

Determinant of Gender Based Violence in the Workplace as Perceived by Healthcare Workers in Enugu State

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Abstract

The study focused on determining the factors contributing to gender-based violence (GBV) in the workplace from the perspective of healthcare workers in Enugu State. It employed a descriptive survey research design and involved 4,156 respondents who were healthcare workers from primary and secondary healthcare centers in Enugu State. The sample size consisted of 415 respondents, including 154 males and 261 females. The researchers used four research questions and tested four hypotheses at a significance level of .05. Stratified and proportionate random sampling techniques were employed to select the participants. Data was collected using a structured questionnaire called "Determinants of Gender-Based Violence as Perceived by Healthcare Workers Questionnaire (DGBVHWQ)," which was validated by three experts. The instrument demonstrated good internal consistency with a reliability index of 0.77. The collected data were analyzed using Statistical Package for Social Sciences (SPSS) 23.0. Mean scores, standard deviations, and t-tests were used to answer the research questions and test the null hypotheses. The findings revealed that religion significantly influences GBV in the workplace according to the perceptions of healthcare workers. Based on these findings, the study suggests that the government and non-governmental organizations should support and organize seminars to educate healthcare workers on various forms of gender-based violence and strategies to prevent them. It also emphasizes that hospital management should condemn violence

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against any gender and avoid invoking traditional or religious considerations, in line with the declaration act on the elimination of gender-based violence.

Keywords: *gender, violence, workplace, healthcare workers*

Introduction

Violence is the intentional use of physical force or power that results in or has a high likelihood of causing injury, death, or psychological harm. It can take the form of physical, sexual, or psychological harm inflicted by one person on another.¹ Violence is a pervasive issue worldwide, particularly in the healthcare sector.² Gender-based violence (GBV) refers to violence resulting from unequal power relationships between genders in a specific society. It encompasses physical, sexual, psychological, emotional, and economic harm inflicted on individuals based on their sex. GBV is a violation of human rights and a significant global problem, disproportionately affecting women and girls.³ It is often synonymous with violence against women but can also affect men and boys. The consequences of GBV can be severe, including physical and mental health issues, disabilities, and even death.⁴ GBV is influenced by various factors, including religion, social status, economic factors, and politics.⁵ Religion plays a role in shaping attitudes towards GBV, with religious leaders often involved in arbitration and potentially minimizing the claims of abused healthcare workers. Social status, encompassing education, occupation, and interactions with others, can trigger violence in the workplace.⁶ Economic factors, such as poverty and limited economic opportunities, contribute to the risk of GBV, with women being particularly vulnerable.⁷ Politics, especially in male-dominated environments, can influence policies and initiatives aimed at addressing GBV.⁸

GBV has detrimental effects on the well-being of healthcare workers, hindering their empowerment and impacting the provision of healthcare services.³ Healthcare workers may experience physical, sexual, psychological, and economic violence, which can have significant negative consequences for their health.⁹ The understanding and recognition of the full range of acts constituting GBV are crucial for healthcare workers.

In Enugu State, Nigeria, there have been reported cases of GBV, including emotional and physical violence against women.¹⁰⁻¹¹ Gender is an essential variable in understanding GBV as it affects both male and female healthcare workers.¹² The general purpose of this study was to examine the extent of the determinant of gender-based violence in the workplace as perceived by healthcare workers in Enugu State.

Methodology

The study adopted descriptive survey research design. The study was carried out in Enugu State which is made up of 17 local government areas. The sample size of the study was 415 respondents which consisted of 154 male and 261 female health care workers respectively. Stratified,

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proportionate random sampling techniques were employed in obtaining the sample of the respondents. However, the respondents were stratified based on Local Government Areas (LGA). From each stratum (LGA), ten percent (10%) of the healthcare centers was randomly sampled. The instrument for data collection was a structured questionnaire titled “Determinants of Gender Based Violence in the workplace as Perceived by Healthcare Workers Questionnaire (DGBVHWQ)”. The questionnaire has two sections, A and B. Section A dealt on the bio-data of the healthcare workers while section B dealt on the information on the determinants of gender-based violence in the workplace as perceived by healthcare workers. It has 50 items built in four clusters. Cluster A was on the extent of religion as a determinant of GBV and it has 12 items. Cluster B was on the extent of social status as a determinant of GBV and it has 12 items. Each response option has a numerical value assigned to it based on real limit of numbers: Very Great Extent (VGE) = 3.50-4.00; Great Extent (GE) = 2.50-3.49; Low Extent (LE) = 1.50-2.49 and Very Low Extent (VLE) = 0.00-1.49. The instrument was validated by two Health and Physical Education experts and one Measurement and Evaluation expert all from Faculty of Education, Enugu State University of Science and Technology, Enugu. To ascertain the reliability of the instrument, the validated version of the research instrument was trial tested on 13 male and 27 female healthcare workers in Anambra State because the respondents in Anambra State shared similar characteristics with their counterparts in Enugu State in terms of hospital administration. Taking into consideration the homogeneity of the items, Cronbach Alpha method was used to compute the internal consistency of the instrument. The computation showed that the instrument has an overall reliability index of 0.77, which indicates that the instrument is reliable and, therefore, considered appropriate for use. The copies of questionnaire were administered to the respondents by the researcher with the help of three research assistants who are nurses of both primary and secondary health centers. They were trained and then assisted in the administration and collection of questionnaires to and from the respondents. However, out of the 415 copies

of the questionnaire administered, the researcher with the research assistants, retrieved 381 copies (133 from male and 248 from female health care workers respectively) which was a 91.81% return rate. The data generated were collated and analyzed using Statistical Package for Social Sciences (SPSS) 24.0. Mean scores and standard deviations were used to answer the four research questions. The response rating of great extent was determined by finding the mean of the values assigned to the options. The decision rule for the research questions was based on real limit of numbers: Very Great Extent (VGE) = 3.50-4.00; Great Extent (GE) = 2.50-3.49; Low Extent (LE) = 1.50-2.49; Very Low Extent (VLE) = 0.00-1.49. t-test statistic was used to test the null hypotheses at .05 level of significant. Alpha (α) was set at .05 level of significance. Significant associations were observed for any P value less than .05. The decision rule for the hypotheses was that hypothesis would not be rejected when the p value is less than the significant value .05, but rejected when the p calculated value is equal or greater than the significant value.

Results

Table 1: Mean Response Scores of Male and Female Healthcare Workers on the extent to which Religion is a Determinant of Gender Based Violence in the workplace as Perceived by Healthcare workers in Enugu State

ITEMS		Male = 133		Female = 248		Overall = 381		
S/N	To what extent is religion a determinant of GBV?	x	SD	x	SD	x	SD	Dec
1	Religious teaching in the office promotes GBV.	2.76	1.01	2.69	1.12	2.71	1.08	GE
2	Being a Catholic makes one exposed to GBV.	1.45	.63	1.58	.85	1.54	.78	LE
3	Being a Muslim makes one exposed to GBV.	2.63	1.18	2.52	1.15	2.56	1.16	GE
4	Being a Jewish worshipper makes one exposed to GBV.	2.88	.96	2.50	1.09	2.64	1.06	GE
5	Being an African traditional religious believer makes one exposed to GBV.	2.56	1.10	2.74	1.07	2.68	1.08	GE
6	Observing certain rituals like burning of incense promotes GBV.	2.89	1.06	3.41	.61	3.23	.84	GE
7	Having feast like staying in a corner of the office to pray promotes GBV.	2.46	1.05	2.27	1.10	2.34	1.09	LE
8	Carrying out initiations like burning of candles in the work place promotes GBV.	3.29	.74	3.35	.80	3.33	.78	GE
9	Discussing religious issues in the place of							

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	work promotes GBV.	2.62	1.17	2.67	1.09	2.65	1.12	GE
10	Praying loudly in the place of work promotes GBV.	3.34	.63	2.57	1.18	2.84	1.08	GE
11	Playing religious music in the place of work promotes GBV.	2.47	1.09	2.50	1.14	2.49	1.12	LE
12	Preaching continuously in the place of work promotes GBV.	2.62	1.10	2.80	.86	2.74	.95	GE
	Cluster Mean	2.66	.98	2.63	1.01	2.65	1.01	GE

Data presented on Table 1 show the analysis of male and female healthcare workers on the extent to which religion is a determinant of GBV in the workplace as perceived by healthcare workers. The mean scores of male healthcare workers ranged from 1.45 to 3.34, while that of female healthcare workers ranged from 1.58 to 3.41. In addition, they had cluster means of 2.66 and 2.63 and standard deviations of .98 and 1.01 respectively. Furthermore, the overall grand mean is 2.65 with a standard deviation of 1.01. This is an indication that the overall grand mean is greater than the 2.50 cut off mark set for this study. In addition, the closeness of the standard deviations indicates that the respondents are homogeneous in their responses. Thus, the respondents were of the view that religion is largely a determinant of GBV in the workplace as perceived by healthcare workers.

Table 2: Mean Response Scores of Male and Female Healthcare Workers on the extent to which Social Status is a Determinant of Gender Based Violence in the workplace as Perceived by Healthcare workers in Enugu State

ITEMS		Male = 133		Female = 248		Overall = 381		
S/N	To what extent is social status a determinant of GBV?	\bar{x}	SD	\bar{x}	SD	\bar{x}	SD	Dec
13	Organizing parties in the office promotes GBV.	2.53	.87	2.50	.83	2.51	.84	GE
14	Domineering attitude of men promote GBV against female colleagues.	2.14	1.09	2.79	1.07	2.56	1.12	GE
15	Sex role socialization promotes GBV.	2.81	.81	2.61	1.14	2.68	1.04	GE
16	Being a married healthcare worker exposes one to GBV.	2.45	1.01	2.67	1.13	2.59	1.09	GE
17	Female healthcare workers chastise their male colleagues in the office.	2.52	1.01	2.50	1.09	2.50	1.06	GE
18	Being a single parent promotes GBV.							

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		2.19	1.09	2.22	1.07	2.21	1.07	LE
19	Being a widow promotes GBV.	1.71	.88	2.63	1.03	2.31	1.07	LE
20	Being a young female healthcare worker promotes GBV.	2.42	1.12	2.47	1.11	2.45	1.11	LE

21	Being a divorcee promotes GBV.	2.49	.82	2.50	.92	2.50	.88	GE
22	Male healthcare workers chastise their female colleagues in the office.	2.80	.62	2.62	.83	2.68	.77	GE
23	Women abstaining from speaking about the abuse of men can promote GBV.	2.67	.82	2.60	.97	2.62	.92	GE
24	Being good looking promotes GBV.	1.59	.77	1.90	.97	1.79	.91	LE
Cluster Mean		2.36	.91	2.50	1.01	2.45	.99	LE

Data presented on Table 2 show the analysis of male and female healthcare workers on the extent to which social status is a determinant of GBV in the workplace as perceived by healthcare workers. The mean scores of male healthcare workers ranged from 1.59 to 2.81, while that of female healthcare workers ranged from 1.90 to 2.79. In addition, they had cluster means of 2.36 and 2.50 and standard deviations of .91 and 1.01 respectively. Moreover, the overall grand mean is 2.45 with a standard deviation of 0.99, which implies that the grand mean is less than the 2.50 cut off mark set for this study. In addition, the standard deviation shows unanimity in the responses of the respondents. The outcome of the data analysis indicates that social status is a determinant of GBV in the workplace as perceived by healthcare workers to a low extent.

Table 3: Summary of t-test analysis on the mean rating scores of male and female healthcare workers on the extent to which religion is a determinant of GBV

Group	n	\bar{x}	SD	df	t-cal	Level of Sig	P-value	Decision
Male Healthcare workers	133	2.66	.98	379	.418	.05	.518	HO1 not rejected
Female Healthcare workers	248	2.63	1.01					

Data in Table 3 for male and female healthcare workers on the extent to which religion is a determinant of GBV indicated a calculated value of .418 at 379 degree of

freedom with a p-value of .518, which is greater at .05 level of significance. The null hypothesis of no significant difference was therefore, not rejected. This implies that no significant difference existed between the responses of male and female healthcare workers on the extent to which religion is a determinant of GBV in the workplace as perceived by healthcare workers in Enugu State.

Table 4: Summary of t-test analysis on the mean rating scores of male and female healthcare workers on the extent to which social status is a determinant of GBV

Group	n	x	SD	df	t-cal	Level of Sig	P-value	Decision
Male Healthcare workers	133	2.36	.91	379	.997	.05	.319	HO2 not rejected
Female Healthcare workers	248	2.50	1.01					

Data in Table 4 for male and female healthcare workers on the extent to which social status is a determinant of GBV showed a calculated value of .997 at 379 degree of freedom with a p-value of .319, which is greater at .05 level of significance. The null hypothesis of no significant difference was therefore, not rejected. This implies that no significant difference existed between the responses of male and female healthcare workers on the extent to which social status is a determinant of GBV in the workplace as perceived by healthcare workers in Enugu State.

Discussion

The evidence from the study shows that religion is a determinant of GBV in the workplace as perceived by healthcare workers to a great extent. Data analysis

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revealed that the male and female healthcare workers responded largely that religious teaching in the office promotes GBV, being a Muslim makes one exposed to GBV in a Christian dominated area, observing certain rituals like burning of incense promotes GBV among others. Again, the finding of the study agrees with Henk ¹³ who maintained that Muslims who are in the same place of work with Christians dominated environment are faced with gender-based violence. This act will reduce the differences that can create GBV in the workplace as perceived by healthcare workers. The responses of the male and female healthcare workers do not differ which means that there is no significant difference between the responses of male and female healthcare workers on the extent to which religion a determinant of GBV in the workplace as perceived by healthcare workers in Enugu State.

The results from the study also shows that social status is a determinant of GBV in the workplace as perceived by healthcare workers to a low extent. The respondents were of the opinions that being a young female healthcare worker promotes GBV to a low extent, being a single parent promotes GBV to a low extent, being good looking promotes GBV to a low extent among others. The finding is in agreement with Kaluyu ¹⁴ who found that alcohol consumption was a major cause of domestic violence. Mental stress, reduced family income and poor family health were some of the mentioned consequences of gender violence. This finding is also in line with Naima ¹⁵ who stated that there is an inequality between gender, which creates an abusive environment for females since they have lower social status in the same positions and usually have lower social status jobs than males. Again, this finding is in agreement with Lenity ¹⁶ who revealed that there is a significant relationship between community socialization and gender related violence against women.

The finding of this study is in disagreement with Ahmad ¹⁷ who stated that social status is a construct, which involves combination of occupation and income. There was a significant relationship between the rate of violence and the level of education, the level of income and the rate of alcohol consumption. The study findings also showed a statistically insignificant difference in the rate of violence between married men and women. The responses of the male and female healthcare workers do not differ which means that there is no significant difference between the responses of male and female healthcare workers on the extent to which social status is a determinant of GBV in the workplace as perceived by healthcare workers in Enugu State.

Conclusion

The study examined the determinants of gender-based violence in the workplace as perceived by healthcare workers in Enugu State. Based on the findings from this study, the researcher made the conclusion that religion is a determinant of GBV to a great extent, while social status is a determinant of GBV to a low extent in the

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workplace as perceived by healthcare workers. GBV is an age long problem, which has to be addressed in the workplace as perceived by healthcare workers by the hospital management. It is an obstacle to peace, progress and a threat to the objective of equality; they appear as traditions, customs and religious practices that lower the status accorded to humanity. It is an important public health issue that cannot be ignored by the global community, hence, the need for the present study.

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