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UNIVERSITY OF MALAWI
KAMUZU COLLEGE OF NURSING

A RESEARCH PROPOSAL
ON

**VIOLENCE AGAINST WOMEN IN THE WORK PLACE: A STUDY ON
PREVALENCE OF SEXUAL HARASSMENT OF FEMALE HEALTH
PERSONNEL BY MALE PATIENTS AT KAMUZU CENTRAL HOSPITAL AND
QUEEN ELIZABETH CENTRAL HOSPITAL**

SUBMITTED TO

**KAMUZU COLLEGE OF NURSING RESEARCH AND PUBLICATIONS
COMMITTEE**

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1.5 DEFINITIONS OF TERMS

- Assault:** it is a physical attack or threat of attack:
- Gender:** It implies all the social and psychological attributes that are linked to the roles of men and women.
- Harassment:** Any conduct based on age, disability, health status, sex, Domestic circumstances e.t.c that is unwanted behaviour which Affects the dignity of men and women at work.
- Perpetrators:** Is any person who commits the violent act.
- Victim:** Is any person who is harmed by violence.
- Violence:** It is a threatened or actual use of physical force to injure, damage or destroy yourself, others or property , on gender which causes death of physical, sexual or psychological harm or suffering to women whether in the public or private space.
- Workplace:** Is any point, place or arena where labour is exchanged for a wage or in kind, and where the relationship between the buyer and the seller is non personal, determined by the nature of the transaction itself.

1.4 ABREVIATON OF TERMS

CEDAW: Convention on the Elimination and Discrimination Against Women

GBV: Gender Based Violence

ICN: International Council for Nurses

ILO: International Labour Organisation

MDHS: Malawi Demographic Health Survey

NGO: Non Governmental Organisation

PSI: Public Services International

PTSD: Post Traumatic Stress Disorder.

RPC: Research and Publications Committee

4.7. Data analysis	21
4.8. Ethical consideration	22
5.0. Time line	23
6.0. Budget break down	24
7.0. References	26
8.0. Appendices	28
8.1 Appendix A	28
8.2 Appendix B	33
8.2 Appendix C	34
8.3 Appendix D	35
8.4 Appendix E	36
8.5 Appendix F	37

TABLE OF CONTENTS

Acknowledgement	i
Table of content	ii
List of abbreviations	iii
Definitions of terms	iv
CHAPTER ONE	
1.0. Introduction.....	1
1.1. Background	2
1.2. Problem statement	5
1.3. Significance of the problem	5
1.4. Broad objective	5
1.5. Specific objectives	6
CHAPTER TWO	
2.0 literature review	7
2.1. Introduction	7
2.2. Magnitude of sexual harassment	8
2.3. Contributing factors	10
2.4. Impact of sexual harassment	13
CHAPTER THREE	
3.0. Conceptual frame work	17
3.1. Health belief model	18
3.2. Application of the model	18
CHAPTER FOUR	
4.0. Methodology	20
4.1. Research design	20
4.2. Study population and setting	20
4.3. Sample size and method	20
4.4. Data collection tool	21
4.5. Pre-testing	21
4.6. Data collection	21

CHAPTER ONE

1.0 INTRODUCTION

Sexual harassment is a problem faced by women in the work place which can lead to adverse psychological consequences as well as impaired work performance (Robbins I, Bender M.P & Finnes 1997) it is the abuse of power and status rather than merely being about sex per se and has to be viewed in the context of institutionalized male power.

Sexual harassment has been recognised internationally as a form of victimization of women that gets in the way of their own development. It prevents them from being viable contributors to the work place and to their own personnel development. Though this is the case, the issue of harassment at the work place seems to remain a silent issue. Many women are silently being harassed for various reasons. It is important to remember that like all forms of violence against women, sexual harassment is a form of social Control that arises from the subordinate position of women in the work place

Although there isn't enough research, there is increasing evidence that sexual harassment of nurses is common with patients being perpetrators, and that it can have adverse effects on nurse's physical, psychological health as well as direct impact on patient care.

This study will provide relevant information regarding prevalence of sexual harassment of female health personnel in the health sector, it will also assess the knowledge of female health personnel on sexual harassment as well as factors that contribute to sexual harassment of female health personnel by male patients. The study will also explain the impact of sexual harassment on female health personnel's individuals and also its impact to the institution

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1.1 BACKGROUND

Sexual harassment has probably been part of nurse's lives for some considerable time.

Since 1992 when Malawi decided to change from one party to multiparty politics, there has been freedom of the press. It is only that we read in the main news papers in the country the sort of hardships that women are going through when men want to express their joy or displeasure with the political changes. We often hear and read about women and girls being raped in the entertainment places, on their place of work and even institutions of learning.

Of late there has been growing public and official interest in issues of violence against women in the country. This is evidenced by increased media reporting and court cases on rape, defilement, sexual harassment, assault and battery. Some non-governmental organizations (NGO's) have done studies on violence and social injustice against women in the work place like agricultural, domestic, commercial industrial, and data processing but nothing has been done in the hospital.

In 2004 the Malawi Demographic and Health Survey (MDHS) did a survey on social injustice against women in the work place however, the results shows 32 percent of Malawian women reported being abused. Of this figure five percent were sexually abused, eleven percent were emotionally abused, three percent physically abused three percent emotionally and sexually abused, physically abused and finally two percent sexually and physically abused. Sixty eight percent of women reported never been abused. Most of the female support staff were not free to talk especially where they suspected that their seniors might be within hearing range. The same applied to secretaries in almost all the institution visited. They were fairly dishonest and unwilling to tell the truth, especially on issues of sexual harassment

In order to address the issue of violence against women, the constitution of Malawi (2002) in section 24 states that women have the right to equal and full protection by the law, and have the right not to be discriminated against on the basis of gender and marital status, and section 23 states that children are

entitled to be protected from economic exploitation or any treatment, work or punishment that is likely to be hazardous, interfere with their education or be harmful to their health or their physical, mental or social development this shows that the laws of Malawi protect women and children. In response to this the national gender policy was developed to main stream gender in the National development process to enhance participation of women, men and boys for sustainable and equitable development for poverty alleviation (National gender policy 2002-2005) however there is no gender policy currently to address gender based violence issues.

Malawi has ratified a number of international and regional instruments that protect women and children against gender based violence. At international level and regional level Malawi has ratified the convention on the elimination of all forms of discrimination against women. (CEDAW) which affirms for the elimination and discrimination against women and guarantees women equal rights with men in all sphere of life such as education, employment, health care, voting, nationality and states that; ***“gender based violence, which impairs and nullifies the enjoyment by women of human rights and fundamental freedoms under general international law or under human rights convention, is discrimination. States may also be responsible for private acts if they fail to act with due diligence to prevent violation of rights to prevent violation of rights or to investigate and punish acts of violence and providing compensation***

At national level the Malawi constitution of 1995 section 24 sub section (2) states that “women have the right to full and equal protection by the law and the right not to be discriminated against on the basis of their gender and marital status Any law that discriminate against women on the basis of gender or marital status shall be invalid and legislation shall be passed to eliminate customs that discriminate against women, particularly practices such as, sexual abuse, harassment and violence, discrimination in work, business and public affairs, deprivation of property, including property obtained by inheritance”.

At SADC level Malawi with other SADC member states signed the addendum to the SADC Declaration on Gender and Development on the prevention and eradication of violence against women and children. under the addendum All SADC member states committed themselves to take urgent measures to prevent and deal with increasing levels of violence against women and children and repealing and reforming all laws, amending constitution and changing social practices which will still subject women to discrimination and enacting empowering gender sensitive laws

On 10 December 2003 Malawi developed a national gender policy to combat gender based violence (2001-2006) the strategy was developed through a consultative process and its aim is to guide government institutions, community based organisations, the civil society and donor community on gender based violence issue.

The International Council for Nurses (ICN) has also showed concern on the issue of violence by forming a new international partnership with the world health organisation (WHO), the International Labour Organisation (ILO), and Public Services, International (PSI) to roll out a broad based anti-violence campaign. The main target of the campaign is to eliminate violence from the health sector, so that they can develop an inventory of best practices from different countries, and to produce guide lines and training materials for the education of policy makers, employers, workers and the public health..

1.2 PROBLEM STATEMENT

Although there seems not to be enough literature on studies pertaining to sexual harassment of female health personnel by male patients in Malawi. A lot of female health personnel have experienced this. In fact most people do not report due to stigma and shame associated with this form of abuse and also sympathy for the patients

Sexual harassment can have adverse effects on female health physical, psychological health as well as direct impact on patients care. Sexual harassment can lead to reduced performance and this can affect the patient due to reduced quality care from stress, embarrassment e.t.c. It can also make health personnel to request for transfer, withdraw or resign from their work and look for another job where they will be free from abuse; this can have a great impact both to the patients as well as the institution as a whole since there is already shortage of staff in the hospitals.

This study sought to find out the prevalence of sexual harassment of female health personnel by patients at Kamuzu Central Hospital and Queen Elizabeth Central Hospital.

1.3 SIGNIFICANT OF THE STUDY

This study is significant because the findings will provide information on the prevalence of sexual harassment of female health personnel by male patients, upon identifying the prevalence, recommendations will be made to inform female health personnel of their rights and responsibility in relation to sexual harassment complaint, and measures that can be put in place to reduce sexual harassment and its impact on female health personnel..

1.4 BROAD OBJECTIVE

The main objective of the study is to determine the prevalence of sexual harassment of female health personnel by male patients in the health sector.

1.5 SPECIFIC OBJECTIVES

1. To determine the prevalence of sexual harassment of female health personnel by male patients.
2. To assess female health personnel's knowledge on sexual harassment
3. Assess factors contributing to sexual harassment of female health practitioners by male patients
4. To find out from which wards female health workers are harassed most
 - a. Medical ward
 - b. Surgical ward
 - c. Orthopaedic ward
5. To find out the impact of sexual harassment on female health workers

CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 Introduction

Defining what constitutes harassment is not easy. Much of what constitutes harassment is ambiguous in nature, which in nuedo and apparently accidental touching being predominant. Definitions may be over very specific and risk consequently over inclusive or may be very specific and risk many of the experiences which women themselves may label as harassing being excluded. This has led to Horgan and Reeder (1986) to suggest that sexual harassment cannot be behavioural defined but rather is determined by how behaviour and the intent behind it are perceived.

Sexual harassment was unnamed and undefined, although not known until 1976 (Phillips & Schneider, 1993). Behaviour that until recently was considered inevitable or just part of life has now been defined as sexual harassment in civil and human rights codes and in labour legislation in both the United States and Canada.

The Equal Employment Opportunity Commission (EEOC) defined sexual harassment as unwelcome sexual advances, requests, for sexual favours, and other verbal or physical conduct of sexual nature.

The South African Industrial Court defines sexual harassment as unwanted sexual attention or behaviour of a sexual nature that is unwelcome and offensive to the person treated that way (Caroline Saayman, 1993 pg. 12). This may take different forms such as being asked, pressurized or induced to grant sexual favours or submitting to sexual attentions by use of threats or inducements arising from position of superiority or authority. Unsolicited or unwelcome sexual advances such as touching, staring or comments of dress and display or circulation of sexually suggestive nature, sexual jokes, stories, comments on a person's appearance or dress and display or circulation of

sexually suggestive or offensive material are all forms of sexual harassment (University of Northampton sexual harassment policy).

Harassment don't necessarily constitute words and actions .the meaning will depend on the context in which it occurs and if it's perceived as a threat by to whom it is addressed for example words like 'you are very beautiful" may be taken as a compliment if it's coming from a close friend or as beginning of harassment if they are coming from the male employer to a female employee. Outside Malawi for example in united states, the criteria for sexual harassment include the effect of the remarks or behaviour on the psychological well being of the victim but also perception of a reasonable person about the person in question. A Californian court ruled that 'the appropriate perspective for judging a hostile environment claim is that of the reasonable woman, "although the court also recognise a "woman's perspective may differ from mans "

2.2 MAGNITUDE OF SEXUAL HARASSMENT

Violence against health personnel is increasing. More assaults occur in the health care and social services industries than in any other sector. Health care settings covers the broad range of place where care takes place: the home, school, factory, streets, hospitals, clinics, nurses and other health care providers world wide work in health care facilities where violence is often used as a means of dispute resolution.

Health care settings are areas of high activity and emotion related to health and illness and care seeking. This involves close interaction between health personnel, patients and family members. The prevalence of violence of health personnel is of great concern when comparison is drawn with other professions.

In Malawi the issue of violence against women is a silent one because the abused who are usually women do not report due to cultural beliefs, fear of losing marriage, stigma and shame, associated with it. This does not spare the female health workers. Female nurses and physician are expected to bear

with violence, although few programmes train nursing personnel to identify potentiality dangerous situations and develop effective mechanism to deal with aggression the pressure on victims to remain silent is great. Traditionally many cultures have accepted harassment or verbal abuse against women. Also nurses passively accept abuse or violence as part of the job an attitude sometimes shared by the public and judiciacilly. This has led to under reporting and hampered the development of effective anti-violent strategies

Following a survey done in 2004 on social injustice of women in the work place by the Malawi Demographic Health Survey (MDHS), it revealed that 32% of Malawian women reported being abused. Of this figure 5% were sexually abused, 11% emotionally abused, 3% physically abused 3% emotionally and sexual abused, 4% emotionally, physically and sexually abused and finally 2% physically and sexually abused. 68% of women reported to never been abused.

A study that was conducted in 1995 at Chancellor College a constituency of the University of Malawi revealed rape and sexual harassment to be the most common forms of violence at the campus. It was found that out of three hundred female students 12 percent (12%) had been raped on campus, out of these, 49% were victims of date rape and 17% were raped by a friend or relative. The majority of the rape cases 60% were not reported. In 1993, there were eleven reported cases of rape at the same college. The study further showed that 61% of the female students were sexually harassed with the majority being harassed out side the campus (Phiri, et a, 1995).

However Studies from outside Malawi reveals that, there has been relatively few studies of sexual harassment within nursing. Although there have been a number of descriptive papers discussing the problems. Carson (1987) and Murphy (1986) have discussed the problems in American journals while in the United Kingdom Rowden (1987).

Savage (1989) suggests that it is the public image of nurses combining titillating sexuality with materialism which contributes to the prevalence of harassment. Both Andrews and Savage have expressed the concern about

the reluctance to report incidents .The issue of sexual harassment seems to be a taboo topic among nurses who appear not to want the area to be researched. Tordeim (1989) implies that this may be one reason for the relative paucity of literature.

Heinrich (1987) has reported a range of emotional sequence to harassment notably feeling embarrassed, fearful, angry or threatened .she suggests that rather than over –react to harassment, that nurses tend to under react because they tend to doubt their perceptions of the patients motives, and tend to blame themselves for the patients behaviour. As a consequence they remain silent, feeling that they would not be believed or that in some way they may have invited the incident.

The results of a survey conducted by African National Congress Women's League together with directors and Women's Bureau in South Africa showed that the issue of sexual harassment is not taken seriously because very few women complain about it (Saayman, 1993). One of the reasons is that the victims are not believed and they end up being accused of inviting it on themselves.

Greece (1987), in a questionnaire study carried in USA found that 70% of those who responded to his survey reported sexual harassment and patients were most frequently perpetrators.

In 1993 the Nursing Times also initiated a survey of its leaders about their experience of sexual harassment .the results showed that of the 185 who responded 180 had experienced harassment typically innuendo remarks and unnecessary touching.

2.3 There factors that may increase the vulnerability of a person to sexual harassment. Issues like gender, work situation, alcohol and substance abuse, and working conditions are some of the factors that contribute to occurrence of sexual harassment in the health care setting.

GENDER

Despite that everyone can experience gender based violence, being a woman puts one at a risk to violence. This has led to men taking advantage of them and exposing them to all kind of violence.

Women are almost always the victims of sexual harassment. Female health personnel being women also share with other women the vulnerability of their sex. One study shows that nearly 75% of female medical students that participated reported harassment sometimes by patients, but primarily by male physician and because their future career may depend on a positive evaluation from the supervisors, she, like an employee is vulnerable to the supervisor's power.

AGE

Young women are usually found to be more at risk to violence than older women. According to data from the joint programme in Geneva, among the health personnel aged between 20 and 44, the 20-24 years old groups experience violence significantly more than the 30-44 years group

ALCOHOL AND SUBSTANCE ABUSE

Heavy drinking has been related to violent behaviour. Some evidence exist that violent men who abuse alcohol are violent more frequently and inflict more serious injuries than do men who do not take alcohol (Garcia-Moreno, 1999). However the same author argues that the relationship remains unclear because some men may drink but not become violent. Looking critically from a scientific point of view alcohol contains substances such as hallucinogens, like wise Indian hemp contains other particles that lowers a mans thinking capability that lead to a mans unreasonable behaviours such as rape, and fighting with their wives at home. And if these people happen to be in the hospital they can usually harass the female health personnel. According to WHO world report on Violence and Health (2002) Alcohol has a psychopharmacological effect of reducing inhibitors, clouding judgements and impairing the ability to interpret cues. the biological links between alcohol and violence are however complex. Research on the social anthropology of alcohol consumption suggests that connections between violence, drinking

and drunkenness are socially learnt rather than universal. Researchers have also noted that alcohol may act as a cultural "break time" providing the opportunity for antisocial behaviour. These men are more likely to act violently when drunk because they don't consider that they will be held accountable for their behaviour. And if these people happen to be in the hospital they can usually harass the female health personnel.

WORKING CONDITIONS

Working conditions in the health sector place nurses and other health personnel at greater risk of violence. This is because of shift work including commuting to and from work at night, interventions demanding physical contact, highly accessible worksites with little to no privacy, under staffing including inadequate staffing levels, the use of inexperienced staff and being solely responsible for health care units. Understaffing may increase the risk of violence due to longer patients wait times and workers being alone with patients. Since one person may be responsible for various activities, he may not be able to attend to all the patients needs in time as a result the patients lose patience due to long hours of waiting hence harassing the health personnel. In our hospitals we have heard patients harassing doctors and nurses due to long hours of waiting just because there is only one person to attend to hundreds of patients.

AGRESSIVENESS AND STRESS OF THE PATIENT

Sickness and potential life threatening factors cause stress in patients, their family members and health personnel in the work place, such stress can aggravate factors that can lead to violence such as harassment of female health personnel. The author of this has once witnessed this during her course of training at Queen Elizabeth Central Hospital whereby the guardians were shouting at the sister on duty just because they thought their patients was dying and the nurse was doing nothing while in real sense the nurse was trying to call the doctor to review the patient

A study done in Bulgaria indicates that 36-7percent and 31-7 percent respectively for violence perceived the patients individual characteristics as a

factor for violence in the work place. An increasing aggressiveness in the patients behaviour is, enraged, angry or distraught for one reason or another,.

PHYSICAL ENVIRONMENT

Another contributing to work place violence is the physical environment it seems to be a significant factor for sexual harassment. According the author of this paper being in unusual place also risks one to violence. This include walking at night, dressing inappropriately, being alone with the opposite sex in quite places or in unusual environment risks an individual to violence of any form. A study that was done in Bulgaria of female physicians revealed that almost 65%of the respondents were once harassed by their own patients in the emergency rooms when they were examining them.

Finnis et al in1993 interviewed nursing staff in a pilot study that was carried out within a single unit with 100% of the staff taking part in the study. They found that 60% of their sample had experienced some form of sexual harassment on at least one occasion and the perpetrators being predominantly male patients usually on the course of routine care such as washing the patients. This confirms that the physical environment can predispose one to any form of violence.

PSYCHOSOCIAL FACTORS

A person is more likely to be victimized if has weak personalities and poor working performance. People of these characters usually fail recognise violent behaviours hence lack defensive skills. This can be supported by a done by the joint programme on violence in the health sector study that was done and data from the interviews shows that most of the victims lacked defence skills

2.4 IMPACT OF SEXUAL HARASSMENT

. Once behaviour is perceived as sexual harassment it may have a major impact on women's lives as an individual employee as well as the organizations

On an individual the victim may experience post traumatic disorders (PTSD) and common emotional problems Robbins & Bender in journal of advanced nursing (1997)

POST –TRAUMATIC STRESS DISORDER

Post- traumatic stress disorder is any anxiety caused by exposure to an overwhelming, traumatic event in which the person later repeatedly re-experience the event (Merck manual 1997). These experiences can affect people long after the experience is over and the traumatic situation is repeatedly re-experienced usually in night mares or flash backs and the person persistently avoids things that reminds her of the trauma. This is evidenced by a Canadian registered nurse who admitted to have been once harassed by her own patient and soon after that she started having night mares, crying spells and feelings of anxiety.

Loy and Stewart in a telephone survey 50% male and female found that uncontrolled, irritability and nervousness were commonly reported and that this could often lead to request for transfer, resigning from job or withdrawal from the work place.

There are also common emotional problems experienced by the victim include depression, guilt, fear, anxiety and anger and this can lead can also to increased turnover of personnel

Crull and Cohen in journal of advanced nursing(1997) states that while recognising that some women may experience sexual comments and prostitutions as flattering, suggests that the more common response are embarrassment, fear, anger, loss of self-esteem and sense of helplessness. Crull (1992) also suggests that this distress is often manifested in physical symptoms notably headache, nausea and tiredness.

In a study of violence against women in the work place that was done in Thailand one of the respondents reported to have felt guilt and self blame while another respondent reported to be scared that she transferred to another place.

Gutek and Koss (1993) in a journal of advanced nursing found that sexual harassment could have profound effects on both mental and physical health. Women often experience depression, anxiety, irritability and low self-esteem. These were often accompanied by feeling of disgust, anger, humiliation and a sense of alienation. They suggest that the problems which women experienced share many of the features of post traumatic stress disorder (PTSD). They see responses to harassment in terms of a number of strategies wherein the victim initially experiences confusion, doubt and self blame followed by fear, anxiety, and depression resulting in disillusionment.

ORGANISATION

The experience of sexual harassment can have a very detrimental effect on both job performance and satisfaction. Crull (1982) found that job performance was affected by seventy percent of the women surveyed largely through reduced level of concentration followed by sexual innuendoes; job motivation and reduction of confidence in school level were also reported. Gutek and Koss (1999) also report reduction in job satisfaction and commitment to organisation. They suggest that sexual harassment is able to affect career plan with women giving up employment or being willing to move to less paid one which offer less opportunity for advancement sexually.

However the overlap of individual and organizational consequences of sexual harassment is substantial. Although the payment of damage awards and liability premiums are an obvious cost to business, hidden costs exist that may be even more severe. These include job turnover, reduced productivity, absenteeism and medical insurance claims. The USA merit system protection board (1981) a survey that was done on violence in the health sector found that subsequent to being sexually harassed, 16 percent of the victimized employees reported poorer working condition and decreased opportunities for advancement, and 9 percent reported changing jobs. The report suggested that decreased morale, absenteeism, and loss of concentration were costing the government

\$90million per year in work settings less diversity and protection than the federal system.

SUMMARY

Violence in the health sector is common just like in any other work place with female health personnel being the victim. However many people do not report due to stigma that is associated with it.

There several factors that contributes to sexual harassmtent of female health personnel by male patients which include, gender, age, working conditions, drug and alcohol abuse, Aggressiveness and stress of the patient and the physical environment.

Sexual harassmtent can have adverse effects on an individual as well as to the organization. On an individual a person may experience post traumatic-stress disorder while to the organization there may be reduced out put due to increased absenteeism, low self-esteem, and reduced morale e.t.c.

CHAPTER THREE

3.0 CONCEPTUAL FRAME WORK

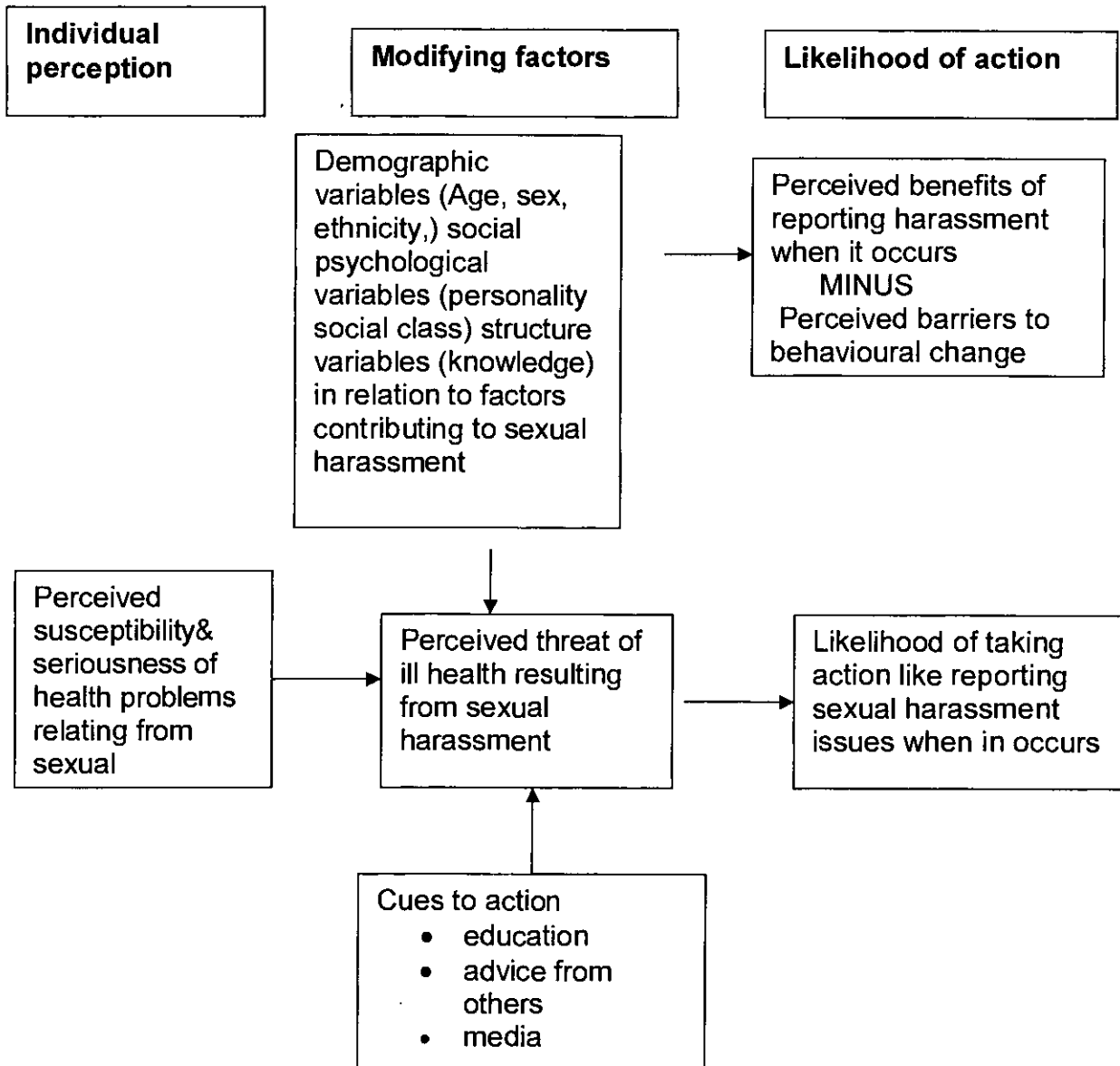
3.1 HEALTH BELIEF MODEL

The health belief model was developed to provide a frame work for understanding why some people take specific actions to avoid illness where as others fail to protect them. The theory was developed because both private and public sectors were reluctant to take preventive measures that were freely offered or available at nominal price. It was developed to predict which people would or would not use preventive measures and to suggest intervention that might reduce client lerelegant to access health care (Padilla & bulcavage, 1991, Salazar, 1991 as cited in Stanhope and Lancaster, 1992)

The model is useful in assessing health protection or disease prevention behaviours. It is also useful in organising information about clients' view of their state of health and what factors may influence them to change their behaviour. When used properly, it provides an organised assessment data about clients ability and motivation change their health status. Health education can be developed to better fit the needs of the clients (Salazar, 1991).

The model has three principle components these are individual perception, modifying factors and variables affecting the likelihood of initiating actions (Salazar, 1991). Individual perception include the individual own judgement of the susceptibility to seriousness of the disease and perceived threats of the illness. Modifying factors include: age, gender, race, ethnicity, personality, social class, peer pressure, knowledge about the disease and prior contact. Variables affecting the likelihood to initiate action include; perceived barriers and likelihood.

THE HEALTH BELIEF MODEL



3.2 APPLICATION OF THE MODEL

For an individual to make a decision to seek help, it will depend on his perception towards the problem. In this case if female health personnel's perceive sexual harassment as a serious problem they will surely report the issue unlike if they don't. Again if the health personnel have a perceived threat that harassment can have serious impacts on their health for example post traumatic stress-disorder they can seek help to prevent this. For one to make a decision it will also depend on the knowledge that she has concerning the impact it has as well as the contributing factors. If one has adequate knowledge for example on the contributing factors it will give her cues to action. The actions which could be specific such as to control and prevent it whenever it happens to occur.

The likelihood that the victim will take an action will depend on the perceived benefits that the person will have after seeking help in this case if the victim report the issue and if she sees that something has been done it means the victim has seen the benefits of reporting the issue unlike if nothing was done. The victims of sexual harassment can get information from the radio, relatives or fellow health workers and this can lead to action

CHAPTER FOUR

4.0 METHODOLOGY

4.1 RESEARCH DESIGN

A descriptive quantitative research method will be used for the study. This method is chosen because of its ability to describe accurately the characteristics of a person, situation and the frequency within which certain phenomena occur (Polit & Hungler, 1991). This design will help to extract prevalence of sexual harassment of female health personnel by patients and summarizes all quantitative information that describes the prevalence of sexual harassment of female health workers by male patients.

4.2 STUDY POPULATION AND SETTING

The study will consist of female nurses and female physicians from Kamuzu and Queen Elizabeth central hospitals.

These ^{hospitals} areas have been selected because they are convenient to the researcher. Kamuzu Central Hospital has been chosen because it is near the researcher while Queen Elizabeth has been selected because data will be collected during the holiday and the researcher will be in Blantyre for holiday

4.3 SAMPLE SIZE AND SAMPLING METHOD

Population is all the existing members of ^a that group, (Hugh Coolican 2004). The population itself will normally be too large for each case within it to be investigated; therefore a sample will be selected from it. If a fair enough sample is taken, the results from the sample may be generalised with a certain degree of caution to the ~~over~~ population.

This study will recruit sixty female health personnel from Kamuzu Central Hospital and Queen Elizabeth Central Hospital. These subjects will be from Male Surgical Wards, Male Medical Wards, and Orthopaedic Male Ward because this is where male patients are found. Other subjects will be from Casualty department because they also work with male patients hence they are at risk. The break down of the sixty is in a way that thirty female nurses and six female physicians will be from Queen Elizabeth Central Hospital while twenty female nurses and four female health physician will be from Kamuzu

Why are you recruiting male health personnel?

Central Hospital. This number has been chosen because it is representing 10% of the respondents. Polite and Hungler (1997) state that for the sample to be representative it should not be less than 10% of the chosen population. Stratified random sample will be used to produce a high degree of representatives. This method gives subjects equal and independent opportunity to participate in the study hence eliminating possible biases for the researcher (polite & Hungler (1991

*Boon...
shall...
not...?*

4.4 DATA COLLECTION TOOL

A (questionnaire) will be used to act as a guide in a one to one interview. Saayman (1991) states that the interview is composed of three components: the respondent, the interviewer, the interview scheme or guide. The advantage of using this instrument is that the interviewer will be able to ask questions, this will provide greater opportunity to probe and clarify questions which result nearly complete data from all subjects .and all the respondent receives almost the same questions usually in much the same or exactly the same or the same order interviewer.

4.5 PRETESTING

Prior to data collection, the questionnaire will be piloted to ensure validity and reliability of the tool and to check understanding of the questions whether they are clear or not. It will also be done to assess the time taken of interviewing one respondent.

4.6 DATA COLLECTION

Data will be collected by the researcher using interviews. Data will be collected directly by the researcher in the work places of female nurses and physicians who will be recruited as participants for the study. This approach will facilitate accuracy and validity of data to be obtained from participants as the researcher will be monitoring the data collection process hence surety of accuracy through appropriate use of the data collection instrument

4.7 DATA ANALYSIS

The data that will be collected will be checked and coded to see if the answers were recorded correctly. The data will then be analyzed manually

4 8 ETHICAL CONSIDERATIONS

Ethical considerations are important in research to provide a basis of conduct in respect of human dignity. To ensure that subjects are protected ethically, Subjects will be informed in advance about the purpose of the study, methods and procedures of data collection and the benefits of the study. This will be done to obtain for the subjects to make an informed choice.

Confidentiality of the information will be maintained by not writing names on the questions but codes only which will be known by the researcher.

Confidentiality will be considered because it is an ethical requirement since some people would not their contributions to be linked to them for various reasons. Subjects will be told of their freedom to with drawl or refuse to participate at any time. They will be told that participation is voluntary.

Ethical approval and study clearance will be obtained from the college Research Public Committee (RPC). Letters requesting permission to conduct the study at the study settings will be written and institutional clearance will be obtained from through responsible people and the health facility under study

TIME LINE FROM FEBRUARY TO DECEMBER 2006

Activity	February	March	April	May	June	July	August	September	October	November	December
Problem identification	■										
Literature review		■									
Proposal development			■	■							
Obtaining clearance					■						
Data collection						■	■				
Data analysis								■			
Report writing									■		
Dissertation and submission										■	
Dissemination											■

BUDGET BREAKDOWN

Item	Cost
Stationery	
3 reams of plain paper @ MK650 each	MK1, 950
Ream of ruled papers @ MK700	Mk 700
3 floppy (A :) diskettes @ MK100 each	MK300
5 ballpoints pens @ MK20 each	MK100
2 lead pencil @ MK10 each	M210
2 big khaki envelopes @ MK50 each	MK100
1 tippex set @ MK200 each	MK200
1 sharpener @ MK 150	MK 150
5 small envelopes @ MK10 each	MK50
5 postage stamps @ MK30 each	MK150
2 folder files @ MK100 each	MK200
Eraser @ MK50	MK50
Sub-total	Mk 4160
 <i>Secretarial services</i>	
Photocopying	Mk1000
Printing	MK3000
Binding	MK1500
Sub-total	MK5500
Transport costs	MK 5000
Telephone calls	MK1200
Sub- total	MK 15860
Contingency 10%	MK 1586
GRAND – TOTAL	MK17446

JUSTIFICATION OF THE BUDGET

Research requires a lot of things; it requires both human and material resources and these can be valued to financial costs as in the budget.

The contingency has been put at 10% of the grand total taking into consideration potential problems such as currency depreciation that can lead to increase in cost of materials and services.

STATIONERY

Supplies such as papers pens and pencils will be required for rough notes and also during data collection.

TRANSPORT

Money will be required for travelling to and from Blantyre to collect data, utilisation of communication services such as telephone and internet which also need to be paid

SECRETARIAL SERVICES

The services will be required through out the study, typing the proposal and dissertation

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APPENDICES

Appendix a

QUESTIONNAIRE

CODE #

DEMOGRAPHIC DATA

1. Age _____

2. Sex:

3. Marital status: single
Married
Divorced
Widow

Others specify - _____

4. Tribe: Chewa
Tumbuka
Yao

Others specify _____

5. Religion and denomination:
Anglican
Roman Catholic
CCAP
Islam

Others specify _____

6. *P*Qualifications:
Certificate in nursing / medicine
Diploma in nursing / medicine
Degree in nursing / medicine

Others specify _____

PART B

KNOWLEDGE ON SEXUAL HARASSMENT

Sexual harassment is any unwelcome sexual advances, requests for sexual favours and other verbal or physical conduct of sexual nature.

1. Have you ever heard of sexual harassment?

Yes no

2. If yes, explain what you have heard _____

3. Where did you get the information?

Friends
Relatives
Hospital
Books
Media
Others specify _____

Radio
TV
Newspaper

4. State what you understand by the term

Sexual harassment? _____

PREVALENCE OF SEXUAL HARASSMENT

5. For how long have you worked as a nurse / physician?

1-2 years
3-5 years
6-10 years
> 10 years

6. For how long have you worked at this hospital?

1 -2 years	<input type="checkbox"/>
3 -5 years	<input type="checkbox"/>
6 -10 years	<input type="checkbox"/>
> 10 years	<input type="checkbox"/>

7. Have you ever heard of any female nurse / physician who has been harassed by a male patient?

Yes no

8. If yes which department was she working and what shift of the day?

9. Which of these forms of harassment has she gone through?



- Touching
- Sexual jokes
- Comments on personal appearance
- Sexual stories
- Display of sexually suggestive pictures
- Comments on dressing
- Staring

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Others specify _____

10. What was the patient suffering from?

11. What do you think could be the contributing factor?

Age

<input type="checkbox"/>
<input type="checkbox"/>

Alcohol /drug abuse

Environment

Gender

Aggressiveness and stress of the patient

Others specify _____

12. Have you ever been harassed by a male patient? Yes No

13. If yes explain what happened? _____

14. What forms of sexual harassment have you gone through and how many times?

15. Which department were you working?

Medical department

Surgical department

Orthopaedic department

Others specify _____

16. Explain where exactly were you harassed in the department that you were working and what shift of the day were you harassed?

17. Explain the factors that contributed to sexual harassment?

IMPACT OF SEXUAL HARASSMENT.

18. How did you feel? : Embarrassed

Anxious

Sense of helplessness

Low self esteem

Others specify _____

19. What were your reactions? _____

20. What were the reactions from other personnel and other significant people? _____

21. Did you tell any body about what happened? Yes NO

22. If yes who?

Friends

Relatives

The sister in charge

The director

Others specify _____

23. What support were you given at that time if any and who gave the support? _____

24. Were you satisfied with the support that you were given? Yes No

25. If no to the above question state what do you think could have been done? _____

26. Do you think this has any impact on your work performance?

Yes NO

27. If yes to the above question explain how? _____

THANK YOU FOR TAKING PART IN THIS STUDY

APPENDIX B

CONSENT FORM

Dear participant,

My name is modesta phiri. I am a student at Kamuzu College of Nursing and I am doing a research study on prevalence of sexual harassment of female health personnel by male patients in the health sector at Kamuzu and Queen Elizabeth Central Hospitals as a partial fulfilment for an award of a bachelor's degree in nursing. You have been selected to participate in this research study. The research findings will provide information on the prevalence of sexual harassment of female health personnel in the health sector and it will also help to empower the female health personnel on their rights and responsibility in relation to harassment issues and measures that can be put in place in order to deal with it.

The information from you will be kept under strict confidentiality that it will only be accessible to me and my supervisor; no name will be written or asked during this interview. There are no risks associated with this study. You are also free to accept or refuse, continue or withdraw from the interview and have a choice not to answer any of the questions that you do not feel comfortable with.

Investigators signature _____

Dear researcher

I hereby accept to participate in the study on prevalence of sexual harassment of female health personnel by male patients in the health sector after being given full information about the study, understanding and being convinced with the importance of the study. I make this decision upon full consideration of all the issues that would be involved and declare this decision entirely my own.

Participant signature _____ Date _____

APPENDIX C

Kamuzu College of Nursing,
Private Bag 1,
Lilongwe.

The Research committee,
Kamuzu College of Nursing,
Private Bag 1,
Lilongwe.

PERMISSION TO CONDUCT A RESEARCH STUDY

I am a fourth year student nurse at Kamuzu College of Nursing and would like to get your permission to conduct a research on prevalence of sexual harassment of female health personnel by male patients in the health sector, at Kamuzu and queen Elizabeth Central Hospitals.

The study findings will provide information on the prevalence of sexual harassment of female health personnel by male patients at the hospitals mentioned above and help to empower nurses on their rights and responsibility in relation to harassment issues and measures that can be put in place in order to deal with it.

I anticipate your favourable consideration.

Yours faithfully

Modesta Phiri

APPENDIX D

University of Malawi,
Kamuzu College of Nursing,
Private Bag 1

The Director,
Kamuzu Central Hospital,
P.O. Box 149,
Lilongwe.

Dear Sir,

PERMISSION TO CONDUCT A RESEARCH

I am a fourth year student nurse at Kamuzu College of Nursing and would like to get your permission to conduct a study on sexual harassment of female health personnel by male patients at Kamuzu and Queen Elizabeth Central Hospitals.

The study which is a partial fulfilment of for an award of a bachelor's degree in nursing is about prevalence of sexual harassment of female health personnel by male patients at the hospitals mentioned above. The study findings will provide the prevalence of sexual harassment in the health sector and to empower female health personnel on their rights and responsibility in relation to harassment issues and measures that can be put in place in order to deal with it.

Looking forward for your favourable consideration,
Yours faithfully,

Modesta Phiri

APPENDIX E

University of Malawi,
Kamuzu College of Nursing,
Private Bag 1,
Lilongwe.

The Director,
Queen Elizabeth Central Hospital,
P.O. Box 95,
Blantyre.

Dear Sir,

PERMISSION TO CONDUCT A RESEARCH STUDY

I am a fourth year student nurse at Kamuzu College of Nursing. And I would like to get permission to conduct a research study on prevalence of sexual harassment of female health personnel by male patients in the health sector at Kamuzu and queen Elizabeth Central Hospitals. The study that is a partial fulfilment of an award of bachelor's Degree in nursing will help to empower female health personnel on their rights and responsibility in relation to harassment issues and measures to be put in place inorder to deal with it.

I anticipate your favourable consideration,
Yours faithfully.

Modesta Phiri