refused due to sensitivity of the topic: refusal rate 25%

Validation of the data
• Data could not be cross checked

Recall bias
• Due to time laps and life time prevalence
Recommendations

Prevention and ways to deal with emotional abuse — nursing and medical educational curriculum, Training programmes for health care providers.

Help them to build positive coping skills (workshop etc.).

Use of media to modify family attitude and behavior.

Need of proper counseling services for health professionals. Develop a support/peer group in the health care settings.
Recommendations (cont’…)

Research

Need to determine the:
- Contextual definition of violence, consequences, coping strategies, interventions, and prevention methods through qualitative, case control, and interventional/action research design

Policy

Need to implement law against domestic violence
Our study identified that emotional abuse is highly prevalent among health professionals (Nurses and doctors). The main perpetrators are husband, and in-laws. In the response of violence, health professionals either tried to fight back, remained quite, or shared with family or friends. Being quite is due to fear of escalating violence and respect of elders/in-laws. Many respondents also reported helplessness.

In conclusion:

Women who are educated and professional are confronting emotional abuse to the same extent as those who are uneducated and poor.

**Conclusion**

Getting out of a violent relationship can take time. Don’t hide, share with someone who is close to you and Say No To Violence.
Acknowledgements

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Last but not least
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specially my Son